Standard Drug Formulary

May 2025

Inland Empire Health Plan

This formulary was last updated on April 14, 2025. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the Standard Drug Formulary visit https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf.

IEHP Minimum Coverage HMO, IEHP Bronze 60 HMO, IEHP Silver 70 HMO, IEHP Silver 73 HMO, IEHP Silver 87 HMO, IEHP Silver 94 HMO, IEHP Gold 80 HMO, IEHP Platinum 90 HMO, and AIAN plans.

Table of Contents

Informational Section 3
Definitions 3
What is the process for finding a drug on this list? 6
How can I tell if the drug listed is a brand or generic drug? 6
What are drug tiers? 7
How often is the formulary updated? 7
What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit? 8
What are preventive health drugs? 8
What is a contraceptive drug or device? 8
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit? 8
What if my drug requires a prior authorization or step therapy? 9
What if my drug is non-formulary or not listed? 10
Participating retail pharmacies 10
What are specialty drugs? 10
Oral Anticancer Drugs 11
Mail service pharmacy 11
Categorical List of Prescription Drugs 12
Index of Drugs 432

Informational Section

The *IEHP Standard Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Covered Formulary Drugs include:

- FDA-approved drugs that require a prescription either by California or Federal law.
- Insulin.
- Pen delivery systems for the administration of insulin, as medically necessary.
- Diabetic testing supplies, including these:
  - Lancets.
  - Lancet puncture devices.
  - Blood and urine testing strips.
  - Test tablets.
- Over-the-counter drugs with a United States Preventive Services Task Force ("USPSTF") rating of A or B.
- Contraceptive drugs and devices, including these:
  - Diaphragms.
  - Cervical caps.
  - Contraceptive rings.
  - Contraceptive patches.
  - Oral contraceptives.
  - Emergency contraceptives.
  - Over-the-counter contraceptive products
- Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

If you have questions about your pharmacy coverage, call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Definitions

"Age Limit (AL)" limits use of medication dependent on age.

"Appeal" is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by the Plan or any of its delegated entities (e.g., Plan Providers).

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

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

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

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

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

“Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services.

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

“Evidence of Coverage (EOC)” is your guide to what is covered and what is excluded, how much you will pay depending on the circumstances, what your cost sharing will be, and other information about using your coverage.

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

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

“Food and Drug Administration (FDA)” is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices

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

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

“Grievance” is a written or oral expression of dissatisfaction regarding the Plan, a provider and/or a pharmacy, including quality of care concerns.

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

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

“Pharmacy & therapeutics (P&T) committee” is responsible for developing, managing, updating, and administering the drug formulary

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

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

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

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

“Quantity Limit (QL)” A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

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

“Specialty Pharmacy” A pharmacy that handles specialty drugs, pharmaceutical therapies that are either high cost, high complexity and/or high touch.

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

“USPSTF” The United States Preventive Services Task Force

“Utilization management (UM)” is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis

What is the process for finding a drug on this list?
The drugs are listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the First DataBank Enhanced Therapeutic Classification System classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.
- Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How can I tell if the drug listed is a brand or generic drug?
If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	**1**	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (***dalteparin sodium***)	**3**	

From the above example:
Generic Drug:
- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (***dalteparin sodium***)

What are drug tiers?
Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* or the IEHP *Evidence of Coverage* (EOC). Please see the following link for the cost-sharing specific to your plan: https://www.iehp.org/en/browse-plans/covered-california#plan-materials.

The column titled "Drug Tier" is the cost level you pay for a drug.

Drug Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than $600 for a one-month supply

Preventive health drugs, including contraceptive drugs and devices are covered at $0 when specific criteria are met.

How often is the formulary updated?
This formulary is updated monthly and the changes are effective on the first of the month. The formulary can change when a new drug, new generic, or new formulation is available during the year. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug

- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit www.iehp.org.

What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?
A medical benefit drug is a medication that is generally administered by a health care professional and part of a doctor's office visit.

A drug covered under the Outpatient Prescription Drug Benefit is a medication that is self-administered drugs approved by the Federal Food and Drug Administration for sale to the public through retail or mail-order pharmacies that require prescriptions and are not provided for use on an inpatient basis.

For additional information, check the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What are preventive health drugs?
Preventive health drugs are select drugs required by health reform legislation to be covered without charging the member a copayment, coinsurance, or deductible. Preventive health drugs are determined based on evidence-based recommendations that have in effect a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force (USPSTF), as periodically updated. Immunization recommendations by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention are also preventive health drugs. For more details about preventive health drugs, visit www.iehp.org.

What is a contraceptive drug or device?
Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. The drug contraceptives and contraceptive devices are covered at no charge to the insured.

FDA-approved contraceptive drugs, devices, and other products, including FDA-approved over-the-counter contraceptive drugs, devices, and products, are covered at no charge to the insured. FDA-approved over-the-counter contraceptive drugs, devices, and products can be provided at a network pharmacy at no charge to the insured. Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?
FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?
If a drug had previously been approved for coverage for treatment of a Member's medical condition, and the Member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

The prior authorization process ("PA") is used to ensure that drug benefits are applied as intended and that Plan Members receive the most appropriate, safe, and cost-effective medication therapy. Your Physician's request for prior authorization will be evaluated once the submitted information has been received and a determination made based on established clinical criteria for the specific medication. The criteria used for prior authorization are developed by the Pharmacy and Therapeutics Committee. Your physician may contact us to get the policy. Before payment can be approved for drugs requiring prior authorization, the conditions for approval must be met and the prior authorization must be entered into the system. IEHP will reply to the doctor and/or pharmacist within 24 hours for exigent circumstance requests or 72 hours for standard requests after getting the requested medical information. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment Once a medication is approved, its authorization becomes effective right away. You may get a list of drugs requiring Prior Authorization. Visit our website at www.iehp.org.

Prior Authorization is required for most brand name drugs with generic equivalents to determine Medical Necessity. IEHP will cover brand name drugs that have generic equivalents if the PA request is approved.

Some drugs have a special rule called step therapy. This means that you must first try another drug on the formulary before the prescribed drug is covered. If your doctor or other prescriber thinks the first drug does not work for you, then an exception to the step therapy rule can be requested.

Step therapy is the process of beginning therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, and the relative cost. If step therapy coverage requirements are not met for a prescription and Your physician or health care provider believes the drug is Medically Necessary, the prior authorization process may be used and timeframes previously described will also apply.

Requests for prior authorization, non-formulary, quantity limit, or step therapy exceptions may be submitted electronically, by phone or fax. A prior authorization request is exigent circumstances when a Member suffers from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Exigent circumstance requests from Physicians for authorization are processed, and prescribing providers are notified of IEHP's determination as soon as you can, not to exceed 24 hours, after receipt of the request and any

additional information requested by IEHP that is reasonably necessary to make the determination.

Routine requests from Physicians are processed, and prescribing providers are notified of IEHP's determination in a timely fashion, not to exceed 72 hours. For both exigent circumstances and routine requests, IEHP must also notify the Member or their designee of its decision.

If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What if my drug is non-formulary or not listed?
Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from IEHP before you fill the prescription. To request a Formulary Exception, you, your Authorized Representative or your Prescribing Provider should follow the Prior Authorization Request process described above. To decide if the non-formulary drug will be covered, IEHP may ask the doctor for a "supporting statement", which explains why the drug you are asking for is medically necessary. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in Exigent Circumstances. IEHP will notify you or your Authorized Representative and your Prescribing Provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment using a non-formulary drug. IEHP shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills and shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. If the Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with the Plan.

Some drugs have coverage rules or limits on the amount you can get. In some cases, your doctor or other prescribers must do something before You can fill the prescription. For example, prior approval (or prior authorization): For some drugs, your doctor or other prescribers must get approval from IEHP before you fill Your prescription. If you do not get approval, IEHP may not cover the drug. If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Participating retail pharmacies
You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for specialty drug. IEHP contracts with a wide network of retail pharmacies. To find a network pharmacy, visit www.iehp.org.

What are specialty drugs?
Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self- administration. These requirements generally cannot be met by a retail

pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by IEHP. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm, or visit www.iehp.org if you have questions about specialty drugs.

Oral Anticancer Drugs
Member's cost share for orally administered anticancer medications covered under the Plan shall not exceed $250 for an individual prescription of up to a thirty (30) day supply.

Individuals who are determined to be at high risk of contracting HIV by their attending health care provider are covered without cost sharing by IEHP.

Mail service pharmacy
IEHP offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit www.iehp.org.

Categorical List of Prescription Drugs

Alternative Therapy - Vitamins and Minerals 14
Analgesic, Anti-inflammatory or Antipyretic 14
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever 14
Anesthetics - Drugs for Pain and Fever 31
Anorectal Preparations - Rectal Preparations 31
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning 32
Anti-Infective Agents 34
Anti-Infective Agents - Drugs for Infections 34
Antineoplastics 53
Antineoplastics - Drugs for Cancer 54
Antiseptics and Disinfectants - Antiseptics and Disinfectants 80
Biologicals 81
Biologicals - Biological Agents 82
Cardiovascular Therapy Agents 98
Cardiovascular Therapy Agents - Drugs for the Heart 98
Central Nervous System Agents 116
Central Nervous System Agents - Drugs for the Nervous System 116
Chemical Dependency, Agents to Treat - Drugs for Addiction 150
Chemicals-Pharmaceutical Adjuvants 153
Cognitive Disorder Therapy 153
Cognitive Disorder Therapy - Drugs for the Nervous System 154
Contraceptives - Drugs for Women 155
Dermatological 170
Dermatological - Drugs for the Skin 170
Diagnostic Agents 199
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System 202
Electrolyte Balance-Nutritional Products 203
Electrolyte Balance-Nutritional Products - Drugs for Nutrition 203
Endocrine 217
Endocrine - Hormones 217
Enzymes - Vitamins and Minerals 240
Gastrointestinal Therapy Agents 241
Gastrointestinal Therapy Agents - Drugs for the Stomach 241
Genitourinary Therapy - Drugs for the Urinary System 254
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever 260

Hematological Agents **261**
Hematological Agents - Drugs for the Blood **261**
Hepatobiliary System Treatment Agents **277**
Hepatobiliary System Treatment Agents - Drugs for the Liver **278**
Immunosuppressive Agents **278**
Immunosuppressive Agents - Drugs for Organ Transplants **278**
Locomotor System **280**
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones **281**
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment **285**
Medical Supply, FDB Superset **337**
Metabolic Disease Enzyme Replacement Agents **388**
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease **388**
Metabolic Modifiers **390**
Metabolic Modifiers - Drugs that Alter Metabolism **391**
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat **393**
Multiple Sclerosis Agents - Drugs for the Nervous System **395**
Ophthalmic Agents **398**
Ophthalmic Agents - Drugs for the Eye **399**
Organ Preservation Solutions **413**
Organ Preservation Solutions - Drugs for the Heart **413**
Otic (Ear) - Drugs for the Ear **415**
Respiratory Therapy Agents **416**
Respiratory Therapy Agents - Drugs for the Lungs **416**
Vaginal Products - Drugs for Women **428**
Weight Loss/Gain Agents **429**
Weight Loss/Gain Agents - Drugs for Eating Disorders **430**

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
Analgesic - Selective Sodium Channel Blockers		
JOURNAVX ORAL TABLET 50 MG (***suzetrigine***)	Tier 3	PA
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***)	Tier 4	
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 4	PA
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***)	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; ST
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; ST
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (***hydrocodone bitartrate***)	Tier 3	ST; QL (1 EA per 1 day)
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 4	PA
levorphanol tartrate oral tablet 2 mg	Tier 1	ST
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	ST; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg	Tier 1	
morphine oral tablet 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	Tier 3	ST; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	Tier 3	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST; 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; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***)	Tier 2	ST; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	Tier 3	
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (***oxycodone myristate***)	Tier 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***)	Tier 3	ST; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	Tier 3	ST; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 1	ST; QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
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)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
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)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (***avacopan***)	Tier 4	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***)	Tier 4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	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 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	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 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA
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
DMARD - Antimalarials - Arthritis and Pain Drugs		
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	Tier 3	ST; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	Tier 3	ST; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***)	Tier 3	ST; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***)	Tier 3	ST; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***)	Tier 3	ST; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	ST; OCH; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	Tier 4	PA
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 4	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
auranofin oral capsule 3 mg	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 4	
cyclophosphamide intravenous solution 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 4	OCH
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
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
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab***)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***)	Tier 4	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab-aazg***)	Tier 4	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	Tier 4	PA
XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***)	Tier 4	PA
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 4	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	Tier 4	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***)	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	Tier 4	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
ketoprofen (Kiprofen Oral Capsule 25 Mg)	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
oxaprozin oral tablet 600 mg	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
indomethacin rectal suppository 100 mg	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid	Tier 1	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (***hydrocortisone acetate/lidocaine hcl/aloe vera***)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-2.5 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 % (***hydrocortisone acetate/pramoxine hcl/skin cleanser no.16***)	Tier 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (***pralidoxime chloride/atropine sulfate***)	Tier 3	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (***zinc acetate***)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 4	PA
CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 4	PA
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
trientine oral capsule 250 mg	Tier 4	PA
trientine oral capsule 500 mg	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 4	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 4	PA
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	Tier 4	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	Tier 2	QL (4 EA per 30 days)
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 2	PA
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin oral capsule 250 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	Tier 4	PA
neomycin oral tablet 500 mg	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	Tier 3	
PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***)	Tier 3	PA
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 1	
EGATEN ORAL TABLET 250 MG (***triclabendazole***)	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ivermectin oral tablet 3 mg, 6 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***)	Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	Tier 3	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 4	PA
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	Tier 2	PA

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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 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (***metronidazole***)	Tier 3	PA
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	Tier 3	ST; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	Tier 2	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
maraviroc oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	Tier 2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	Tier 2	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	$0	EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	Tier 1	Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	$0	EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***)	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (***cabotegravir/rilpivirine***)	Tier 2	QL (4 ML per 30 days); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg	Tier 1	
efavirenz oral tablet 600 mg	Tier 1	
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 2	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	Tier 3	QL (2 EA per 1 day)
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	Tier 1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 2	QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	Tier 1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	Tier 2	
stavudine oral capsule 15 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 3	QL (1 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	Tier 3	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	Tier 3	
Antitubercular - D-alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	Tier 4	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
imipenem-cilastatin intravenous recon soln 250 mg	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	Tier 4	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 4	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 4	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 4	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	Tier 4	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 4	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 4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	Tier 4	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 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	Tier 4	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (***baloxavir marboxil***)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	Tier 2	QL (10 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 2	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
pentamidine inhalation recon soln 300 mg	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
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	

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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	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	Tier 2	PA
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 2	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG (***ritonavir***)	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	Tier 2	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10) (***nirmatrelvir/ritonavir***)	$0	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***)	$0	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***)	$0	QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline hyclate oral tablet 150 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	Tier 1	ST; QL (4 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***)	Tier 2	
Antineoplastics		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	Tier 4	PA; OCH
Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG (***zanidatamab-hrii***)	Tier 4	PA
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody		
VYLOY INTRAVENOUS RECON SOLN 100 MG (***zolbetuximab-clzb***)	Tier 4	PA
Antineoplastic - Gamma-Secretase Inhibitor (GSI)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (***nirogacestat hydrobromide***)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	Tier 4	PA; OCH
Antineoplastic - Menin Inhibitors		
REVUFORJ ORAL TABLET 110 MG, 160 MG (***revumenib citrate***)	Tier 4	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	Tier 4	PA; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 4	PA; OCH
Antineoplastic - Telomerase Inhibitors		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (***imetelstat sodium***)	Tier 4	PA
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib		
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	Tier 4	PA; OCH
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***)	Tier 4	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***)	Tier 4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***)	Tier 4	PA
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (***tarlatamab-dlle***)	Tier 4	PA
Antineoplastics - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***)	Tier 4	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab***)	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	Tier 4	PA
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
lapatinib oral tablet 250 mg	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***)	Tier 4	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; OCH
gefitinib oral tablet 250 mg	Tier 4	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 4	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 4	PA; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***)	Tier 4	PA; OCH
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 4	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 4	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***)	Tier 4	
thiotepa injection recon soln 100 mg, 15 mg	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 4	
cyclophosphamide intravenous solution 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	Tier 4	
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 4	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 4	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 4	OCH
melphalan hcl intravenous recon soln 50 mg	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 4	
carmustine intravenous recon soln 300 mg	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	Tier 4	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	Tier 4	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	Tier 4	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	Tier 4	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 4	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 4	PA; OCH
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***)	Tier 4	PA; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 4	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 4	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	Tier 4	PA; OCH
nilutamide oral tablet 150 mg	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 4	PA; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 4	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***)	Tier 4	PA
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 4	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (***pemetrexed dipotassium***)	Tier 4	PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***)	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	Tier 4	PA
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	Tier 4	PA
pemetrexed disodium intravenous solution 25 mg/ml	Tier 4	PA
pemetrexed intravenous recon soln 100 mg, 500 mg	Tier 4	PA
pemetrexed intravenous solution 25 mg/ml	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	Tier 4	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (***pemetrexed disodium***)	Tier 4	PA
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	Tier 4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	ST; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
cladribine intravenous solution 10 mg/10 ml	Tier 4	
clofarabine intravenous solution 1 mg/ml	Tier 4	
fludarabine intravenous recon soln 50 mg	Tier 4	
fludarabine intravenous solution 50 mg/2 ml	Tier 4	
mercaptopurine oral suspension 20 mg/ml	Tier 4	ST; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mercaptopurine oral tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 250 mg/50 ml	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	Tier 4	
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	Tier 4	ST; OCH
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 4	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
azacitidine injection recon soln 100 mg	Tier 4	
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; OCH
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 4	
cytarabine injection solution 20 mg/ml	Tier 4	
decitabine intravenous recon soln 50 mg	Tier 4	
floxuridine injection recon soln 0.5 gram	Tier 4	
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 4	
gemcitabine intravenous recon soln 2 gram	Tier 4	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (***gemcitabine hcl in 0.9 % sodium chloride***)	Tier 4	
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 4	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (***nivolumab-relatlimab-rmbw***)	Tier 4	PA
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (***elotuzumab***)	Tier 4	PA
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (***arsenic trioxide***)	Tier 4	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (***calaspargase pegol-mknl***)	Tier 4	PA
ERWINASE INJECTION RECON SOLN 10,000 UNIT (***asparaginase (erwinia chrysanthemi)***)	Tier 4	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	Tier 4	PA
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 4	PA; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	Tier 4	PA; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***)	Tier 4	PA; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***)	Tier 4	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 4	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	Tier 4	PA; OCH
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 4	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 4	PA; OCH
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***)	Tier 4	PA
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	Tier 4	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***)	Tier 4	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (***ofatumumab***)	Tier 4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 4	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***)	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	Tier 4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	Tier 4	PA
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 4	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib succinate***)	Tier 4	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 4	PA; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***)	Tier 4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	Tier 4	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 4	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 1	OCH
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	Tier 4	PA
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 4	PA; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***)	Tier 4	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***)	Tier 4	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 4	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	Tier 4	PA; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 4	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 4	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 4	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 4	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***)	Tier 4	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***)	Tier 4	PA
romidepsin intravenous recon soln 10 mg/2 ml	Tier 4	PA
romidepsin intravenous solution 5 mg/ml	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 4	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 4	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***)	Tier 4	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***)	Tier 4	PA
Antineoplastic - Interleukins - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	Tier 4	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 4	PA; OCH
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 4	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	Tier 4	PA; OCH
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
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	Tier 4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	Tier 4	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 4	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 4	PA; OCH
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***)	Tier 4	PA; OCH
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 4	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4	PA; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 4	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	Tier 4	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (***eribulin mesylate***)	Tier 4	PA
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***)	Tier 4	PA
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 4	PA
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 4	PA; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 4	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib s-malate***)	Tier 4	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 4	PA; OCH
sorafenib oral tablet 200 mg	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	Tier 4	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (***nogapendekin alfa inbakicept-pmln***)	Tier 4	PA
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***)	Tier 4	PA; OCH
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	Tier 4	
carboplatin intravenous solution 10 mg/ml	Tier 4	
cisplatin intravenous recon soln 50 mg	Tier 4	
cisplatin intravenous solution 1 mg/ml	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***)	Tier 4	
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 4	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 4	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 4	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	Tier 4	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA
bortezomib injection recon soln 3.5 mg	Tier 4	PA
bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 4	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***)	Tier 4	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	Tier 4	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***)	Tier 4	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	Tier 4	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 4	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	Tier 4	PA; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***)	Tier 4	PA; OCH
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 4	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	Tier 4	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***)	Tier 4	OCH
imatinib oral tablet 100 mg, 400 mg	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 4	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 4	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***)	Tier 4	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 4	PA
pazopanib oral tablet 200 mg	Tier 4	PA; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 4	PA; OCH
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	Tier 4	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 4	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	Tier 4	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 4	PA; OCH
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 4	PA; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	Tier 4	PA; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	Tier 4	PA; OCH
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	Tier 4	PA; OCH
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	Tier 4	PA; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (***sodium iodide-131***)	Tier 3	OCH
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***)	Tier 4	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	Tier 2	OCH
tamoxifen oral tablet 10 mg, 20 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 4	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 4	PA; OCH
RETEVMO ORAL CAPSULE 40 MG, 80 MG (***selpercatinib***)	Tier 4	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 4	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (***cabazitaxel***)	Tier 4	
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	Tier 4	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (***irinotecan hcl***)	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	Tier 4	OCH
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	Tier 4	
irinotecan intravenous solution 500 mg/25 ml	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (***irinotecan liposomal***)	Tier 4	PA
topotecan intravenous recon soln 4 mg	Tier 4	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 4	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	Tier 4	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	Tier 4	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***)	Tier 4	PA
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
vinblastine intravenous solution 1 mg/ml	Tier 4	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
dactinomycin intravenous recon soln 0.5 mg	Tier 4	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
daunorubicin intravenous solution 5 mg/ml	Tier 4	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Tier 1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 4	
epirubicin intravenous recon soln 50 mg	Tier 4	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 4	
idarubicin intravenous solution 1 mg/ml	Tier 4	
mitoxantrone intravenous concentrate 2 mg/ml	Tier 4	PA
valrubicin intravesical solution 40 mg/ml	Tier 4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	Tier 4	
Antineoplastic Antibiotic - Others - Drugs for Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 4	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 4	
mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (***streptozocin***)	Tier 4	
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***)	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (***lurbinectedin***)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***)	Tier 4	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***)	Tier 4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (***atezolizumab-hyaluronidase-tqjs***)	Tier 4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (***dostarlimab-gxly***)	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***)	Tier 4	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (***toripalimab-tpzi***)	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***)	Tier 4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML (***tislelizumab-jsgr***)	Tier 4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	Tier 4	PA
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (***tagraxofusp-erzs***)	Tier 4	PA
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 4	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA
Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 4	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 4	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (***datopotamab deruxtecan-dlnk***)	Tier 4	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	Tier 4	PA
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (***ziv-aflibercept***)	Tier 4	PA
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	Tier 4	PA
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (***blinatumomab***)	Tier 4	PA
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (***cetuximab***)	Tier 4	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (***necitumumab***)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***trastuzumab-hyaluronidase-oysk***)	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (***trastuzumab***)	Tier 4	PA
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-strf***)	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***)	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***)	Tier 4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	Tier 4	PA
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***)	Tier 4	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium injection recon soln 100 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg	Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 4	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium injection recon soln 100 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg	Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 4	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***)	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
mesna oral tablet 400 mg	Tier 1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
alcohol swabs topical pads, medicated	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 3	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	Tier 4	PA
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (***pemivibart***)	Tier 4	PA
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b virus vaccine recombinant,isoforms,m,l/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***)	Tier 4	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALYGLO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-stwk human***)	Tier 4	PA
ASCENIV INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-slra human***)	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***)	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***)	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	Tier 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
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 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
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)-klhw human***)	Tier 4	PA
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (***hepatitis b immune globulin/maltose***)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (***rho(d) immune globulin***)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (***rho(d) immune globulin/maltose***)	Tier 4	
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin/maltose***)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***)	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***)	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	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***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Adenovirus - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf***)	$0	EHB
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf***)	$0	EHB
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf***)	$0	EHB
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2024-2025 (5-11 years) (pfizer)/pf***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (***covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf***)	$0	EHB
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up) (moderna)/pf***)	$0	EHB
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2024-25 (36 mos up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2024-2025(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2024-2025(6 month and older)cell derived***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2024-2025(65 yr up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 mos and up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 months and up)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents		
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	Tier 4	PA
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***)	Tier 4	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (***sotatercept-csrk***)	Tier 4	PA
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	ST; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	Tier 3	ST; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***)	Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
labetalol oral tablet 400 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	Tier 3	ST
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL TABLET 24-26 MG (***sacubitril/valsartan***)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***)	Tier 2	QL (8 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	Tier 3	ST
eprosartan oral tablet 600 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	Tier 1	

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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 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	Tier 2	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***)	Tier 4	PA
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***)	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***)	Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	Tier 3	ST; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	Tier 3	PA
fluvastatin oral capsule 20 mg	$0	ST; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	$0	ST; EHB; $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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral tablet extended release 24 hr 80 mg	$0	ST; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***)	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	ST; 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 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	Tier 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	Tier 2	ST
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	Tier 4	PA
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	Tier 3	ST; QL (360 ML per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	Tier 1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20 ml	Tier 4	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	Tier 4	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***)	Tier 3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	Tier 1	PA
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	Tier 4	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	Tier 4	
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 4	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 4	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***hydrochlorothiazide***)	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
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)
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	ST; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (***atropine sulfate***)	Tier 3	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	Tier 4	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 4	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 4	
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, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	Tier 4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	Tier 4	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (***epoprostenol sodium***)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	Tier 4	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 4	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	Tier 4	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML (***sildenafil citrate***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	Tier 1	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 4	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	
Central Nervous System Agents		
Antipsychotic - Muscarinic Agonist/Antagonist Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (***perampanel***)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***)	Tier 2	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (***diazepam***)	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	Tier 4	ST
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide oral solution 10 mg/ml	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***lacosamide***)	Tier 3	PA
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	Tier 4	PA
vigabatrin oral powder in packet 500 mg	Tier 4	PA
vigabatrin oral tablet 500 mg	Tier 4	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***)	Tier 4	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	ST; QL (1 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	Tier 1	ST; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (***topiramate***)	Tier 3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule, sprinkle 50 mg	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***)	Tier 4	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	Tier 3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	Tier 3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	Tier 3	ST
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	ST
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	Tier 2	QL (2 EA per 1 day)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***)	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	ST; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***)	Tier 3	ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	Tier 3	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	Tier 3	ST
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (***brexanolone***)	Tier 3	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	Tier 4	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 3	ST; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	ST
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	Tier 4	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (10 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***)	Tier 4	PA
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (***levodopa***)	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 4	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***)	Tier 3	ST; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***)	Tier 3	ST; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 4	PA
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; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***)	Tier 4	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	Tier 1	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML (***paliperidone palmitate***)	Tier 4	QL (1 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	Tier 3	ST; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (***iloperidone***)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 4	QL (5 ML per 166 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 4	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 4	QL (1 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	Tier 4	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	Tier 4	QL (0.35 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	Tier 4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	Tier 4	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	Tier 3	ST; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (***quetiapine fumarate***)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	Tier 4	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	Tier 4	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***)	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	Tier 4	QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	ST
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 4	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST
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)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***)	Tier 3	ST; QL (4 ML per 1 day); Age (Min 6 Years)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	Tier 2	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***)	Tier 3	ST; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	Tier 2	ST; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	ST; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***)	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***)	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	ST; 120mL BOTTLE; QL (240 ML per 30 days)

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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 3	ST; 150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	ST; 180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	ST; 60mL BOTTLE; QL (60 ML per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (***dextroamphetamine***)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***)	Tier 3	ST; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (***diazepam***)	Tier 3	QL (10 EA per 30 days)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	Tier 3	QL (10 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	ST
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST; QL (60 ML per 30 days)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (***dextroamphetamine***)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 3	ST; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (***flibanserin***)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide acetate***)	Tier 3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	Tier 4	PA
tasimelteon oral capsule 20 mg	Tier 4	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	Tier 4	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***)	Tier 3	ST; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST; QL (18 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST; QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 1	ST; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***)	Tier 4	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***)	Tier 4	PA
sodium oxybate oral solution 500 mg/ml	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 4	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	Tier 3	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***)	Tier 4	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	Tier 3	ST; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (***dexmedetomidine hcl***)	Tier 3	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg, 6 mg	Tier 1	ST; 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		
lofexidine oral tablet 0.18 mg	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (***buprenorphine***)	Tier 4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	Tier 4	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	Tier 4	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	$0	EHB; $0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (***cholera vaccine buffer component***)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (***aducanumab-avwa***)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***)	Tier 4	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (***donepezil hcl***)	Tier 3	PA
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***)	Tier 3	ST; QL (2 EA per 1 day)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	Tier 2	ST; QL (28 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 21-10 MG (***memantine hcl/donepezil hcl***)	Tier 3	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	$0	CT; EHB
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	$0	CT; EHB
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	$0	CT; EHB
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	CT; EHB
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***)	$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (***levonorgestrel/ethinyl estradiol/iron***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (***drospirenone/ethinyl estradiol/levomefolate calcium***)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	$0	CT; EHB
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	CT; EHB
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (***drospirenone/ethinyl estradiol/levomefolate calcium***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-50 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
YASMIN (28) ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Emzahh Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyleq Oral Tablet 0.35 Mg)	$0	CT; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) (***norgestimate-ethinyl estradiol***)	$0	CT; EHB
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (***etonogestrel/ethinyl estradiol***)	$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
CURAE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
CURAE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological		
Dermatitis Agents,Systemic - IL-31 Receptor alpha Antagonist MAb		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (***nemolizumab-ilto***)	Tier 4	PA
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	ST
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	ST
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	ST
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Tier 1	ST
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %	Tier 1	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide sodium/sulfur***)	Tier 3	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	PA
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***)	Tier 3	ST; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (***tretinoin***)	Tier 1	
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (***tretinoin microspheres***)	Tier 3	ST; Age (Max 39 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	Tier 1	ST; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***)	Tier 3	ST; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	ST
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 3	ST
WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 3	ST
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-aekn***)	Tier 4	PA
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
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	Tier 4	PA
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 - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***)	Tier 4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML (***spesolimab-sbzo***)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	Tier 4	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (***secukinumab***)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	Tier 4	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	Tier 4	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
ZORYVE TOPICAL CREAM 0.15 % (***roflumilast***)	Tier 3	PA
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (***silver***)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	Tier 3	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	Tier 3	ST
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	Tier 3	ST
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***)	Tier 3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***)	Tier 3	ST
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***)	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (***sofpironium bromide***)	Tier 3	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (***butenafine hcl***)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	Tier 3	
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole nitrate topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (***econazole nitrate***)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***)	Tier 3	
luliconazole topical cream 1 %	Tier 1	ST; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 4	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***)	Tier 3	PA
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	Tier 4	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	Tier 4	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	Tier 1	ST
calcipotriene topical cream 0.005 %	Tier 1	ST
calcipotriene topical foam 0.005 %	Tier 1	ST
calcipotriene topical ointment 0.005 %	Tier 1	ST
calcitriol topical ointment 3 mcg/gram	Tier 1	ST
DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST
PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***)	Tier 3	ST
tazarotene topical cream 0.05 %	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide sodium***)	Tier 3	ST
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (***anacaulase-bcdb***)	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (***mafenide acetate***)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
pimecrolimus topical cream 1 %	Tier 1	ST
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	ST
Dermatological - Depigmenting Agents - Drugs for the Skin		
hydroquinone topical cream 4 %	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
MOKURA LP TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (***hydroquinone/sunscreens (oxybenzone/octinoxate)***)	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (***hydroquinone/ascorbic acid***)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (***hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)***)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (***fluocinolone acetonide/tretinoin/hydroquinone***)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (***emollient combination no.47/emollient combination no.60***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESERA TOPICAL FOAM (***emollient combination no.80***)	Tier 3	
XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
KERASTAT TOPICAL CREAM (***keratin***)	Tier 3	
KERASTAT TOPICAL GEL 5 % (***keratin***)	Tier 3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 3	PA
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
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	ST
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	Tier 3	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	
clocortolone pivalate topical cream 0.1 %	Tier 1	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	Tier 3	ST; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % (***flurandrenolide***)	Tier 3	ST
desonide topical cream 0.05 %	Tier 1	
desonide topical gel 0.05 %	Tier 1	ST
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	Tier 1	ST
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 1	ST
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	ST; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	Tier 1	ST
halcinonide topical solution 0.1 %	Tier 1	ST
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	Tier 3	ST
HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***)	Tier 3	ST
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	ST; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2 %	Tier 1	ST
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone topical solution 2.5 %	Tier 1	ST
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	Tier 3	ST; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no. 1***)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***)	Tier 3	ST
hydrocortisone (Texacort Topical Solution 2.5 %)	Tier 3	ST
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELIORA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	ST
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
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	Tier 4	
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KERIDA TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***)	Tier 3	
WAYZEN TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	Tier 3	
XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (***salicylic acid/urea***)	Tier 3	
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
cantharidin in acetone topical solution 0.7 %	Tier 1	
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (***urea***)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 1	
podofilox topical gel 0.5 %	Tier 1	ST; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	Tier 3	
SALVAX TOPICAL FOAM 6 % (***salicylic acid***)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***)	Tier 3	PA
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver extract (beef-pork)***)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (***tetracaine/benzocaine/butamben***)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (***sirolimus***)	Tier 4	PA
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
sodium chloride topical solution 0.9 %	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	Tier 3	ST; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 18 Years)
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	ST
BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***)	Tier 3	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
ivermectin topical cream 1 %	Tier 1	ST
metronidazole topical cream 0.75 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
REMYDA TOPICAL GEL 0.25 % (***brimonidine tartrate***)	Tier 3	
RESTIMO TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROVIS TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	Tier 3	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 3	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	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 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***)	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***)	Tier 3	
NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
QUTENZA TOPICAL KIT 8 % (***capsaicin/skin cleanser***)	Tier 3	PA
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (***human regenerative tissue matrix***)	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***)	Tier 3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***)	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (***silver***)	Tier 1	
Wound Care - Growth Factor Agents - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***)	Tier 4	PA
Diagnostic Agents		
Contrast Media - Barium		
ENTERO VU ORAL SUSPENSION 24 % (***barium sulfate***)	Tier 3	
E-Z DISK ORAL TABLET 700 MG (***barium sulfate***)	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 % (***barium sulfate***)	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W) (***barium sulfate***)	Tier 3	
E-Z-PASTE ORAL CREAM 60 % (***barium sulfate***)	Tier 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V) (***barium sulfate***)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W) (***barium sulfate***)	Tier 3	
NEULUMEX ORAL SUSPENSION 0.1 % (***barium sulfate***)	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 % (***barium sulfate***)	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V) (***barium sulfate***)	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V) (***barium sulfate***)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W) (***barium sulfate***)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V) (***barium sulfate***)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W) (***barium sulfate***)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS) (***barium sulfate***)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W) (***barium sulfate***)	Tier 3	
Contrast Media - Iodinated Ionic		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 % (***iothalamate meglumine***)	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 % (***diatrizoate meglumine***)	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % (***diatrizoate meglumine***)	Tier 3	
diatrizoate meg-diatrizoat sod oral solution 66-10 %	Tier 1	
diatrizoate meglumine/diatrizoate sodium (Md-Gastroview Oral Solution 66-10 %)	Tier 1	
Contrast Media - Iodinated Nonionic		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML (***iohexol***)	Tier 3	
Contrast Media - Magnetic Resonance Iron Compounds		
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON (***ferumoxsil***)	Tier 3	
Contrast Media - Ultrasound Agent Combinations		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE (***hydroxyethylcellulose/glycerin in sterile water***)	Tier 3	
Diagnostic - Infection Tests		
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI) (***urea(c14)***)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI) (***urea(c14)***)	Tier 3	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10 MD STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 3	
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LABSTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 10 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 5 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 7 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 8 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 9 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 9 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX STRIP (***urine multiple test strips***)	Tier 3	
URISTIX 4 STRIP (***urine multiple test strips***)	Tier 3	
URISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
Diagnostic - Other		
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS (***radiopaque pvc markers/barium sulfate***)	Tier 3	
SITZMARKS ORAL CAPSULE 24 MARKERS (***radiopaque pvc markers/barium sulfate***)	Tier 3	
Diagnostic - Therapeutic Monitoring-Toxicology-Abuse Tests		
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG (***saliva collection device/ibuprofen***)	Tier 3	
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
VUEBLU SOLUTION 0.5 % (***methylene blue***)	Tier 3	
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (***metyrapone***)	Tier 4	
Diagnostic Drugs - Pulmonary		
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG (***mannitol***)	Tier 3	
methacholine chloride inhalation solution for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)	Tier 1	
PROVOCHOLINE INHALATION RECON SOLN 100 MG (***methacholine chloride***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML (***xenon xe-129 hyperpolarized***)	Tier 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML (***xenon xe-129 hyperpolarized***)	Tier 3	
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (***thyrotropin alfa***)	Tier 4	PA
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (***xenon 133 in carbon dioxide***)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	
Diagnostic Radiopharmaceuticals - Misc.		
kit for tc 99m-sod thiosulfate recon soln 2 mg	Tier 3	
Diagnostic Radiopharmaceuticals - Pulmonary Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (***xenon 133 in carbon dioxide***)	Tier 3	
Diagnostic Radiopharmaceuticals - Radiolabeling Reagents		
indium-111 chloride solution 5 mci/0.5 ml (185 mbq)	Tier 1	
Fluorescence Imaging Agents - Malignant Brain Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML (***aminolevulinic acid hcl***)	Tier 3	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (***papaverine hcl/phentolamine mesylate in water***)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
avanafil oral tablet 100 mg, 200 mg, 50 mg	Tier 1	ST; QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST; QL (1 EA per 5 days)
vardenafil oral tablet,disintegrating 10 mg	Tier 1	ST; QL (1 EA per 5 days)
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***)	Tier 3	ST; QL (2 EA per 1 day)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA
B-Complex Vitamins - Drugs for Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent,insulin aspart combination no.1***)	Tier 3	
Diluents - Others - Drugs for Nutrition		
DILUENT FOR BICNU INTRAVENOUS SOLUTION (***diluent for carmustine (ethanol)***)	Tier 4	
diluent for decitabine intravenous solution	Tier 4	
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE (***diluent for leuprolide (polyglactin)***)	Tier 4	
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (***diluent for romidepsin (propylene glycol)***)	Tier 3	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML (***diluent for cabazitaxel (ethanol)***)	Tier 4	
diluent for melphalan intravenous solution 10 ml	Tier 4	
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE (***diluent for coagulation factor vlla (histidine)***)	Tier 4	
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION (***diluent for naltrexone microspheres (carboxymethylcellulose)***)	Tier 4	
diluent, carmustine (ethanol) intravenous solution	Tier 4	
diluent, romidepsin (prop gly) intravenous solution 2.2 ml	Tier 4	
diluent, voretigene neparvovec subretinal solution	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (***diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)***)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride injection syringe 0.9 %	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION (***water for inj.,bacteriostatic***)	Tier 1	
water for injection, sterile injection solution	Tier 1	
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (***diluent for oral live rotavirus vaccine (calcium carbonate)***)	Tier 3	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	Tier 3	PA
Irrigation Solutions - Drugs for Nutrition		
lactated ringers irrigation solution	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (***sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (***ferric carboxymaltose***)	Tier 4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric pyrophosphate citrate***)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric pyrophosphate citrate***)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet extended release 15 meq	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	Tier 4	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (***prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate***)	$0	EHB
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***)	$0	EHB
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***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate combo no.6/dha***)	$0	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	$0	EHB
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	$0	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	$0	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	$0	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	$0	EHB
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (***prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	$0	EHB
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	$0	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
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***)	$0	EHB
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***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***)	$0	EHB
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***)	$0	EHB
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	$0	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	$0	EHB
PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vit with calcium no.40/iron fumarate/folate no.1***)	$0	EHB
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***)	$0	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	$0	EHB
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***)	$0	EHB
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***)	$0	EHB
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***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	$0	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	$0	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (***prenatal vit no.173/iron bisglycinate/folate no.11***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	$0	EHB
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***)	$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
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***)	$0	EHB
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***)	$0	EHB
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil***)	$0	EHB
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/iron fumarate,polysac complex/folic acid***)	$0	EHB
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	$0	EHB
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	$0	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	$0	EHB
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	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (***prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	$0	EHB
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***)	$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	$0	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***)	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***)	$0	EHB
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	

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***)	$0	EHB
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***)	$0	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (***prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***)	$0	EHB
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***)	$0	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***)	$0	EHB
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % (flush) injection syringe	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride 0.9 % intravenous piggyback	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (***ascorbic acid***)	Tier 3	
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	Tier 1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Endocrine		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	Tier 4	PA; DD
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
INPEFA ORAL TABLET 200 MG (***sotagliflozin***)	Tier 3	ST; DD; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (***sotagliflozin***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists		
CRENESSITY ORAL CAPSULE 100 MG (***crinecerfont***)	Tier 4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***)	Tier 4	PA
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	Tier 3	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	Tier 3	
mifepristone oral tablet 200 mg	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***)	Tier 4	PA
RECORLEV ORAL TABLET 150 MG (***levoketoconazole***)	Tier 4	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 3	ST; DD; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	DD
GLUCAGON 1 MG EMERGENCY KIT (***glucagon hcl***)	Tier 3	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon 1 Mg Emergency Kit Outer, Suv)	Tier 2	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon 1 Mg Emergency Kit Suv)	Tier 1	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon 1 Mg Emergency Kit Suv, Outer)	Tier 1	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon 1 Mg Vial Suv, Inner)	Tier 1	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***)	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	Tier 4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***)	Tier 4	PA
Androgen - Single Agents - Drugs for Men		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (***testosterone undecanoate***)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (***testosterone undecanoate***)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (***testosterone undecanoate***)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	Tier 3	PA
methyltestosterone oral capsule 10 mg	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (***testosterone***)	Tier 3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	Tier 3	PA
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***)	Tier 2	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	Tier 2	DD; QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	Tier 3	ST; DD; QL (1 EA per 1 day)

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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 3	ST; DD
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
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; DD; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (***exenatide***)	Tier 2	PA; DD; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	Tier 2	PA; DD; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	Tier 3	PA; DD; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (***semaglutide***)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	Tier 2	PA; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 4	PA; DD
mifepristone oral tablet 300 mg	Tier 4	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (***ertugliflozin pidolate/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin propanediol/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	Tier 2	DD; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin propanediol/saxagliptin hcl***)	Tier 3	ST; DD; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
bexagliflozin oral tablet 20 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET 20 MG (***bexagliflozin***)	Tier 3	ST; DD; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	Tier 2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	Tier 3	ST; DD; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	DD
glipizide oral tablet 10 mg, 5 mg	Tier 1	DD
glipizide oral tablet 2.5 mg	Tier 1	DD; QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST; DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST; DD
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Tier 3	ST; DD; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 1	ST; DD; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (***romosozumab-aqqg***)	Tier 4	PA
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml), 20 mcg/dose (620mcg/2.48ml)	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		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST; QL (1 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST; QL (1 EA per 7 days)
zoledronic acid intravenous recon soln 4 mg	Tier 1	
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml	Tier 1	
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***)	Tier 4	PA
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	Tier 2	QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***)	Tier 3	ST; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	Tier 2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
Estrogens - Drugs for Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	Tier 3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***)	Tier 3	ST; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	ST
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	ST; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	ST; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	ST; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	Tier 3	ST; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***estrogens,esterified***)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate (Clomid Oral Tablet 50 Mg)	Tier 3	
clomiphene citrate oral tablet 50 mg	Tier 1	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	Tier 4	PA
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
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	
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***)	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	Tier 4	PA
cortisone oral tablet 25 mg	Tier 1	
deflazacort oral suspension 22.75 mg/ml	Tier 4	PA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	Tier 4	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (***budesonide***)	Tier 4	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	Tier 1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (***hydrocortisone sodium succinate/pf***)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	Tier 4	PA
TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 4	
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) (***somatrogon-ghla***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (***somatropin***)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (***somatropin***)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	Tier 4	PA
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		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	ST
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***)	Tier 3	ST
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	ST; DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	ST; DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 3	ST; DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***)	Tier 3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD; QL (24 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (***insulin regular, human in 0.9 % sodium chloride***)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 3	ST; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Tier 3	ST; DD; QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Tier 3	ST; DD; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	Tier 3	ST; DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	Tier 2	DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	Tier 3	ST; DD; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	Tier 3	ST; DD; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	Tier 3	ST; DD; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	Tier 3	ST; DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Tier 3	ST; DD; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 3	ST; DD; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	Tier 3	ST; DD; QL (40 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	Tier 1	DD
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 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 Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 4	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	Tier 4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 4	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 4	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml)	Tier 4	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST; QL (18 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone (dhea)***)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***)	Tier 4	PA
Progestins - Drugs for Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	Tier 4	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml	Tier 4	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	Tier 4	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg	Tier 4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	Tier 4	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***)	Tier 4	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 3	ST
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (***levothyroxine sodium***)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	Tier 3	ST; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***)	Tier 3	PA
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (***hyaluronidase, human recombinant***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		
VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***)	Tier 4	PA
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	Tier 4	PA
VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***)	Tier 4	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	Tier 4	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	ST; QL (8 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	Tier 3	ST; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	Tier 3	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	Tier 4	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (***lipase/protease/amylase***)	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (***lipase/protease/amylase***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase***)	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase***)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 4	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	Tier 4	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG (***rabeprazole sodium***)	Tier 3	ST; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	ST; QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***)	Tier 2	ST; QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (***omeprazole magnesium***)	Tier 3	ST
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
prucalopride oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***)	Tier 4	PA
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***)	Tier 3	ST; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (***glycopyrrolate/pf***)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab***)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***)	Tier 4	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (***mirikizumab-mrkz***)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	Tier 4	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	Tier 3	ST
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***)	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	Tier 4	PA
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 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	Tier 4	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (***etrasimod arginine***)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 4	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***)	Tier 4	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 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)	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	$0	ST; EHB; $0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	$0	EHB; $0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 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***)	$0	ST; EHB; $0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	$0	EHB; $0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg	Tier 4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	Tier 4	PA
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (***finasteride/tadalafil***)	Tier 3	PA
finasteride-tadalafil oral capsule 5-5 mg	Tier 1	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***)	Tier 3	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 2	PA
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 4	
tiopronin oral tablet 100 mg	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	Tier 4	
tiopronin (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 4	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (***vibegron***)	Tier 3	ST; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***)	Tier 4	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	Tier 3	ST; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	Tier 4	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 4	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	Tier 1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (***solifenacin succinate***)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	Tier 3	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	Tier 3	ST; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (***pegloticase***)	Tier 4	PA
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST; QL (30 EA per 30 days)
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (***lesinurad/allopurinol***)	Tier 3	ST; QL (1 EA per 1 day)
Hematological Agents		
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (***adamts13, recombinant-krhn***)	Tier 4	PA
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (***daprodustat***)	Tier 3	PA
VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***)	Tier 3	PA
PNH - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 4	PA
PNH - Complement Factor D Inhibitors		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	Tier 4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	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 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (***crovalimab-akkz***)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	Tier 4	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (***sodium chloride/sodium citrate***)	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (***anti-inhibitor coagulant complex***)	Tier 4	
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***)	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 4	PA
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
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	Tier 4	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***)	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)
rivaroxaban oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban tosylate***)	Tier 3	ST; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa in polysorbate 80***)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (***darbepoetin alfa in polysorbate 80***)	Tier 4	PA
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
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 Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate (pcc)-lans***)	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate (pcc), 4-factor***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 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	

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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	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	Tier 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	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-aucl***)	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 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***antihemophilic factor viii rec hek cell, b-domain deleted***)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***)	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-txid***)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (***eflapegrastim-xnst***)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 4	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***)	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***)	Tier 4	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***marstacimab-hncq***)	Tier 4	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (***fibrinogen***)	Tier 4	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (***fibrinogen***)	Tier 3	
tranexamic acid oral tablet 650 mg	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***)	Tier 4	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (***ferric subsulfate***)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (***gelatin sponge,absorbable/porcine skin***)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (***gelatin sponge,absorbable/porcine skin***)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (***thrombin (recombinant)***)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***)	Tier 1	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 " (***fibrinogen/thrombin (human plasma derived)***)	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (***fibrinogen/thrombin (human plasma derived)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 4	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 4	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 4	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 4	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***)	Tier 4	PA
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (***antithrombin iii, human recombinant***)	Tier 4	
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		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (***tirofiban hcl monohydrate***)	Tier 4	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (***tirofiban hcl monohydrate in 0.9 % sodium chloride***)	Tier 4	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 4	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	Tier 3	QL (1 EA per 1 day)

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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
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
PIASKY INJECTION SOLUTION 340 MG/2 ML (***crovalimab-akkz***)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	Tier 4	
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	Tier 4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	Tier 4	PA
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	Tier 3	ST
SIKLOS ORAL TABLET 100 MG (***hydroxyurea***)	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
argatroban intravenous solution 100 mg/ml	Tier 4	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
bivalirudin intravenous recon soln 250 mg	Tier 4	
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)	Tier 4	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***)	Tier 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	Tier 4	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***)	Tier 4	PA
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	Tier 4	PA
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	Tier 4	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	Tier 4	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	Tier 4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***)	Tier 4	PA
Immunosuppressive Agents		
Immunosuppressive - GCSF-R Antagonist, Monoclonal Antibody		
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML (***axatilimab-csfr***)	Tier 4	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 3	ST
cyclosporine intravenous solution 250 mg/5 ml	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (***tacrolimus***)	Tier 3	ST
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	Tier 1	ST
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***)	Tier 4	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***)	Tier 3	PA
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***)	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***)	Tier 4	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	Tier 4	
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***)	Tier 4	PA
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***)	Tier 4	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***)	Tier 4	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
dichlorphenamide oral tablet 50 mg	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 4	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
edaravone intravenous solution 30 mg/100 ml	Tier 4	PA
edaravone intravenous solution 60 mg/100 ml	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (***riluzole***)	Tier 4	PA
riluzole oral tablet 50 mg	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (***rozanolixizumab-noli***)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	Tier 4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (***efgartigimod alfa-fcab***)	Tier 4	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	Tier 4	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
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***)	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***)	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***)	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***)	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 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***)	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***)	Tier 4	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	Tier 4	PA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (***daxibotulinumtoxina-lanm***)	Tier 4	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	Tier 4	PA
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	Tier 1	PA
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dantrolene oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (***nusinersen sodium/pf***)	Tier 4	PA
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	Tier 4	PA
EVRYSDI ORAL TABLET 5 MG (***risdiplam***)	Tier 4	PA
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G2 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	$0	
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	$0	
GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	$0	
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	$0	
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (***syringe, enfit 0.5 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 20 ML (***syringe,enfit 20ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, non-sterile syringe 10 ml	Tier 3	
syringe, enfit, non-sterile syringe 5 ml	Tier 3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, sterile syringe 10 ml	Tier 3	
syringe, enfit, sterile syringe 20 ml	Tier 3	
syringe, enfit, sterile syringe 5 ml	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (***lancets with blood glucose test strips***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 3	PA; DD
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

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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 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN CONNECT TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN , 28 GAUGE (***lancets***)	Tier 2	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SINGLE-LET (***lancets***)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
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 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, safety***)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD REGULAR BEVEL NEEDLES 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", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
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 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	Tier 3	
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
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 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	Tier 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 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" (***needles, disposable***)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
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 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	Tier 3	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK NEEDLE 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", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***)	Tier 3	
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 3	
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 3	
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 3	
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 3	
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 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 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 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
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 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 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 3	
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 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 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", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
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 3	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***)	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***)	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	

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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 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 3	
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***)	Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (***syringe with cannula, disposable, 1 ml and atomizer***)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (***needles, safety***)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 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", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC POLYPROPYL 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", 23 GAUGE X 3/4", 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", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE (***syringe with needle,disposable***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	Tier 3	
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 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***)	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
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 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	Tier 3	
needle (disp) 16 g needle 16 gauge x 1"	Tier 3	
needle (disp) 18 g needle 18 gauge x 1"	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 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", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
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 3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	Tier 3	
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 3	
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	Tier 3	
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 3	
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 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", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 3	
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 3	
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 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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", 3 ml 23 x 1"	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	
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 3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
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 3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	Tier 3	
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 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 3	
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 3	
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 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (***transfer device, closed system***)	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	Tier 2	DD; QL (1 EA per 365 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (***urine glucose test strip***)	Tier 3	DD
NO-STICK GLUCOSE STRIP (***urine glucose test strip***)	Tier 3	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	Tier 3	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
KETONE CARE STRIP (***urine acetone test strips***)	Tier 3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 3	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 3	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 3	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	Tier 4	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	Tier 3	
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 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, safety***)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, disposable***)	Tier 3	
ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
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 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***)	Tier 3	
BD REGULAR BEVEL NEEDLES 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", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
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 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (***lancets with blood glucose test strips***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	Tier 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 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" (***needles, disposable***)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 3	PA; DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 3	PA; DD
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10 MD STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 3	
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	Tier 3	
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIASTIX STRIP (***urine glucose test strip***)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	Tier 3	
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK NEEDLE 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", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***)	Tier 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 3	
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 3	
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 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 3	
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 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 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 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
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 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
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 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 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", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
EVENCARE G2 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
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 3	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (***transfer device, closed system***)	Tier 3	
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	$0	
GENULTIMATE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN CONNECT TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 3	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETONE CARE STRIP (***urine acetone test strips***)	Tier 3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 3	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 3	DD
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
LABSTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN , 28 GAUGE (***lancets***)	Tier 2	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 2	DD
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	$0	
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (***syringe with cannula, disposable, 1 ml and atomizer***)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (***needles, safety***)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 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", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC POLYPROPYL 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", 23 GAUGE X 3/4", 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", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE (***syringe with needle,disposable***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	Tier 3	
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 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***)	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
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 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
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 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	Tier 3	
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
MULTISTIX 10 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 5 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 7 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 8 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 9 SG STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX 9 STRIP (***urine multiple test strips***)	Tier 3	
MULTISTIX STRIP (***urine multiple test strips***)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
needle (disp) 16 g needle 16 gauge x 1"	Tier 3	
needle (disp) 18 g needle 18 gauge x 1"	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (***syringe, enfit 0.5 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 20 ML (***syringe,enfit 20ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
NO-STICK GLUCOSE STRIP (***urine glucose test strip***)	Tier 3	DD
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 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", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 3	
PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PTS PANELS EGLU TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	$0	
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
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 3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	Tier 3	
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 3	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	Tier 3	
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 3	
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	Tier 3	
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 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SINGLE-LET (***lancets***)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
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", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 3	
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 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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", 3 ml 23 x 1"	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
syringe, enfit, non-sterile syringe 10 ml	Tier 3	
syringe, enfit, non-sterile syringe 5 ml	Tier 3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, sterile syringe 10 ml	Tier 3	
syringe, enfit, sterile syringe 20 ml	Tier 3	
syringe, enfit, sterile syringe 5 ml	Tier 3	
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TD GOLD TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
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 3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	Tier 3	
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 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
URISTIX 4 STRIP (***urine multiple test strips***)	Tier 3	
URISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***)	Tier 2	DD
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 3	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	Tier 4	PA
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***cerliponase alfa***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***cerliponase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***)	Tier 4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***)	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***)	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***)	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***)	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***)	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***)	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***)	Tier 4	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG (***cipaglucosidase alfa-atga***)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Neimann Pick Disease Type C (NPC)		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***)	Tier 4	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***)	Tier 4	PA
Metabolic Modifier - Pompe Disease - GCS inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	Tier 4	
miglustat oral capsule 100 mg	Tier 4	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 4	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	Tier 4	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***)	Tier 4	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***)	Tier 4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	Tier 4	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 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	Tier 4	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 4	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	Tier 4	PA
carglumic acid oral tablet, dispersible 200 mg	Tier 4	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (***cobicistat***)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	Tier 4	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sapropterin oral powder in packet 100 mg, 500 mg	Tier 4	
sapropterin oral tablet,soluble 100 mg	Tier 4	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	Tier 4	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 % (***sodium fluoride/hydroxyapatite***)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (***sodium fluoride/hydroxyapatite***)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (***tetracaine hcl/oxymetazoline hcl***)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 % (***lidocaine hcl/glycerin***)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***)	Tier 4	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***)	Tier 4	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***)	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 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***)	Tier 4	PA
PONVORY ORAL TABLET 20 MG (***ponesimod***)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (***fingolimod lauryl sulfate***)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 4	PA
Ophthalmic Agents		
Ophthalmic - Reversal Agents		
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 % (***phentolamine mesylate/pf***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	Tier 4	PA
Ophthalmic Complement Inhibitors		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 4	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (***phenylephrine hcl/tropicamide***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta blocker-Adrenerg-Carbonic Anhyd Inhib-Prostagladin Analog - Drugs for Glaucoma		
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 2	
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	Tier 4	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (***riboflavin 5-phosphate sodium (b2)***)	Tier 4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	Tier 4	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***)	Tier 3	PA
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (***pilocarpine hcl***)	Tier 3	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***)	Tier 3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin/dexamethasone***)	Tier 3	ST
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin/loteprednol etabonate***)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	Tier 1	
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	ST; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
clobetasol ophthalmic (eye) drops,suspension 0.05 %	Tier 1	ST; QL (3.5 ML per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	Tier 3	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***)	Tier 3	ST; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***)	Tier 3	ST; QL (10 ML per 14 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	Tier 3	ST; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 1	ST; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 3	ST; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (***dexamethasone***)	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	Tier 3	ST; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	Tier 3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	Tier 4	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	Tier 3	ST; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***cyclosporine/chondroitin sulfate a sodium***)	Tier 1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	Tier 1	QL (60 EA per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (***cyclosporine***)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	Tier 3	ST; QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	Tier 1	ST; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	Tier 1	ST; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3.4 ML per 16 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***)	Tier 3	ST; QL (9 ML per 16 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs for Glaucoma		
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (***fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG (***fluorescein sodium***)	Tier 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (***lissamine green***)	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	Tier 4	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	Tier 3	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
proparacaine hcl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***)	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 4	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	Tier 2	ST; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	Tier 4	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
GELFILM OPHTHALMIC (EYE) FILM (***gelatin***)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***)	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (***hyaluronate sodium***)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	Tier 3	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	Tier 3	ST
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	Tier 4	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (***travoprost***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (***latanoprost/pf***)	Tier 3	ST; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 2	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	Tier 3	ST; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	Tier 3	ST; 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 3	ST; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 4	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
Organ Preservation Solutions		
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (***cardioplegic and organ preservation solution no.1***)	Tier 3	
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.35***)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (***cardioplegic solution no.27 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.30 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 60 MEQ/830 ML (POTASSIUM) (***cardioplegic solution no.34 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.15 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.32 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (***cardioplegic solution no.31 (maintenance 4:1)***)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (***cardioplegic solution no.29 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.14 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.28 (reperfusate 4:1)***)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (***cardioplegic solution no.24 (reperfusate 4:1)***)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (***ciprofloxacin hcl/hydrocortisone***)	Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Otic (Ear) - Local Anesthetic-Analgesic Combinations - Anti-Infective/Anti-Inflammatories		
TYMBION INTRATYMPANIC SOLUTION 20 MG/ML (2 %)-1:100,000 (***lidocaine hcl/epinephrine***)	Tier 3	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	Tier 3	
Respiratory Therapy Agents		
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***)	Tier 3	PA
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	Tier 3	ST; QL (2 EA per 1 day)
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (***ciclesonide***)	Tier 3	ST; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION (***fluticasone propionate***)	Tier 3	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	Tier 3	ST; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	Tier 3	ST; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	Tier 3	ST; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 3	ST; QL (21.2 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	Tier 4	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***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
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEZSPIRE SUBCUTANEOUS SYRINGE 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 Ml)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	Tier 3	ST; 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 3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	Tier 3	ST; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	ST; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (***glycopyrrolate/formoterol fumarate***)	Tier 3	ST; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (***aclidinium bromide/formoterol fumarate***)	Tier 3	ST; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 3	ST; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	QL (30.9 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 3	ST; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 3	ST; QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 3	ST; QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (2 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 4	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 4	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	Tier 4	ST; 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 4	PA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	Tier 4	PA
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	Tier 4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	Tier 4	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 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 4	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (***alpha-1-proteinase inhibitor***)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 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 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***)	Tier 3	
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 4	PA
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	ST; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	QL (17 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***)	Tier 3	ST; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	ST; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (***ciclesonide***)	Tier 3	ST; QL (6.1 GM per 30 days)
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		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***)	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	Tier 4	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA
pirfenidone oral tablet 534 mg	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 4	PA
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	Tier 3	ST; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	Tier 3	ST
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***)	Tier 3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	Tier 3	ST; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***)	Tier 3	ST; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 2	
Weight Loss/Gain Agents		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	Tier 3	PA
Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
Anorexiants - Drugs for Eating Disorders		
benzphetamine oral tablet 50 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (***phentermine hcl***)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
orlistat oral capsule 120 mg	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	Tier 3	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST
Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	Tier 4	PA

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A
abacavir 42
abacavir-lamivudine..... 44
ABENOR HP..... 171
ABILIFY ASIMTUFII 134
ABILIFY MAINTENA 134
abiraterone..... 55, 58
Abirtega 55, 58
ABRYSVO (PF) 81
acamprosate..... 151
acarbose 220
ACCU-CHEK AVIVA PLUS TEST STRP..... 285, 337
ACCU-CHEK FASTCLIX LANCET DRUM .. 298, 337
ACCU-CHEK GUIDE TEST STRIPS..... 285, 337
ACCU-CHEK SAFE-T-PRO 298, 337
ACCU-CHEK SAFE-T-PRO PLUS..... 298, 337
ACCU-CHEK SMARTVIEW TEST STRIP..... 286, 337
ACCU-CHEK SOFTCLIX LANCETS..... 298, 337
Accutane..... 170
ACCUTREND GLUCOSE TEST STRIPS 286, 337
ACE AEROSOL CLOUD ENHANCER 330, 337
acebutolol..... 108
acetaminophen-codeine . 18
acetazolamide..... 111
acetic acid..... 255, 416
acetylcysteine..... 32, 426
ACIOXIA 189
ACIPHEX SPRINKLE 244
acitretin 182
ACTEMRA 26
ACTEMRA ACTPEN 26
ACTHAR..... 217
ACTHAR SELFJECT..... 218
ACTHIB (PF)..... 91
ACTI-LANCE LANCETS 298, 337
ACTIMMUNE 37
ACUVAIL (PF) 404
acyclovir..... 48, 183
ADACEL(TDAP ADOLESN/ADULT)(PF) 89
ADAKVEO 274
adalimumab-adaz 21, 22, 251
adapalene..... 174
adapalene-benzoyl peroxide..... 174
ADASUVE..... 132
ADBRY 177
ADCETRIS..... 58, 76
ADDYI..... 144
adefovir 47
ADEINZDE..... 173
ADEMPAS 115
adenovirus vac live type-4, 7 ..... 87, 93
adenovirus vaccine live type-4 ..... 87, 93
adenovirus vaccine live type-7 ..... 87, 93
ADERMICA HP..... 173
ADLARITY..... 154
ADMELOG SOLOSTAR U-100 INSULIN 235
ADMELOG U-100 INSULIN LISPRO 235
ADMIRAZOL..... 171
ADMIRAZOL HP..... 171
ADUHELM 154
ADULT ASPIRIN REGIMEN 30, 275
ADULT LOW DOSE ASPIRIN..... 30, 275
ADVAIR HFA 423
ADVANCED ALLERGY COLLECT KIT..... 186
ADVANCED GLUC METER TEST STRIP..... 286, 338
ADVANCED TRAVEL LANCETS..... 298, 338
ADVATE 265
ADVIN COVID-19 AG HOME TEST 294, 338
ADVOCATE LANCET.... 298, 338
ADVOCATE REDI-CODE PLUS..... 286, 338
ADYNOVATE..... 266
ADZENYS XR-ODT 135, 142
ADZYNMA 261
AEROCHAMBER MECHANICAL VENT . 330, 338
AEROCHAMBER MINI .. 330, 338
AEROCHAMBER MV 330, 338
AEROCHAMBER PLUS FLOW-VU..... 330, 338
AEROCHAMBER PLUS FLOW-VU,L MSK 330, 338
AEROCHAMBER PLUS FLOW-VU,M MSK330, 338
AEROCHAMBER PLUS FLOW-VU,S MSK 330, 338
AEROCHAMBER PLUS Z STAT 331, 338
AEROCHAMBER PLUS Z STAT LG MSK 330, 338
AEROCHAMBER PLUS Z STAT MD MSK.... 331, 338
AEROCHAMBER PLUS Z STAT SM MSK.... 331, 338
AEROCHAMBER Z-STAT PLUS-FLW SG 331, 338
AEROTRACH PLUS..... 331, 338
AEROVENT PLUS.. 331, 338
Afirmelle..... 157
AFLURIA TRIV 2024-202594
AFLURIA TRIV 2024-2025 (PF)..... 94
AFREZZA 233
AFSTYLA..... 266
AFTER PILL 168, 169
AFTERA..... 169

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

AGAMATRIX AMP TEST STRIPS 286, 338
AGAMATRIX PRESTO TEST STRIPS 286, 339
AGAMREE 229
AGGRASTAT CONCENTRATE 274
AGGRASTAT IN SODIUM CHLORIDE 274
AIMOVIG AUTOINJECTOR 145
AIMSCO LATEX CONDOM 308, 339
AIRDUO DIGIHALER 423
AIRSUPRA 423
AJOVY AUTOINJECTOR 144
AJOVY SYRINGE 144
AKEEGA 54
AKLIEF 174
AKTEN (PF) 407
AKYNZEO (NETUPITANT) 243
Ala-Cort 186
Ala-Scalp 186
albendazole 35
albuterol sulfate 422
Alcaine 407
alclometasone 186
ALCOHOL PADS 80
ALCOHOL PREP PADS ... 80
alcohol swabs 80
ALCOHOL WIPES 80
ALDURAZYME 390
ALECENSA 57
alendronate 225
ALFERON N 191
alfuzosin 257
ALHEMO PEN 270
ALINIA 39
aliskiren 116
ALIXI 171
ALIXI HP 171
ALKINDI SPRINKLE 229
ALLERGIST TRAY 1/2 ML 27GX3/8 ..... 309, 339
ALLERGIST TRAY INTRADERMAL BEV . 309, 339
ALLERGIST TRAY REGULAR BEVEL 310, 339
ALLERGY SYRINGE 310, 339
allopurinol 261
almotriptan malate 145
alogliptin 220
alogliptin-metformin 224
alogliptin-pioglitazone .. 223
ALOMIDE 408
ALOMIRA HP 173
alosetron 248, 252
ALPHANATE 266
ALPHANINE SD 265
alprazolam 116, 117, 138
ALPRAZOLAM INTENSOL 116, 138
ALPROLIX 265
ALTABAX 178
ALTACAINE 407
ALTAFLUOR BENOX 406, 407
Altavera (28) 157
ALTERNATE SITE LANCET 298, 339
ALTOPREV 104
ALTRENO 174
ALTUVIIIO 266
ALUNBRIG 57
ALURIS HP 174
ALVAIZ 277
ALVESCO 419
alvimopan 34
Alyacen 1/35 (28) 157
Alyacen 7/7/7 (28) 166
ALYFTREK 425
ALYGLO 85
ALYMSYS 55
Alyq 115
amantadine hcl 129
ambrisentan 115
amcinonide 186
AMELUZ 193
Amethia 156
Amethyst (28) 157
amiloride 112
amiloride-hydrochlorothiazide .. 112
aminocaproic acid 270
amiodarone 102
amitriptyline 127
amitriptyline-chlordiazepoxide 127, 138
amlodipine 109
amlodipine-atorvastatin 107
amlodipine-benazepril 98
amlodipine-olmesartan . 100
amlodipine-valsartan 100
amlodipine-valsartan-hcthiazid 100
ammonium lactate 186
Amnesteem 170
AMONDYS-45 282
amoxapine 127
amoxicil-clarithromy-lansopraz 247
amoxicillin 35
amoxicillin-pot clavulanate 35
amphetamine sulfate 135, 143, 148
ampicillin 35
AMVISC 409
AMVISC PLUS 409
AMVUTTRA 219
amyl nitrite 33, 101
ANACAINE 197
anagrelide 274
ANA-LEX KIT 32
ANALPRAM-HC 190
ANASCORP 82
ANASTIA 195
anastrozole 61
ANGELIQ 226
ANKTIVA 68
ANNOVERA 168
ANORO ELLIPTA 423
anticoag citrate phos dextrose 262
ANUCORT-HC 31

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

APIDRA SOLOSTAR U-100 INSULIN 235
APIDRA U-100 INSULIN 235
APLIGRAF..... 198
apomorphine 129
apraclonidine..... 411
aprepitant..... 242, 243
APRETUDE 40
Apri..... 157
APTIOM 120
APTIVUS..... 51
AQINJECT 3.0 LOCK SYRINGE 310, 339
AQINJECT LUER LOCK SYRINGE 310, 339
AQINJECT SAFETY NEEDLE..... 310, 339
AQINJECT SAFETY SYRINGE 310, 339
AQINJECT STANDARD NEEDLE..... 310, 339
AQNEURSA..... 390
ARAKODA..... 38
ARALAST NP..... 425
Aranelle (28)..... 166
ARANESP (IN POLYSORBATE)..... 264
ARCALYST..... 20
AREXVY (PF) 81
arformoterol..... 422
argatroban 277
argatroban in 0.9 % sod chlor..... 276
ARIDOL BRONCHIAL CHALLENGE 201
ARIKAYCE 35
aripiprazole..... 134, 141
ARISTADA..... 135
ARISTADA INITIO..... 134
armodafinil..... 148
ARMONAIR DIGIHALER 419
ARMOUR THYROID..... 240
ARNUITY ELLIPTA 419
arsenic trioxide..... 61
ARTILIS 172
ARTISS..... 195
ARZERRA..... 63
ASCENIV 85
Ascomp With Codeine 18
ASCOR 216
ascorbic acid (vitamin c) 216
asenapine maleate 130, 141
Ashlyna 156
ASMANEX HFA..... 419
ASMANEX TWISTHALER 419
ASPARLAS 61
aspirin 30, 275
ASPIRIN CHILDRENS..... 30, 275
aspirin-dipyridamole..... 274
ASSURE 4 STRIPS 286, 339
ASSURE LANCE.... 298, 339
ASSURE LANCE PLUS 298, 340
ASSURE PLATINUM TEST STRIP..... 286, 340
ASSURE PRISM MULTI STRIP..... 286, 340
ASTAGRAF XL..... 278
ASTRINGYN..... 270
ATABEX OB..... 207
atazanavir..... 51
atenolol 107
atenolol-chlorthalidone. 110
ATGAM..... 87
atomoxetine..... 138
ATORVALIQ..... 104
atorvastatin..... 104
atovaquone..... 38
atovaquone-proguanil..... 38
ATRAPRO CP 185
ATROPEN..... 113
atropine..... 402
atropine sulfate (pf)..... 402
ATROVENT HFA 421
ATRYN..... 274
ATTRUBY 218
Aubra..... 157
Aubra Eq 157
AUGTYRO 70
auranofin..... 25
Aurovela 1.5/30 (21)..... 158
Aurovela 1/20 (21)..... 158
Aurovela 24 Fe..... 158
Aurovela Fe 1.5/30 (28) . 158
Aurovela Fe 1-20 (28) 158
AUSTEDO..... 146, 147
AUSTEDO XR..... 146, 147
AUSTEDO XR TITRATION KT(WK1-4) 146, 147
AUTOSHIELD DUO PEN NEEDLE 305, 340
AUVELITY 124
avanafil..... 203
AVASTIN 55
AVEED..... 219
AVEIDA..... 194
Aviane 158
AVIDORA..... 173
AVIDORA HP..... 173
AVITA 174
AVITENE..... 270
AVITENE FLOUR 270
AVONEX..... 396
AVSOLA 21, 22, 251
AWANIS..... 173
AXTLE 59
Ayuna 158
AYVAKIT 70
azacitidine..... 60
AZASITE..... 411
azathioprine..... 25, 280
azelaic acid 171, 194
azelastine..... 402, 426
azelastine-fluticasone... 426
AZELEX..... 171, 194
azithromycin..... 49
AZSTARYS..... 136
Azurette (28) 156

B

B COMPLEX 100..... 204
bacitracin 410
bacitracin-polymyxin b . 409
baclofen 284
BACTERIOSTATIC WATER-OGIVRI..... 205
BAFIERTAM..... 397
BAL-CARE DHA..... 207

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

BAL-CARE DHA ESSENTIAL 207
BALCOLTRA 158
BALFAXAR 264
balsalazide 249
BALVERSA 64
Balziva (28) 158
BAQSIMI 218
BARACLUDE 47
BASADROX 178
BASAGLAR KWIKPEN U-100 INSULIN 234
BAVENCIO 75
BAXDELA 46
BAXONIL 194
BAYER ASPIRIN 30, 275
BAYER LOW DOSE ASPIRIN 30, 275
B-COMPLEX INJECTION 204
BD ALCOHOL SWABS 80
BD ALLERGIST TRAY REG BEVEL 310, 340
BD ALLERGY SYRINGE 310, 340
BD AUTOSHIELD DUO PEN NEEDLE 305, 340
BD BLUNT PLASTIC CANNULA 310, 340
BD BULK SYRINGE SLIP TIP 310, 340
BD ECCENTRIC TIP SYRINGE 311, 340
BD ECLIPSE 311, 340
BD ECLIPSE LUER-LOK 311, 340
BD FILTER NEEDLE 5-MICRON NOKO .. 311, 341
BD FILTER NEEDLE-5 MICRON 311, 341
BD INSULIN SYRINGE (HALF UNIT) 306, 341
BD INSULIN SYRINGE U-500 ..... 306, 341
BD INSULIN SYRINGE ULTRA-FINE 306, 341
BD INTEGRA NEEDLE . 311, 341
BD INTEGRA SYRINGE 311, 341
BD INTERLINK BLUNT PLASTIC CAN 311, 341
BD INTERLINK SYRINGE 311, 341
BD INTRADERMAL BEVEL NEEDLES 311, 341
BD LUER-LOK BULK SYRINGE 311, 341
BD LUER-LOK SYRINGE 311, 312, 341, 342
BD LUER-LOK TIP CONTROL SYRING ... 312, 342
BD MICROTAINER LANCET 298, 342
BD NANO 2ND GEN PEN NEEDLE 306, 342
BD NOKOR ADMIX NEEDLE 312, 342
BD POSIFLUSH NORMAL SALINE 0.9 215
BD PRECISIONGLIDE .. 312, 342
BD PRECISIONGLIDE NON-STERILE 312, 343
BD REGULAR BEVEL NEEDLES 313, 343
BD SAFETYGLIDE ALLERGIST TRAY 313, 343
BD SAFETYGLIDE NEEDLE 313, 343
BD SAFETYGLIDE SHIELDING REG 313, 343
BD SAFETYGLIDE SYRINGE 313, 343
BD SAFETYGLIDE TB REG BEVEL 313, 343
BD SAFETYGLIDE TUBERCULIN 313, 343
BD SHORT BEVEL NEEDLES 313, 343
BD SHORT BEVEL THIN WALL 313, 343
BD SLIP TIP SYRINGE . 313, 314, 343, 344
B-D SLIP TIP SYRINGE . 313
B-D SLIP TIP SYRINGE . 344
BD SPECIALTY USE NEEDLES 314, 344
BD SYRINGE 314, 344
BD SYRINGE CATH TIP NONSTERILE 314, 344
BD SYRINGE CATHETER TIP 314, 344
BD SYRINGE LUER-LOK NONSTERILE 314, 344
BD SYRINGE LUER-LOK STERILE 314, 344
BD SYRINGE SLIP TIP NONSTERILE 314, 344
BD SYRINGE-DUAL CANNULA 314, 345
BD TUBERCULIN SLIP-TIP 314, 315, 345
BD TUBERCULIN SYRINGE 315, 345
BD ULTRA-FINE MICRO PEN NEEDLE 306, 345
BD ULTRA-FINE MINI PEN NEEDLE 306, 345
BD ULTRA-FINE NANO PEN NEEDLE 306, 345
BD ULTRA-FINE ORIG PEN NEEDLE 306, 345
BD ULTRA-FINE SHORT PEN NEEDLE 306, 345
BD VEO INSULIN SYR (HALF UNIT) 306, 345
BD VEO INSULIN SYRINGE UF 306, 345
BELEODAQ 65
belladonna alkaloids-opium 247
BELRAPZO 57
BELSOMRA 150
benazepril 99
benazepril-hydrochlorothiazide 98

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

bendamustine 57
BENDEKA 57
BENEFIX 265
BENLYSTA 28
benzhydrocodone-acetaminophen 18
benznidazole 38
benzonatate 418
benzoyl peroxide 174
benzphetamine 430
benztropine 129
BEOVU 407, 412
bepotastine besilate 402
BERINERT 263
BESIVANCE 410
BESPONSA 58, 76
BESREMI 65
betaine 391
BETALOAN SUIK 229
betamethasone dipropionate 186
betamethasone valerate 186
betamethasone, augmented 186
BETASERON 396
betaxolol 107, 406
bethanechol chloride 260
BETIMOL 406
BETOPTIC S 407
bevacizumab 408, 412
BEVESPI AEROSPHERE 423
bexagliflozin 222
bexarotene 73, 182
BEXSERO 92
BEYAZ 158
BEYFORTUS 82
bicalutamide 58
BIJUVA 227
BIKTARVY 43
bimatoprost 411
bimatoprost (pf) 411
BIMZELX 176
BIMZELX AUTOINJECTOR 176
BINAXNOW COVD AG CARD HOME TST 294, 345
BINAXNOW COVID-19 AG SELF TEST 294, 345
BIOGLO 406
BIOLON 409
BIONIME RIGHTEST TEST STRIPS 286, 346
bismuth subcit k-metronidz-tcn 247
bisoprolol fumarate 107
bisoprolol-hydrochlorothiazide .. 110
bivalirudin 277
BIVIGAM 85
bleomycin 74
BLEPHAMIDE S.O.P. 401
BLINCYTO 77
Blisovi 24 Fe 158
Blisovi Fe 1.5/30 (28) 158
Blisovi Fe 1/20 (28) 158
BLOOD GLUCOSE TEST 286, 346
BLULINK BG SYSTEM REFILL 298, 346
BLULINK GLUCOSE TEST STRIP 286, 346
blunt needle, disposable 315, 346
BOOSTRIX TDAP 90
bortezomib 70
bosentan 115
BOSULIF 70
BOTOX 283
BPO 174
BRAFTOVI 62
BREATHERITE MDI SPACER 331, 346
BREATHERITE SPACER-MASK, NEO. 331, 346
BREATHERITE SPACER-MASK,ADULT 331, 346
BREATHERITE SPACER-MASK,CHILD 331, 346
BREATHERITE SPACER-MASK,INFANT 331, 346
BREATHERITE SPACER-MASK,S.CHLD 331, 346
BREATHERITE VALVED MDI CHAMBER ... 331, 346
BREATHERITE VALVED MDI SPACER 331, 346
BREEZE 2 TEST STRIPS 286, 346
BRENZAVVY 222
BREO ELLIPTA 423
BREXAFEMME 36, 37
Breyna 423
BREZTRI AEROSPHERE 424
Briellyn 158
BRILINTA 274
brimonidine 194, 411
brimonidine-dorzolamide 400
brimonidine-dorzolamide (pf) 400
brimonidine-timolol 405
BRINEURA 388, 389
brinzolamide 405
BRIUMVI 396
BRIVIACT 123
BRIXADI 150
Bromfed Dm 427
bromfenac 404
bromocriptine 129
brompheniramine-pseudoeph-dm 427
BRONCHITOL 425
BRUKINSA 62, 70
budesonide 250, 419
budesonide-formoterol . 423
BULLSEYE MINI SAFETY LANCETS 298, 346
bumetanide 112
buprenorphine 19
buprenorphine hcl ... 19, 150
buprenorphine-naloxone 150
bupropion hcl 127
bupropion hcl (smoking deter) 151
buspirone 117

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

busulfan 56
butalbital-acetaminop-caf-cod 18
butalbital-acetaminophen 20
butalbital-acetaminophen-caff 20
butalbital-aspirin-caffeine 30
butorphanol 19
BUTTERFLY TOUCH LANCET 298, 346
BYDUREON BCISE 221
BYETTA 221
BYLVAY 278
BYOOVIZ 408, 412
C
CABENUVA 40, 41
cabergoline 238
CABLIVI 261
CABOMETYX 68
cabotegravir 40
CABTREO 173
CADEAU DHA 208
CADIRA COMPLIANT BLOOD STAT 336
caffeine citrate 143
calcipotriene 182
calcipotriene-betamethasone 175
calcitonin (salmon) 226
calcitriol 182, 216, 391
calcium acetate(phosphat bind) 256
CALQUENCE (ACALABRUTINIB MAL) 62, 70
Camila 165
CAMPTOSAR 73
CAMRESE 156
CAMRESE LO 156
CAMZYOS 110
candesartan 101
candesartan-hydrochlorothiazid 100
cantharidin in acetone .. 191
capecitabine 60
CAPEX 187
CAPLYTA 132
CAPRELSA 70
captopril 99
captopril-hydrochlorothiazide 98
CAPVAXIVE 92
CARBAGLU 392
carbamazepine 120, 121, 140
CARBATROL 121, 140
carbidopa 129
carbidopa-levodopa 128
carbidopa-levodopa-entacapone 128
carbinoxamine maleate . 417
carboplatin 69
CARDIOPLEGIA DEL NIDO FORMULA 413
CARDIOPLEGIA DEL NIDO-ISOLYT S 413
CARDIOPLEGIA HIGH POTASSIUM 413
CARDIOPLEGIA IND 4 1 PLASMALYT 414
CARDIOPLEGIA IND 4 1 RINGER 414
CARDIOPLEGIA IND 8 1 NON-ENRCH 414
CARDIOPLEGIA INDUCTION 4 1 414
CARDIOPLEGIA INDUCTION 8 1 414
CARDIOPLEGIA MAIN 8 1 NO-ENRCH 414
CARDIOPLEGIA MAINT 4 1 PLASMA 414
CARDIOPLEGIA MAINT 4 1 RINGER 414
CARDIOPLEGIA MAINTENANCE 4 1 414
CARDIOPLEGIA MAINTENANCE 8 1 415
CARDIOPLEGIA REPERFUSATE 4 1 415
CARDIOPLEGIA WARM INDUCT 4 1 415
cardioplegic no.17(induct 4 1) 415
cardioplegic no.19 (maint 4 1) 415
cardioplegic soln 415
cardioplegic solution no.25 415
CARDURA XL 113
CAREONE ULTRA THIN LANCET 298, 346
CAREPOINT LUER LOCK SYRINGE 315, 346
CAREPOINT LUER LOCK SYR-NEEDLE 315, 347
CAREPOINT LUER SLIP SYRINGE 315, 347
CAREPOINT LUER SLIP SYRING-NDL 315, 347
CAREPOINT PRECISION LUER LOCK 315, 347
CAREPOINT PRECISION NEEDLE 315, 347
CAREPOINT PRECISION SAFETY 315, 347
CAREPOINT SAFETY LL SYR-NEEDLE 315, 347
CARESENS LANCETS . 298, 347
CARESENS N TEST STRIPS 286, 347
CARESENS S TEST STRIP 286, 347
CARESTART COVID-19 AG HOME TST 294, 347
CARETOUCH ALCOHOL PREP PAD 80
CARETOUCH HYPODERMIC NEEDLE 315, 347
CARETOUCH LUER LOCK SYRINGE 315, 316, 347
CARETOUCH LUER LOCK SYR-NEEDLE 316, 348

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

CARETOUCH LUER SLIP SYRINGE 316, 348
CARETOUCH SAFETY LANCETS..... 298, 348
CARETOUCH TEST STRIP 286, 348
CARETOUCH TWIST LANCET 298, 348
carglumic acid 392
carisoprodol 284
carisoprodol-aspirin 284
carisoprodol-aspirin-codeine 285
carmustine 57
carteolol 407
Cartia Xt 108
carvedilol 99
carvedilol phosphate 99
CAVERJECT 202
CAVERJECT IMPULSE . 202
CAYA CONTOURED 295, 348
CAYSTON..... 425
Caziant (28) 166
cefaclor 45
cefadroxil 45
cefdinir 46
cefixime..... 46
cefpodoxime 46
cefprozil 45
cefuroxime axetil..... 45
celecoxib..... 28
CEM-UREA..... 191
CENTANY AT 178
cephalexin..... 45
CEPROTIN (BLUE BAR) 276
CEPROTIN (GREEN BAR) 276
CEQUA 404
CEQUR SIMPLICITY 334, 348
CEQUR SIMPLICITY INSERTER 298, 348
CERDELGA 391
CEREZYME 389
CERVIDIL 217
CETACAINE 192
CETACAINE ANESTHETIC 192
cetirizine..... 418
cetrorelix 237
cevimeline..... 395
Charlotte 24 Fe 158
Chateal Eq (28) 159
CHEK-STIX CONTROL . 200, 336, 348
CHEMET 34
CHEMSTRIP 10 MD 200, 348
CHEMSTRIP 10/SG 200, 348
CHEMSTRIP 2 GP .. 200, 348
CHEMSTRIP 50B ... 200, 348
CHEMSTRIP 7 ..... 200, 348
CHEMSTRIP 9 ..... 200, 348
CHENODAL..... 244
CHILDREN'S ASPIRIN 30, 275
chlordiazepoxide hcl 117, 138
chlordiazepoxide-clidinium 138, 247
chlorhexidine gluconate394
chloroquine phosphate... 38
chlorpromazine 133
chlorthalidone 112
chlorzoxazone 284
CHOICEDM CLARUS 286, 348
CHOLBAM..... 243
cholestyramine (with sugar)..... 103
Cholestyramine Light.... 103
choline,magnesium salicylate 30
chorionic gonadotropin, human..... 232
CHOSEN LANCET . 298, 348
CHOSEN SAFETY LANCET 298, 348
CIBINQO..... 177
CICLODAN KIT 180
ciclopirox 180
ciclopirox-ure-camph-menth-euc 180
cilostazol..... 274
CILOXAN 410
CIMDUO..... 41
CIMERLI 408, 412
cimetidine 244
cimetidine hcl 244
CIMZIA..... 21, 22, 251
CIMZIA POWDER FOR RECONST 21, 22, 251
CIMZIA STARTER KIT 21, 22, 251
cinacalcet..... 226
CINQAIR..... 420
CINRYZE 263
CIPRO..... 46
CIPRO HC..... 415
ciprofloxacin..... 46
ciprofloxacin hcl..... 46, 410, 416
ciprofloxacin-dexamethasone..... 415
ciprofloxacin-fluocinolone 415
cisplatin..... 69
citalopram 125
CITRANATAL (DUAL-IRON) 208
CITRANATAL 90 DHA (ALGAL OIL)..... 208
CITRANATAL ASSURE . 208
CITRANATAL DHA (ALGAL OIL) 208
CITRANATAL HARMONY (IRON FUM)..... 208
citric-sod citrat-sod phos-dex 262
cladribine 59
Claravis 170
CLARINEX-D 12 HOUR.. 417
clarithromycin..... 49
CLEANSING WASH172, 194
CLEARSHIELD SODIUM CHLOR FLUSH 215
clemastine..... 417
CLENPIQ 254
CLEOCIN 428
CLEVER CHEK LANCETS 299, 349

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

CLEVER CHOICE CHAMBER-LRG MASK 331, 349
CLEVER CHOICE CHAMBER-MED MASK 331, 349
CLEVER CHOICE CHAMBER-SM MASK 331, 349
CLEVER CHOICE MICRO TEST STRIP 286, 349
CLEVER CHOICE PRO . 287, 349
CLEVER CHOICE TALK TEST 287, 349
CLEVER CHOICE TEST STRIPS 287, 349
CLEVER CHOICE VOICE PLUS TEST 287, 349
CLIMARA PRO 227
clindamycin hcl 49
clindamycin palmitate hcl 49
Clindamycin Pediatric 49
clindamycin phosphate 171, 428
clindamycin-benzoyl peroxide 172
CLINDESSE 428
CLINITEST COVID-19 HOME TEST 294, 349
CLINPRO 5000 393
clobazam 118, 139
clobetasol 187, 402
clobetasol-emollient 187
clocortolone pivalate 187
CLODAN KIT 190
clofarabine 59
Clomid 229
clomiphene citrate 229
clomipramine 127
clonazepam 117, 118, 139
clonidine 111
clonidine hcl 111, 135
clopidogrel 275
clorazepate dipotassium 117, 139
clotrimazole 180, 394
clotrimazole-betamethasone 181
clozapine 132
COAGADEX 268
COAGUCHEK LANCETS 299, 349
COARTEM 38
COBENFY 116
COBENFY STARTER PACK 116
cocaine 426
codeine sulfate 14
codeine-butalbital-asa-caff 18
colchicine 260
colesevelam 103
colestipol 103
COLOR LANCETS . 299, 349
COLUMVI 54
COMBIPATCH 227
COMBISTIX REAGENT . 200, 349
COMBIVENT RESPIMAT 423
COMETRIQ 68
COMFORT EZ LANCETS 299, 349
COMFORT TOUCH PLUS SAFETY LANC ... 299, 349
COMFORT TOUCH ULT THIN LANCETS .. 299, 349
COMFORTSEAL LARGE MASK 331, 349
COMFORTSEAL MEDIUM MASK 331, 349
COMFORTSEAL SMALL MASK 332, 349
COMIRNATY 2024-25 (12Y UP)(PF) 93
COMPACT SPACE CHAMBER 332, 350
COMPACT SPACE CHAMBER-LRG MASK 332, 350
COMPACT SPACE CHAMBER-MED MASK 332, 350
COMPACT SPACE CHAMBER-SM MASK 332, 350
COMPLERA 44
COMPLETE NATAL DHA 208
COMPLETENATE 208
Compro 242
CONJUPRI 109
Constulose 252
CONTOUR NEXT TEST STRIPS 287, 350
CONTOUR PLUS TEST STRIP 287, 350
CONTOUR TEST STRIPS 287, 350
CONTRAVE 431
COPIKTRA 69
CORDRAN 187
CORDRAN TAPE LARGE ROLL 187
CORDX COVID-19 AG HOME TEST 294, 350
CORIFACT 268
CORLANOR 113
CORTANE-B 416
CORTIFOAM 250
cortisone 229
CORTISPORIN-TC 415
CORTROPHIN GEL 218
COSENTYX 176, 177
COSENTYX (2 SYRINGES) 176
COSENTYX PEN 177
COSENTYX PEN (2 PENS) 176
COSENTYX UNOREADY PEN 177
COTELLIC 67
COTEMPLA XR-ODT 136
COVARYX 226
COVARYX H.S. 226
COVID-19 AT-HOME TEST 294, 350
CRENESSITY 217
CREON 243
CRESEMBA 37

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

CREXONT 128
CRINONE 228, 429
cromolyn 67, 408, 420
CRYODOSE TA MEDIUM STREAM SPR 193
CRYODOSE TA MIST SPRAY 193
Cryselle (28) 159
CRYSVITA 229
CUPRIMINE 27, 33
CURAE 169
CURITY ALCOHOL SWABS 80
CUROSURF 426
CUSTODIOL HTK 413
CUTAQUIG 85
CUVITRU 85
CUVRIOR 33
cyanocobalamin (vitamin b-12) 216
cyclobenzaprine 284
CYCLOMYDRIL 399
cyclopentolate 402
cyclopen-tropic-phenyleph-watr 399
cyclopent-tropic-phen-ketr-wat 399
cyclophosphamide 25, 56
cyclop-trop-propa-phen-ket-wat 399
cycloserine 44
CYCLOSET 221
cyclosporine 25, 278, 404
CYCLOSPORINE IN KLARITY 404
cyclosporine modified ... 25, 278
cyproheptadine 417
CYRAMZA 74
Cyred 159
Cyred Eq 159
CYSTADROPS 405
CYSTAGON 255
CYSTARAN 405
CYSTO-CONRAY II 200
CYSTOGRAFIN 200
CYSTOGRAFIN-DILUTE 200
cytarabine 60
cytarabine (pf) 60
CYTOGAM 84
D
dabigatran etexilate 277
dactinomycin 74
DAFILOR 180
dalfampridine 397
danazol 231
dantrolene 285
DANZITEN 70
dapsone 38, 171
DAPTACEL (DTAP PEDIATRIC) (PF) 90
darifenacin 259
DARIO BLOOD GLUCOSE TEST STRIP 287, 350
DARTISLA 246
darunavir 51
DARZALEX 63
DARZALEX FASPRO 63
dasatinib 70
Dasetta 1/35 (28) 159
Dasetta 7/7/7 (28) 166
DATROWAY 77
daunorubicin 74
DAURISMO 65
DAVOL IRRIGATION SYRINGE 316, 350
DAVOL PISTON IRRIGATION 316, 350
DAXXIFY 283
DAYBUE 153
Daysee 156
DAYVIGO 150
DAZAVEIDAOXIA 194
DAZOMON 194
DEBACTEROL 394
Deblitane 165
decitabine 60
deferasirox 33
deferiprone 33
deferoxamine 33
deflazacort 229
DELSTRIGO 44
demeclocycline 52
DEMEROL (PF) 14
DENTA 5000 PLUS 393
DENTA 5000 PLUS SENSITIVE 393
DENTAGEL 393
DEOXIATAR 173
DEOXIAVAR 173
DEPAKOTE 119, 140
DEPAKOTE ER 118, 140, 144
DEPAKOTE SPRINKLES 119, 140
DEPO-ESTRADIOL 227
DEPO-PROVERA 155
DEPO-SUBQ PROVERA 104 155
Dermacinrx Lidocan 195
DERMACINRX LIDOGEL 195
DERMACINRX LIDOREX 195
DERMAZENE 181
DESCOVY 41, 42
desflurane 31
desipramine 127
desloratadine 418
desmopressin 220
desog-e.estradiol/e.estradiol 156
desonide 187
desoximetasone 187
desvenlafaxine 126
desvenlafaxine succinate 126
dexamethasone 230
DEXAMETHASONE INTENSOL 229
dexamethasone sodium phosphate 403
DEXCOM G6 RECEIVER 299, 350
DEXCOM G6 SENSOR .. 299, 350
DEXCOM G6 TRANSMITTER ... 299, 350
DEXCOM G7 RECEIVER 299, 351
DEXCOM G7 SENSOR .. 299, 351
dexlansoprazole 244

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

dexmethylphenidate 136
DEXONTO 230
DEXTENZA 403
dextroamphetamine sulfate 136, 143, 148, 149
dextroamphetamine-amphetamine 136, 142, 149
DIACOMIT 123
DIADIMAXIA 172
DIAOXIA 172
DIASAXIATAR 173
DIASDIMAXIA 172
DIASOXIA 172
DIASTIX 336, 351
diatrizoate meg-diatrizoat sod 200
DIATRUE PLUS TEST STRIP 287, 351
diazepam 117, 118, 139
Diazepam Intensol . 117, 139
diazoxide 218
dichlorphenamide . 111, 281
diclofenac epolamine 193
diclofenac potassium 29
diclofenac sodium .. 29, 181, 193, 404
diclofenac-misoprostol ... 28
dicloxacillin 51
dicyclomine 246, 247
diethylpropion 430
DIFFERIN 175
DIFICID 49, 50
diflunisal 30
difluprednate 403
Digitek 111
digoxin 111
dihydroergotamine 145
Dilantin 120
Dilantin Extended 120
Dilantin Infatabs 120
DILANTIN-125 120
DILAUDID (PF) 14
diltiazem hcl 108, 109
DILT-XR 109
DILUENT FOR BICNU 204
diluent for decitabine 204
DILUENT FOR ELIGARD 204
DILUENT FOR ISTODAX 204
DILUENT FOR JEVTANA 204
diluent for melphalan 204
DILUENT FOR NOVOSEVEN RT 204
DILUENT FOR ROTARIX 205
DILUENT FOR VIVITROL 204
diluent, carmustine (ethanol) 204
diluent, romidepsin (prop gly) 204
diluent, voretigene neparvovec 204
DILUTING MEDIUM FOR NOVOLOG 204
dimethyl fumarate 397
DIOOXIA 182
DIPENTUM 249
Diphen 417
diphenoxylate-atropine . 241
dipyridamole 275
disopyramide phosphate 102
disulfiram 151
DIURIL 112
divalproex 119, 140, 144
docetaxel 73
Dodex 216
dofetilide 102
DOJOLVI 207
Dolishale 159
donepezil 154
DOPTELET (10 TAB PACK) 277
DOPTELET (15 TAB PACK) 277
DOPTELET (30 TAB PACK) 277
dorzolamide 405
dorzolamide (pf) 405
dorzolamide-timolol 405
dorzolamide-timolol (pf) 405
Dotti 227
DOVATO 41
DOVER BULB SYRINGE 316, 351
doxazosin 113
doxepin 127, 150
doxercalciferol 391
doxorubicin 74
doxorubicin, peg-liposomal 74
doxycycline hyclate 52, 395
doxycycline monohydrate 52, 53, 194
doxylamine-pyridoxine (vit b6) 242
D-PENAMINE 27, 33
DRITHOCREME HP 182
dronabinol 142, 242, 431
DROPLET LANCETS 299, 351
DROPSAFE ALCOHOL PREP PADS 80
DROPSAFE SICURA SAFETY NEEDLE 316, 351
drospirenone-e.estradiol-lm.fa 159
drospirenone-ethinyl estradiol 159
DROXIA 276
droxidopa 110
DRYSOL 182
DRYSOL DAB-O-MATIC 182
DUAKLIR PRESSAIR 423
DUAVEE 226
DULERA 424
duloxetine 126, 143
DUOBRII 175
DUODOTE 33
DUOPA 128
DUPIXENT PEN 178, 420
DUPIXENT SYRINGE 178, 420
DUREX AIR CONDOM .. 308, 351
DUREX AVANTI BARE REAL FEEL 308, 351
DUREX EXTRA SENSITIVE CONDOM 308, 351

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

DUREX TROPICAL CONDOM 308, 351
DUROLANE 282
DURYSTA 411
dutasteride 257
dutasteride-tamsulosin . 255
DUVYZAT 280
DUZALLO 261
DYANAVEL XR 136, 143
DYNOMA 189
DYSPORT 283
E
E.E.S. 400 50
EASIVENT HOLDING CHAMBER 332, 351
EASIVENT MASK LARGE 332, 351
EASIVENT MASK MEDIUM 332, 351
EASIVENT MASK SMALL 332, 351
EASY COMFORT ALCOHOL PAD 80
EASY COMFORT LANCETS 299, 351
EASY GLIDE CATHETER TIP SYRING 316, 351
EASY GLIDE DENTAL IRRIG SYRING 316, 352
EASY GLIDE LUER LOCK SYRINGE 316, 352
EASY GLIDE LUER SLIP TB SYRING 316, 352
EASY PLUS II TEST 287, 352
EASY STEP 287, 352
EASY TALK GLUCOSE TEST 287, 352
EASY TALK PLUS II TEST STRIP 287, 352
EASY TOUCH 319, 355
EASY TOUCH ALCOHOL PREP PADS 80
EASY TOUCH BLULINK TEST STRIP 287, 352
EASY TOUCH FLIPLOCK NEEDLE 317, 352
EASY TOUCH FLIPLOCK SYRINGE 317, 352, 353
EASY TOUCH FLURINGE 318, 353
EASY TOUCH FLURINGE FLIPLOCK 317, 353
EASY TOUCH FLURINGE FLU TRAY 317, 353
EASY TOUCH FLURINGE SHEATHLOCK 318, 353
EASY TOUCH HYPODERMIC NEEDLE 318, 354
EASY TOUCH LANCETS 299, 354
EASY TOUCH LUER LOCK SYRINGE 318, 354
EASY TOUCH SAFETY LANCETS 299, 354
EASY TOUCH SHEATHLOCK SYRG-NDL 318, 319, 354, 355
EASY TOUCH SHEATHLOCK SYRINGE 319, 355
EASY TOUCH SYR ALLERGY TRAY . 319, 355
EASY TOUCH TEST STRIP 287, 355
EASY TOUCH TUBERCULIN FLIPLOCK 319, 355
EASY TOUCH TUBERCULIN SHEATHLK 319, 355
EASY TOUCH TWIST LANCETS 300, 355
EASY TOUCH UNI-SLIP 319, 355
EASY TRAK GLUCOSE TEST 287, 355
EASY TRAK II TEST STRIP 287, 356
EASY TWIST AND CAP LANCETS 300, 356
EASYGLUCO TEST 287, 356
EASYMAX 288, 356
EASYMAX 15 TEST STRIPS 288, 356
EASYPOINT NEEDLE ... 319, 356
EBGLYSS PEN 177
EBGLYSS SYRINGE 177
ECLIPSE NEEDLE . 320, 356
ECLIPSE SYRINGE 320, 356
EC-NAPROXEN 29
econazole nitrate 180
ECONTRA EZ 169
ECONTRA ONE-STEP ... 169
ECOTRIN 30, 275
ECOZA 180
edaravone 281
EDARBI 101
EDARBYCLOR 100
EDEX 203
ED-SPAZ 246, 259
EDURANT 41
EEMT 226
EEMT HS 226
efavirenz 41
efavirenz-emtricitabin-tenofov 44
efavirenz-lamivu-tenofov disop 44
EFFER-K 206
EGATEN 35
EGRIFTA SV 231
ELAHERE 54, 58
ELAPRASE 390
ELELYSO 389
ELEMENT COMPACT TEST STRIPS 288, 356
ELEMENT TEST STRIPS 288, 356
ELESTRIN 228
eletriptan 145
ELFABRIO 389
ELIGARD 66
ELIGARD (3 MONTH) 66
ELIGARD (4 MONTH) 66
ELIGARD (6 MONTH) 66
Elinest 159
ELIQUIS 263

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

ELIQUIS DVT-PE TREAT 30D START 263
Elixophyllin 421
ELLA 169
ELLUME COVID-19 HOME TEST 294, 356
ELMIRON 255
ELOCTATE 266
ELREXFIO 77
Eluryng 168
ELYXYB 145
ELZONRIS 76
EMBRACE BLOOD GLUCOSE SYSTEM .. 288, 356
EMBRACE EVO TEST STRIPS 288, 356
EMBRACE LANCETS ... 300, 356
EMBRACE PRO TEST STRIPS 288, 356
EMBRACE SAFETY LANCET 300, 356
EMBRACE TALK TEST STRIPS 288, 357
EMBRACE WAVE GLUCOSE TEST STRP 288, 357
EMEND 243
EMFLAZA 230
EMGALITY PEN 144
EMGALITY SYRINGE ... 116, 144
EMPAVELI 262, 276
EMPLICITI 61
EMROSI 53, 194
EMSAM 124
emtricitabine 42
emtricitabine-tenofovir (tdf) 42
EMTRIVA 42
EMVERM 35
Emzahh 165
enalapril maleate 99
enalapril-hydrochlorothiazide 98
ENBREL 20, 22
ENBREL MINI 20, 22
ENBREL SURECLICK 21, 22
ENDARI 203, 207, 276
ENDO AVITENE 270
Endocet 19
ENDOMETRIN 228
ENFIT THUMB CONTROL RING SYRIN 296, 357
ENGERIX-B (PF) 84
ENGERIX-B PEDIATRIC (PF) 84
ENHERTU 58, 76
Enilloring 168
ENJAYMO 262, 263
enoxaparin 273
Enpresse 166
Enskyce 159
ENSPRYNG 280
ENSTILAR 175
entacapone 128
ENTADFI 255
entecavir 47
ENTERO VU 199
ENTRESTO 101
ENTRESTO SPRINKLE .. 101
ENTYVIO 250
ENTYVIO PEN 250
Enulose 243
ENVARSUS XR 278
ENZNONUTY 192
EOHILIA 230
EPCLUSA 48
EPIDIOLEX 118
EPIFIX AMNIOTIC MEMBRANE 197
EPIFOAM 190
epinastine 402
epinephrine 110, 418
epinephrine hcl 427
epirubicin 74
Epitol 121, 140
EPKINLY 54
eplerenone 99, 111
EPOGEN 264
epoprostenol 114
EPRONTIA 121
eprosartan 101
eptifibatide 274
EQUETRO 121, 140
ERBITUX 78
ergocalciferol (vitamin d2) 216
ergoloid 155
ERGOMAR 145
ergotamine-caffeine 145
eribulin 67
ERIVEDGE 65
ERLEADA 58
erlotinib 55
ERMEZA 240
Errin 165
ERWINASE 61
Ery Pads 171
Ery-Tab 50
ERYTHROCIN (AS STEARATE) 50
erythromycin 50, 411
erythromycin ethylsuccinate 50
erythromycin with ethanol 171
erythromycin-benzoyl peroxide 172
ERZOFRI 130
escitalopram oxalate 125
esomeprazole magnesium 244, 245
ESPEROCT 266
Estarylla 159
estazolam 139, 149
estradiol 228, 429
estradiol valerate 228
estradiol-norethindrone acet 227
ESTRATEST F.S. 227
ESTRING 429
estrogens-methyltestosterone 227
eszopiclone 149
ethacrynic acid 112
ethambutol 45
ethosuximide 123
ethyl chloride 193

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

ethynodiol diac-eth estradiol 159
etodolac 29, 30
etonogestrel-ethinyl estradiol 168
etoposide 64
etravirine 41
EUCRISA 178
EUFLEXXA 282
EUTHYROX 240
EVAMIST 228
EVARREST 271
EVENCARE G2 ..... 288, 357
EVENCARE G3 TEST ... 288, 357
EVENCARE MINI GLUCOSE TEST STR 288, 357
EVENCARE PROVIEW TEST STRIP 288, 357
EVENCARE TEST .. 288, 357
EVENITY 225
everolimus (antineoplastic) 67
everolimus (immunosuppressive) 280
EVERSENSE 365 SENSOR 300, 357
EVERSENSE 365 TRANSMITTER ... 300, 357
EVERSENSE E3 SENSOR-HOLDER 300, 357
EVERSENSE E3 SMART TRANSMITTER ... 300, 357
EVICEL 271
EVKEEZA 103
EVOLUTION TEST STRIPS 288, 357
EVOMELA 56
EVOTAZ 43, 51
EVRYSDI 285
EXCEL SYRINGE ... 320, 357
EXEL HYPODERMIC NEEDLES 320, 358
EXEL SYRINGE 320, 358
EXELDERM 180
EXEM 200
exemestane 61
EXODERM 179
EXONDYS-51 282
EXSERVAN 281
EYLEA 408, 413
EYLEA HD 408, 413
EYSUVIS 403
E-Z DISK 199
E-Z JECT LANCETS 300, 358
E-Z JECT THIN LANCETS 300, 358
EZ SMART LANCETS ... 300, 358
EZ SMART PLUS TEST 288, 358
EZ SMART TEST 288, 358
EZALLOR SPRINKLE 104
ezetimibe 107
ezetimibe-simvastatin ... 107
E-Z-HD BARIUM 199
E-Z-PAQUE 199
E-Z-PASTE 199
F
FABHALTA 261, 262
FABRAZYME 389
Falmina (28) 159
famciclovir 49
famotidine 244
FANAPT 130
FANTASY CONDOM 308, 358
FARXIGA 222
FASENRA 420
FASENRA PEN 420
FASTEP COVID-19 AG HOME TEST 295, 358
FC2 FEMALE CONDOM 297, 358
febuxostat 261
FEIBA NF 263
Feirza 159
felbamate 118
felodipine 109
FEM PH 429
FEMCAP 294, 358
FEMLYV 159
FEMRING 429
fenofibrate 103
fenofibrate micronized .. 103
fenofibrate nanocrystallized 103
fenofibric acid 103
fenofibric acid (choline) 103
FENSOLVI 236
fentanyl 15
fentanyl citrate 15
fentanyl citrate (pf) 14, 31
fentanyl citrate (pf)-0.9%nacl 14
ferric citrate ... 206, 256, 257
FERRIPROX 34
FERVINA 179
fesoterodine 260
FETZIMA 126
FIASP FLEXTOUCH U-100 INSULIN 235
FIASP PENFILL U-100 INSULIN 235
FIASP PUMPCART 235
FIASP U-100 INSULIN 235
FIBRYGA 270
FIDILA 179
FILOMA 180
FILSPARI 98
FILSUVEZ 199
filter needles 320, 358
FINACEA 171, 194
finasteride 257
finasteride-tadalafil 255
FINGERSTIX LANCETS 300, 358
fingolimod 398
FINTEPLA 124
Finzala 159
Fioricet 20
FIRDAPSE 282
FLAREX 403
flavoxate 260
FLEBOGAMMA DIF 85
flecainide 102
FLEXICHAMBER 332, 359
FLEXICHAMBER-LG CHILD MASK 332, 359

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

FLEXICHAMBER-SM ADULT MASK 332, 359
FLEXICHAMBER-SM CHILD MASK 332, 359
FLOLIPID 104
FLOW-EZE VENTED NEEDLE 320, 359
FLOWFLEX COVID-19 AG HOME TEST 295, 359
floxuridine 60
FLUAD TRIV 2024-25(65Y UP)(PF) 94
FLUARIX TRIV 2024-2025 (PF) 94
FLUBLOK TRIV 2024-2025 (PF) 94
FLUCELVAX TRIV 2024-2025 95
FLUCELVAX TRIV 2024-2025 (PF) 95
fluconazole 37
flucytosine 36
fludarabine 59
fludrocortisone 238
FLULAVAL TRIV 2024-2025 (PF) 95
FLUMIST TRIVALENT 2024-2025 ..... 87, 95
flunisolide 426
fluocinolone 187
fluocinolone acetonide oil 416
fluocinolone and shower cap 187
fluocinonide 187, 188
Fluocinonide-E 188
fluocinonide-emollient .. 188
fluorescein-benoxinate 406, 407
fluorescein-proparacaine 406
fluoride (sodium) 393
FLUORIDEX DAILY DEFENSE 393
FLUORIDEX SENSITIVITY RELIEF 393
FLUORIMAX 5000 393
FLUORIMAX 5000 SENSITIVE 394
fluorometholone 403
FLUOROPLEX 181
fluorouracil 181
fluoxetine 125
FLUOXIA 189
fluphenazine hcl 133
flurandrenolide 188
flurazepam 139, 149
flurbiprofen 29
flurbiprofen sodium 404
fluticasone propionate . 188, 419, 426
fluticasone propion-salmeterol 424
fluvastatin 104, 105
fluvoxamine 125
FLUZONE HIGH-DOSE TRIV 24-25 95
FLUZONE QUAD SOUTH HEM2024(PF) 95
FLUZONE QUAD SOUTHERN HEM 2024 . 95
FLUZONE TRIV 2024-2025 95
FLUZONE TRIV 2024-2025 (PF) 95
FML FORTE 403
FOLET ONE 207, 208
folic acid 216
FOLLISTIM AQ 229
FOLOTYN 59
fondaparinux 273
FORA 6 CONNECT GLUCOSE STRIP 288, 359
FORA 6CONN-GTEL-TN'G ADV STRIP 289, 359
FORA D15G STRIPS 289, 359
FORA D20 ..... 289, 359
FORA D40-G31 TEST STRIPS 289, 359
FORA G20 ..... 289, 359
FORA G30-PREMIUM V10 TEST STRP 289, 359
FORA GD50 TEST STRIPS 289, 359
FORA GTEL GLUCOSE TEST STRIP 289, 359
FORA TEST STRIP 289, 359
FORA TN'G ADVAN PRO TEST STRIP 289, 359
FORA TN'G VOICE TEST STRIPS 289, 359
FORA V10 ..... 289, 360
FORA V10-V12-D10-D20 STRIPS 289, 360
FORA V12 GLUCOSE ... 289, 360
FORA V20 ..... 289, 360
FORA V30A 289, 360
FORACARE GD20 .. 289, 360
FORACARE GD40 TEST STRIPS 289, 360
FORACARE LANCETS . 300, 360
formoterol fumarate 422
FOSAMAX PLUS D 225
fosamprenavir 51
fosfomycin tromethamine 36, 258
fosinopril 99
fosinopril-hydrochlorothiazide 99
FOSRENOL 256
FOTIVDA 70
FRAGMIN 273, 274
FRAICHE 5000 KIDS PLUS 394
FRAICHE 5000 PREVI 394
FREEFLEX PLUS TRANSFER ADAPTER 330, 360
FREESTYLE INSULINX 290, 360
FREESTYLE INSULINX TEST STRIPS 290, 360
FREESTYLE LANCETS 300, 360
FREESTYLE LIBRE 14 DAY READER 300, 360

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

FREESTYLE LIBRE 14 DAY SENSOR 300, 360
FREESTYLE LIBRE 2 PLUS SENSOR 301, 360
FREESTYLE LIBRE 2 READER 301, 361
FREESTYLE LIBRE 2 SENSOR 301, 361
FREESTYLE LIBRE 3 PLUS SENSOR 301, 361
FREESTYLE LIBRE 3 READER 301, 361
FREESTYLE LIBRE 3 SENSOR 301, 361
FREESTYLE LITE STRIPS 290, 361
FREESTYLE PRECISION NEO STRIPS 290, 361
FREESTYLE TEST . 290, 361
FREESTYLE UNISTIK 2 301, 361
frovatriptan 145
FRUZAQLA 70
FULPHILA 268
fulvestrant 72
FUROSCIX 112
furosemide 112
FUZEON 39
FYARRO 68
Fyavolv 227
FYCOMPA 117
FYLNETRA 268
Fyremadel 237
G
gabapentin 119
GALAFOLD 392
galantamine 154
Gallifrey 238
GALZIN 33
GAMASTAN 85
GAMIFANT 279
GAMMAGARD LIQUID 85
GAMMAGARD S-D (IGA < 1 MCG/ML) 85
GAMMAKED 85
GAMMAPLEX 85
GAMMAPLEX (WITH SORBITOL) 85
GAMUNEX-C 85
ganirelix 237
GARDASIL 9 (PF) 94
GASTROMARK 200
gatifloxacin 410
GATTEX 30-VIAL 254
GATTEX ONE-VIAL 254
GAVILYTE-C 252
Gavilyte-G 252
Gavilyte-N 253
GAVRETO 72
GAZYVA 63
GE100 BLOOD GLUCOSE TEST STRIP 290, 361
GE333 BLOOD GLUCOSE TEST STRIP 290, 361
gefitinib 55
GELFILM 409
GELFOAM 271
GELFOAM JMI POWDER 270
GELFOAM JMI SPONGE 271
GELFOAM SPONGE SIZE 200 271
GEL-ONE 282
GELSYN-3 282
gemcitabine 60
gemfibrozil 104
Gemmily 160
GEMTESA 256
GENABIO COVID-19 RAPID AT-HOME 295, 361
GENADUR (WITH LEXINAL) 197
Generlac 243
Gengraf 25, 278
GENOTROPIN 231
GENOTROPIN MINIQUICK 231
gentamicin 178, 410
GENULTIMATE TEST STRIP 290, 361
GENVISC 850 282
GENVOYA 43
GILENYA 398
GILOTRIF 55
GIMOTI 245
GLASSIA 425
glatiramer 397
Glatopa 397
GLEOLAN 202
GLEOSTINE 57
GLIADEL WAFER 57
glimepiride 223
glipizide 223
glipizide-metformin 223
GLOPERBA 260
GLOSTRIPS 406
GLUCAGON (HCL) EMERGENCY KIT 218
Glucagon Emergency Kit (Human) 218
GLUCO NAVII TEST STRIP 290, 361
GLUCOCARD 01 SENSOR PLUS 290, 362
GLUCOCARD EXPRESSION 290, 362
GLUCOCARD SHINE TEST STRIPS 290, 362
GLUCOCARD VITAL SENSOR 290, 362
GLUCOCARD VITAL TEST STRIPS 290, 362
GLUCOCOM GLUCOSE 290, 362
GLUCOCOM LANCETS 301, 362
glutamine (sickle cell) .. 203, 207, 276
glyburide 223
glyburide micronized 223
glyburide-metformin 223
glycine urologic solution 255
glycopyrrolate 246, 395
glycopyrrolate (pf) 246
Glydo 195
GLYRX-PF 246
GLYXAMBI 222
GM100 ..... 290, 362

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

GOJJI BLOOD GLUCOSE TEST STRIP 290, 362
GOJJI LANCETS 301, 362
GOMEKLI 67
GONAL-F 229
GONAL-F RFF 229
GONAL-F RFF REDI-JECT 229
GOODLIFE AC-302 TEST STRIP 290, 362
GOTOKNOW COVID-19 AG HOME TEST 295, 362
GRAFIX CORE 197
GRAFIX PRIME 197
GRAFIX XC 197
granisetron hcl 242
GRANIX 268
GRASTEK 82
GREEN GLO 406
griseofulvin microsize 37
griseofulvin ultramicrosize 37
guanfacine 111, 135
GUARDIAN 4 GLUCOSE SENSOR 301, 362
GUARDIAN 4 TRANSMITTER ... 301, 362
GUARDIAN CONNECT TRANSMITTER ... 301, 362
GUARDIAN LINK 3 TRANSMITTER ... 301, 362
GUARDIAN SENSOR 3 . 301, 362
GVOKE 218
GVOKE HYPOPEN 1-PACK 218
GVOKE HYPOPEN 2-PACK 218
GVOKE PFS 1-PACK SYRINGE 218
GVOKE PFS 2-PACK SYRINGE 218
GYNAZOLE-1 428
H
HAEGARDA 263
Hailey 160
Hailey 24 Fe 160
Hailey Fe 1.5/30 (28) 160
Hailey Fe 1/20 (28) 160
HALAVEN 67
halcinonide 188
HALO CLOSED VIAL ADAPTOR 330, 362
halobetasol propionate . 188
Haloette 168
HALOG 188
haloperidol 132
haloperidol lactate 132
HARMONY GLUCOSE TEST STRIP 291, 362
HARVONI 48
HAVRIX (PF) 83
HAXDRAX 180
HEALON ENDOCOAT 409
HEALON GV PRO 409
HEALON PRO 409
HEALON5 PRO 409
HEALTHPRO TEST STRIPS 291, 363
HEALTHY ACCENTS UNILET LANCET 302, 363
Heather 165
HEMA-COMBISTIX . 200, 363
HEMANGEOL 108
HEMLIBRA 270
HEMOFIL M HIGH 266
HEMOFIL M LOW 266
HEMOFIL M MID 266
HEMOFIL M SUPER HIGH 266
HEP FLUSH-10 (PF) 272
HEPAGAM B 86
heparin (porcine) 272
heparin (porcine) in 0.9% nacl 272
heparin (porcine) in 5 % dex 272
heparin lock flush (porcine) 272
HEPARIN LOCKFLUSH(PORCINE)(PF) 272, 273
heparin, porcine (pf) 272, 273
HEPLISAV-B (PF) 84
HER STYLE 169
HERCEPTIN 78
HERCEPTIN HYLECTA 78
HERCESSI 78
HERZUMA 78
HETLIOZ LQ 144
HEXIOUNYL 179
HIBERIX (PF) 91
HICON 72
HIXDEFRIMA 180
HIZENTRA 86
HOMATROPAIRE 402
HOVYN 184
huber safety needles (disp.) 320, 363
HUMALOG KWIKPEN INSULIN 235
HUMALOG MIX 50-50 INSULN U-100 234
HUMALOG MIX 50-50 KWIKPEN 234
HUMALOG MIX 75-25(U-100)INSULN 234
HUMALOG U-100 INSULIN 235
HUMATE-P 267
HUMATROPE 231
HUMIRA 21, 23, 251
HUMIRA PEN 21, 23, 251
HUMIRA(CF) 21, 23, 251
HUMIRA(CF) PEN 21, 23, 251
HUMIRA(CF) PEN CROHNS-UC-HS 21, 23, 251
HUMIRA(CF) PEN PSOR-UV-ADOL HS .. 21, 23, 251
HUMULIN 70/30 U-100 INSULIN 232
HUMULIN 70/30 U-100 KWIKPEN 233
HUMULIN N NPH INSULIN KWIKPEN 233
HUMULIN N NPH U-100 INSULIN 233

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

HUMULIN R REGULAR U-100 INSULN 233
HUMULIN R U-500 (CONC) INSULIN 233
HUMULIN R U-500 (CONC) KWIKPEN..... 233
HYALGAN 282, 283
HYCAMTIN 73
hydralazine 111
HYDRO 35 191
hydrochlorothiazide..... 112
hydrocodone bitartrate ... 15
hydrocodone-acetaminophen 18, 19
hydrocodone-chlorpheniramine 427
hydrocodone-homatropine 428
hydrocodone-ibuprofen. 18, 19
hydrocortisone31, 188, 230, 250
hydrocortisone acetate... 31
hydrocortisone butyrate188
hydrocortisone sod succinate 230
hydrocortisone valerate 188
hydrocortisone-acetic acid 416
hydrocortisone-iodoquinol 181
hydrocortisone-iodoquinol-aloe 178
hydrocortisone-pramoxine 32, 188, 190
Hydromet 428
hydromorphone..... 15
hydromorphone (pf)..... 15
hydromorphone (pf)-0.9 % nacl 15
hydroquinone 184
hydroxocobalamin 216
hydroxychloroquine.. 23, 38
hydroxyurea..... 60
hydroxyzine hcl 116
hydroxyzine pamoate ... 116
HYFTOR 193
HYMOVIS..... 283
HYMPAVZI PEN 270
hyoscyamine sulfate.... 246, 259
HYOSYNE..... 246, 259
HYPERHEP B..... 86
HYPERHEP B NEONATAL 86
HYPERRHO S/D..... 87
HYPER-SAL 153
HYPOCYN ANTIPRURITIC 81, 198
HYPODERMIC NEEDLES 320, 363
HYQVIA 86
HYQVIA HY COMPONENT 240
HYQVIA IG COMPONENT86
HYSINGLA ER..... 15
I
ibandronate..... 225
IBRANCE..... 63
IBSRELA 248
Ibu..... 29
ibuprofen..... 29
icatibant 108
Iclevia 160
ICLUSIG..... 68
IDARAN 194
idarubicin..... 74
IDELVION 265
IDHIFA 68
IDOSE TR 411
IDYYXIATAR 174
IFE-BIMIX 30/1 203
ifosfamide 56
IGALMI..... 150
IHEALTH COVID-19 AG HOME TEST..... 295, 363
IHEALTH GLUCOSE TEST STRIP..... 291, 363
IHEEZO (PF)..... 407
ILARIS (PF) 20
ILET INFUSION KIT-INSET 23..... 336, 363
ILET INFUSION KIT-INSET 32..... 337, 363
ILET INFUSION-CONTACT DTCH 23..... 337, 363
ILET INSULIN PUMP..... 336, 363
ILET STARTER KIT CONTACT 334, 363
ILET STARTER KIT-INSET 334, 363
ILEVRO..... 404
ILUMYA 176
ILUVIEN..... 403
imatinib 70
IMBRUVICA..... 62, 70, 71
IMCIVREE..... 431
IMDELLTRA 54
IMFINZI 75
imipenem-cilastatin..... 45
imipramine hcl..... 127
imipramine pamoate 127
imiquimod..... 190
IMJUDO 64
IMPAVIDO 38
IMVEXXY MAINTENANCE PACK 237
IMVEXXY STARTER PACK 238
INBRIJA..... 129
Incassia..... 165
INCONTROL ALCOHOL PADS..... 80
INCONTROL SUPER THIN LANCETS..... 302, 363
INCONTROL ULTRA THIN LANCETS..... 302, 363
INCRELEX..... 236
INCRUSE ELLIPTA 421
indapamide 112
INDICAID COVID-19 AG HOME TEST..... 295, 363
indium-111 chloride 202
indomethacin..... 30
INFANRIX (DTAP) (PF) 90
INFASURF..... 426
INFINITY TEST STRIPS 291, 363
INFLECTRA..... 21, 23, 251
infliximab 21, 23, 251

INFUGEM 60
INGREZZA 146, 147
INGREZZA INITIATION PK(TARDIV) 146, 147
INGREZZA SPRINKLE .. 146, 147
INJECT EASE LANCETS 302, 363
INJECTAFER 206
INLYTA 71
INPEFA 217
INPEN (FOR HUMALOG) BLUE 307, 363
INPEN (FOR HUMALOG) GREY 307, 364
INPEN (FOR HUMALOG) PINK 307, 364
INPEN (NOVOLOG OR FIASP) BLUE 307, 364
INPEN (NOVOLOG OR FIASP) GREY 307, 364
INPEN (NOVOLOG OR FIASP) PINK 307, 364
INQOVI 77
INREBIC 66
INSPIRACHAMBER 332, 364
INSPIRACHAMBER WITH MASK-LARGE 332, 364
INSPIRACHAMBER WITH MASK-MED 332, 364
INSPIRACHAMBER WITH MASK-SMALL 332, 364
insulin asp prt-insulin aspart 234
insulin aspart u-100 236
insulin lispro 236
insulin lispro protamin-lispro 234
insulin u-500 syringe-needle 307, 364
INTEGRA PRECISIONGLIDE NEEDLE 320, 364
INTEGRA SYRINGE 321, 364
INTELENCE 41
INTELISWAB COVID-19 HOME TEST 295, 364
INTERLINK SYRINGE AND CANNULA 321, 364
INTRAROSA 238
INVACARE LANCETS ... 302, 364
INVEGA HAFYERA 130
INVEGA SUSTENNA 131
INVEGA TRINZA 131
INVELTYS 403
INVOKAMET 222
INVOKAMET XR 222
INVOKANA 223
INZDEAXIAVAR 173
INZIRQO 113
IODOFLEX 81
IODOSORB 81
IOPIDINE 411
IPOL 96
ipratropium bromide 422, 426
ipratropium-albuterol 423
IQIRVO 278
irbesartan 101
irbesartan-hydrochlorothiazide .. 100
irinotecan 73
IRRIGATION SYRINGE . 321, 364
ISENTRESS 40
ISENTRESS HD 40
Isibloom 160
isoflurane 31
isoniazid 44
isosorbide dinitrate 101
isosorbide mononitrate 101
isosorbide-hydralazine . 116
isotretinoin 170
isradipine 109
ISTODAX 65
ISTURISA 217
ITOVEBI 69
itraconazole 37
IV PREP WIPES 80
ivabradine 113
ivermectin 36, 194
IWILFIN 54
IXEMPRA 64
IXINITY 265
IYUZEH (PF) 412
IZERVAY (PF) 399, 408

J

Jaimiess 156
JAKAFI 66
Jantoven 262
JANUMET 224
JANUMET XR 224
JANUVIA 220
JARDIANCE 223
Jasmiel (28) 160
JATENZO 219
Javygtor 392
JAYPIRCA 62, 71
JEMPERLI 75
Jencycla 165
JENTADUETO 224
JENTADUETO XR 224
JESDUVROQ 261
JEVTANA 73
Jinteli 227
JIVI 267
JOENJA 392
JOLESSA 160
JORNAY PM 136
JOURNAVX 14
Joyeaux 160
Juleber 160
JULIE 169
JULUCA 41
Junel 1.5/30 (21) 160
Junel 1/20 (21) 160
Junel Fe 1.5/30 (28) 160
Junel Fe 1/20 (28) 160
Junel Fe 24 161
JUST RIGHT 5000 394
JUXTAPID 107
JYLAMVO 24, 59
JYNARQUE 257

K

KADCYLA 58, 76
Kaitlib Fe 161
KALBITOR 114
Kalliga 161
KALYDECO 425
KANJINTI 78

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

KANUMA 389
KAPSPARGO SPRINKLE 107
KARBINAL ER 417
Kariva (28)..... 156
KATARAXAP..... 184
KATARVIA..... 184
KCENTRA..... 264
Kelnor 1/35 (28) 161
Kelnor 1/50 (28) 161
KEMOPLAT..... 69
KEPIVANCE 252
KERASTAT..... 186
KERENDIA 99
KERIDA 191
KESIMPTA PEN 396
ketoconazole 37, 180
KETODAN KIT..... 180
KETO-DIASTIX..... 336, 364
KETONE CARE..... 336, 365
KETONE URINE TEST.. 336, 365
ketoprofen..... 29
ketorolac 28, 405
KETOSTIX 336, 365
KEVARAXAP..... 184
KEVARTIA..... 184
KEVEYIS 281
KEVZARA..... 26
KEYTRUDA 75
KHAPZORY..... 79
KIMMTRAK..... 79
KIMONO LUBRICATED CONDOMS..... 308, 365
KIMONO MICROTHIN AQUA LUBE CON 308, 365
KIMONO MICROTHIN CONDOMS..... 308, 365
KIMONO MICROTHIN LARGE CONDOMS ... 308, 365
KIMONO TEXTURED CONDOMS..... 308, 365
KIMONO THIN LUBRICATED CONDOMS 308, 365
KINERET 26
KINRIX (PF)..... 90
Kionex (With Sorbitol)... 205
Kiprofen 29
KISQALI..... 64
kit for tc 99m-sod thiosulfate 202
KLARITY (CHONDROITIN) (PF)..... 399
Klayesta 179
KLISYRI (250 MG)..... 181
KLISYRI (350 MG)..... 181
Klor-Con M10..... 206
Klor-Con M15..... 206
Klor-Con M20..... 206
KLOXXADO..... 34
KOATE..... 267
KOGENATE FS 267
KORLYM..... 221
KORSUVA 14, 15
KOSELUGO..... 67
KOTARAXAP 184
KOVALTRY 267
KOVANAZE..... 394
K-PHOS NO 2..... 258
K-PHOS ORIGINAL..... 258
KPN..... 208
KRAZATI 66
KRINTAFEL..... 38
KRYSTEXXA 261
Kurvelo (28) 161
KUTAR..... 184
KUTARVIA..... 184
KYLEENA 156
KYPROLIS..... 70
KYZATREX..... 219
L
l norgest/e.estradiol-e.estrad..... 157, 166
L.E.T. (LIDO-EPINEPH-TETRA) 195, 196
L.E.T.(LIDO-EPINEPH BIT-TETRA) 196
labetalol..... 99
LABSTIX REAGENT 201, 365
lacosamide..... 119
lactated ringers..... 205
lactulose..... 243, 252
LAGEVRIO (EUA)..... 52
LAMICTAL XR STARTER (BLUE) 122
LAMICTAL XR STARTER (GREEN) 122
LAMICTAL XR STARTER (ORANGE) 122
lamivudine 42, 47
lamivudine-zidovudine.... 44
lamotrigine..... 122, 140
LAMPIT..... 38
LAMZEDE..... 388
lancets..... 302, 365
LANCETS, SUPER THIN 302, 365
LANCETS,THIN..... 302, 365
LANCETS,ULTRA THIN 302, 365
LANOXIN..... 111
lanreotide..... 239
lansoprazole 245
lanthanum..... 256
lapatinib 55
Larin 1.5/30 (21)..... 161
Larin 1/20 (21)..... 161
Larin 24 Fe 161
Larin Fe 1.5/30 (28)..... 161
Larin Fe 1/20 (28)..... 161
latanoprost..... 412
LAYOLIS FE 161
LAZCLUZE 56
LEENA 28..... 166
leflunomide..... 27
LEMTRADA 396
lenalidomide 73
LENVIMA..... 71
LEQEMBI..... 154
Lessina..... 161
letrozole 61
leucovorin calcium..... 79
LEUKERAN 56
LEUKINE 269
leuprolide..... 66
leuprolide (3 month)..... 66
levalbuterol hcl..... 422

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

levalbuterol tartrate 422
levamlodipine 109
LEVEMIR FLEXPEN 234
LEVEMIR U-100 INSULIN 234
levetiracetam 123
levobunolol 407
levocarnitine 203, 391
levocarnitine (with sugar) 391
levocetirizine 418
levofloxacin 46, 47, 410
levoleucovorin calcium .. 79
Levonest (28) 166
levonorgest-eth.estradiol-iron 161
levonorgestrel 169
levonorgestrel-ethinyl estrad 161
levonorg-eth estrad triphasic 166
Levora-28 162
levorphanol tartrate 15
levothyroxine 240
LEVULAN 193
LIBERVANT 118, 139
LIBTAYO 75
LICART 193
LIDO BDK 336
lidocaine 196
lidocaine hcl 31, 196, 395
lidocaine hcl-hydrocortisonac 32, 190
Lidocaine Viscous 395
lidocaine-hydrocortisone-aloe 32
lidocaine-prilocaine 192
lidocaine-racepinep-tetracaine 196
Lidocan Iii 196
Lidocan Iv 196
Lidocan V 196
LIDOPIN 196
LIDTOPIC 196
LIDTOPIC MAX 196
LIFESHIELD BLUNT CANNULA 321, 365
LIKMEZ 39
LILETTA 156
linezolid 51
LINZESS 243, 248
liothyronine 240
LIQREV 115
LIQUID E-Z PAQUE 199
LIQUID POLIBAR PLUS 199
liraglutide 221
lisdexamfetamine 137
lisinopril 99
lisinopril-hydrochlorothiazide 99
LITE TOUCH-MEDIUM MASK 332, 365
LITEAIRE MDI CHAMBER 332, 365
LITETOUCH-LARGE MASK 333, 365
LITETOUCH-SMALL MASK 333, 365
LITFULO 170
lithium carbonate 142
lithium citrate 142
LITHOSTAT 257
LIVALO 105
LIVDELZI 278
LIVMARLI 278
LIVTENCITY 46
L-MESITRAN SOFT 198
LO LOESTRIN FE 157
Loestrin 1.5/30 (21) 162
Loestrin 1/20 (21) 162
Loestrin Fe 1.5/30 (28-Day) 162
Loestrin Fe 1/20 (28-Day) 162
lofexidine 150
Lojaimiess 157
LOKELMA 205
LOMAIRA 430
LONSURF 60
loperamide 241
lopinavir-ritonavir 43
LOQTORZI 75
lorazepam 117, 139
Lorazepam Intensol 117, 139
LORBRENA 57
Loryna (28) 162
losartan 101
losartan-hydrochlorothiazide .. 100
LOTEMAX 403
LOTEMAX SM 403
loteprednol etabonate ... 403
LOTREXONE 14
lovastatin 105
Low-Ogestrel (28) 162
loxapine succinate 132
Lo-Zumandimine (28) 162
lubiprostone 248, 252
LUCENTIS 408, 412
LUCIRA CHECK-IT COVID HOME TST 295, 366
LUER LOCK SYRINGE . 321, 366
LUER SLIP TIP SYRINGE TRAY 321, 366
LUER-LOK TIP 321, 366
LUGOLS 81
luliconazole 180
LUMAKRAS 66
LUMIGAN 412
LUMIZYME 390
LUMRYZ 148
LUMRYZ STARTER PACK 148
LUNSUMIO 54
LUPKYNIS 278
LUPRON DEPOT 67, 237
LUPRON DEPOT (3 MONTH) 66, 237
LUPRON DEPOT (4 MONTH) 66
LUPRON DEPOT (6 MONTH) 66
LUPRON DEPOT-PED ... 237
LUPRON DEPOT-PED (3 MONTH) 237
lurasidone 130
LUTATHERA 68, 72
Lutera (28) 162

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

LYBALVI 133, 135, 141
Lyleq 165
Lyllana 228
LYNPARZA 69
LYSODREN 58
LYTGOBI 65
LYUMJEV KWIKPEN U-100 INSULIN 236
LYUMJEV KWIKPEN U-200 INSULIN 236
LYUMJEV U-100 INSULIN 236
Lyza 166
M
MAD NASAL ATOMIZER-SYRG-ADAPTR .. 321, 366
mafenide acetate 183
MAGELLAN SAFETY NEEDLE 321, 366
MAGELLAN SAFETY SYRINGE 321, 366
MAGELLAN SYRINGE .. 321, 366
MAGELLAN TUBERCULIN SAFETY SYR 321, 366
malathion 198
maraviroc 39
MARGENZA 78
Marlissa (28) 162
MARPLAN 124
MARVONA SUIK (PF) 31
MATULANE 56
Matzim La 109
MAVENCLAD (10 TABLET PACK) 397
MAVENCLAD (4 TABLET PACK) 397
MAVENCLAD (5 TABLET PACK) 397
MAVENCLAD (6 TABLET PACK) 397
MAVENCLAD (7 TABLET PACK) 397
MAVENCLAD (8 TABLET PACK) 398
MAVENCLAD (9 TABLET PACK) 398
MAVILO 185
MAVILO HP 184
MAVILO LP 185
MAVYRET 48
MAXIDEX 403
MAYZENT 398
MAYZENT STARTER(FOR 1MG MAINT) 398
MAYZENT STARTER(FOR 2MG MAINT) 398
MB HYDROGEL 185
Md-Gastroview 200
meclizine 241
meclofenamate 28
mecobalamin (vitamin b12) 216
MEDISENSE THIN LANCETS 302, 366
MEDLANCE PLUS LANCETS 302, 366
MEDLANCE PLUS SPECIAL BLADE 302, 366
MEDROL 230
MEDROLOAN II SUIK 230
MEDROLOAN SUIK 230
medroxyprogesterone . 155, 238
mefenamic acid 28
mefloquine 38
megestrol 70, 431
MEKINIST 67
MEKTOVI 67
meloxicam 29
melphalan hcl 56
memantine 154
memantine-donepezil 155
MENEST 228
MENOPUR 229
MENOSTAR 228
MENQUADFI (PF) 91
MENTAX 179
MENVEO A-C-Y-W-135-DIP (PF) 92
meperidine 15
meperidine (pf) 15
meprobamate 117
MEPSEVII 390
mercaptopurine 59, 60
Merzee 162
mesalamine 249
mesalamine with cleansing wipe 249
mesna 79
Metadate Er 137
metaxalone 284
metformin 236
methacholine chloride .. 201
methadone 15, 16
Methadone Intensol 15
Methadose 16
methamphetamine. 137, 143
methazolamide 112
methenamine hippurate. 50, 258
methenamine mandelate 50, 258
methen-sod phos-meth blue-hyos 50, 259
methimazole 225
METHITEST 219
methocarbamol 284
methotrexate sodium 24, 59
methotrexate sodium (pf) 24, 59
methoxsalen 182
methscopolamine 246
methsuximide 123
methyldopa 111
methyldopa-hydrochlorothiazide .. 111
methylergonovine 238
methylphenidate 137
methylphenidate hcl 137, 148
methylprednisolone 230
methyltestosterone 219
metoclopramide hcl 245, 246
metolazone 113
METOPIRONE 201
metoprolol succinate 107
metoprolol ta-hydrochlorothiaz 110
metoprolol tartrate 107, 108

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

metronidazole . 39, 194, 195, 429
metyrosine 114
mexiletine..... 102
Mibelas 24 Fe..... 162
miconazole nitrate-zinc ox-pet 180
MICONAZOLE-3..... 429
MICRO BLOOD GLUCOSE 291, 366
MICRO THIN LANCETS 302, 366
MICROCHAMBER .. 333, 366
MICRODOT BLOOD GLUCOSE SYSTEM .. 291, 366
MICRODOT LANCET 302, 366
MICRODOT XTRA BLOOD GLUCOSE..... 291, 366
Microgestin 1.5/30 (21).. 162
Microgestin 1/20 (21)..... 162
Microgestin Fe 1.5/30 (28) 162
Microgestin Fe 1/20 (28) 163
MICROLET LANCET..... 302, 367
microplegic solution no.1 413
microplegic solution no.1-cp2d 413
MICROSPACER 333, 367
midazolam..... 31, 139, 149
midazolam (pf)..... 31, 139
midodrine..... 110
MIEBO (PF) 399
MIFEPREX..... 217
mifepristone..... 217, 221
miglitol 220
miglustat 391
Mili 163
Mimvey 227
MINI PRENATAL 208
MINIMED 630G INSULIN PUMP 336, 367
MINIMED 780G INSULIN PUMP 336, 367
minocycline 27, 53
minoxidil 111
Minzoya 163
MIPLYFFA 390
MIRENA 156
MIRO3D 197
MIRODERM FENESTRATED 198
MIRODERM FENESTRATED PLUS 197
MIROTRACT..... 198
mirtazapine 124
misoprostol..... 245
mitomycin 74
mitomycin (pf) in water . 402
MITOSOL..... 402
mitoxantrone 74
MKO (MIDAZOLAM-KETAMINE-ONDAN) 31
M-M-R II (PF) 88, 96, 97
M-NATAL PLUS 208
MOBILE LANCETS 302, 367
modafinil 148
MODERNA COVID 24-25(6M-11Y)PF 93
moexipril 99
MOKURA 185
MOKURA LP 185
MOKURA MOD..... 185
MOKURA PLUS 185
MOLEXI 185
molindone 132
mometasone 189, 426
Mondoxyne Nl..... 53
MONJUVI..... 63
MONOJECT 140CC PISTON SYRINGE 321, 367
MONOJECT 35CC SYRINGE CATH TIP .. 321, 367
MONOJECT 3CC SYR 25GX1 ..... 322, 367
MONOJECT ALLERGY TRAY..... 322, 367
MONOJECT ALLERGY TRAY DETACH ... 322, 367
MONOJECT BLOOD COLLECTION 285, 367
MONOJECT CONTROL SYRINGE LUER .. 322, 367
MONOJECT DISPOSABLE SYRINGE 322, 367
MONOJECT ECCENTRIC NON-STERILE 322, 367
MONOJECT ENFIT STERILE SYRINGE ... 296, 367, 368
MONOJECT ENFIT SYRINGE 296, 297, 368
MONOJECT ENFIT SYRINGE CAP 296, 368
MONOJECT FILTER ASPIRATOR..... 322, 368
MONOJECT FILTER NEEDLE 322, 368
MONOJECT HYPODERMIC NEEDLES..... 322, 368
MONOJECT HYPODERMIC POLYPROPYL 323, 369
MONOJECT LUER-LOCK TIP 323, 369
MONOJECT MAGELLAN SYRINGE 323, 369
MONOJECT MEDICATION TRANSF NDL 323, 369
MONOJECT PHARMACY TRAY LUER 323, 369
MONOJECT PHARMACY TRAY REG TIP.... 323, 369
MONOJECT REG TIP NON-STERILE 323, 324, 369, 370
MONOJECT REGULAR LUER..... 324, 370
MONOJECT SAFETY LUER LOCK TIP 324, 370
MONOJECT SAFETY SYRINGES 324, 370
MONOJECT SMARTIP CANNULA 324, 370
MONOJECT SYRINGE .. 325, 371

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

MONOJECT SYRINGE ECCENTRI LUER 324, 370
MONOJECT SYRINGE LUER LOK 325, 371
MONOJECT SYRINGE REGULAR LUER 325, 371
MONOJECT SYRINGE TOOMEY TYPE ... 325, 371
MONOJECT TB 326, 372
MONOJECT TB LUER LOK 325, 371
MONOJECT TB REGULAR LUER TIP 325, 371
MONOJECT TB SAFETY SYRINGE 325, 371
MONOJECT TUBERCULIN SYRINGE 326, 372
MONOLET LANCETS ... 302, 372
MONOLET THIN LANCETS 302, 372
Mono-Linyah 163
MONOVISC 283
MONSEL'S 271
montelukast 420
morphine 16
morphine (pf) 16
morphine concentrate 16
morphine in 0.9 % sodium chlor 16
MOTPOLY XR 119
MOUNJARO 221
MOVANTIK 34
MOXATAG 35
moxifloxacin 47, 410
MRESVIA (PF) 82
MULPLETA 277
MULTAQ 102
MULTI-DRAW NEEDLE 285, 372
MULTISTIX 201, 372
MULTISTIX 10 SG .. 201, 372
MULTISTIX 5 ..... 201, 372
MULTISTIX 7 ..... 201, 372
MULTISTIX 8 SG 201, 372
MULTISTIX 9 ..... 201, 372
MULTISTIX 9 SG 201, 372
mupirocin 178
mupirocin calcium 178
MUSCUSOLICE 193
Mutamycin 75
MVASI 55
MY CHOICE 169
MY WAY 169, 170
MYALEPT 236
MYCAPSSA 239
mycophenolate mofetil .. 26, 279
mycophenolate mofetil (hcl) 26, 279
mycophenolate sodium 279
MYDCOMBI 399
MYDRIATIC4(TROP-PROP-PE-KTRLC) 408
MYFEMBREE 237
MYGLUCOHEALTH 291, 372
MYGLUCOHEALTH LANCETS 302, 372
MYHIBBIN 279
MYLERAN 56
MYLOTARG 58, 76
MYNATAL 209
MYNATAL ADVANCE 208
MYNATAL PLUS 209
MYNATAL-Z 209
MYNATE 90 PLUS 209
MYOBLOC 284
MYRBETRIQ 256
MYTESI 241
MYXREDLIN 234
N
NABI-HB 87
nabumetone 28
nadolol 108
naftifine 179
NAGLAZYME 390
nalbuphine 19
naloxone 34
NALTREX 14
naltrexone 151
NAMENDA XR 154
NAMZARIC 155
NANO 2ND GEN PEN NEEDLE 307, 372
NANO PEN NEEDLE 307, 372
naproxen 29
naproxen sodium 29
naratriptan 145
NATACYN 411
NATAVI PNV 209
NATAVI PRIMA 215
NATAZIA 166
nateglinide 221
NATESTO 219
NAYZILAM 118, 139
nebivolol 108
NEBUSAL 153
Necon 0.5/35 (28) 163
needle (disp) 16 g .. 326, 372
needle (disp) 18 g .. 326, 372
needle (disp) 19 g .. 326, 372
needle (disp) 23 gauge . 326, 372
needles, huber disposable 326, 372
nefazodone 125
NEFFY 110
nelarabine 60
NEMLUVIO 170
NENDRUX 191
NEOMED ENFIT SYRINGE 297, 373
neomycin 35
neomycin-bacitracin-poly-hc 401
neomycin-bacitracin-polymyxin 409
neomycin-polymyxin b gu 255
neomycin-polymyxin b-dexameth 401
neomycin-polymyxin-gramicidin 410
neomycin-polymyxin-hc 401, 415, 416
NEONATAL PLUS VITAMIN 209
Neo-Polycin 410
Neo-Polycin Hc 401
NEORAL 26, 278, 279

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

NEO-SYNALAR 179
NEO-SYNALAR KIT 178
NEO-VITAL RX 209
NERLYNX 56
Neuac 172
NEULASTA 268
NEULASTA ONPRO 268
NEULUMEX 199
NEUPOGEN 268
NEUPRO 129
NEURAPTINE 193
NEUTEK 2TEK TEST STRIPS 291, 373
NEVANAC 405
nevirapine 41
NEW DAY 169, 170
NEXA PLUS 209
NEXAVIR 192
NEXIUM PACKET 245
NEXLETOL 103
NEXLIZET 107
NEXOBRID 183
NEXOBRID POWDER COMPONENT 183
NEXPLANON 155
NEXTSTELLIS 163
NEXVIAZYME 390
NGENLA 231
niacin 106
Niacor 106
nicardipine 109
nicotine 152
nicotine (polacrilex) 151
NICOTROL NS 152
nifedipine 109, 110
Nikki (28) 163
NIKTIMVO 278
nilutamide 58
nimodipine 109
NINLARO 70
NIPENT 60
nisoldipine 110
nitazoxanide 39
nitisinone 391
Nitro-Bid 101
NITRO-DUR 101
nitrofurantoin 36, 258
nitrofurantoin macrocrystal 36, 258
nitrofurantoin monohyd/m-cryst 36, 258
nitroglycerin 31, 101
NITRO-TIME 101
NITYR 391
NIVESTYM 268, 269
nizatidine 244
NOBELA 192
NOCDURNA (MEN) 220
NOCDURNA (WOMEN) .. 220
NOKOR NEEDLE ... 326, 373
NOLIRA 196
NORA-BE 166
NORDITROPIN FLEXPRO 232
norelgestromin-ethin.estradiol 168
noreth-ethinyl estradiol-iron 163
norethindrone (contraceptive) 166
norethindrone acetate ... 238
norethindrone ac-eth estradiol 163, 227
norethindrone-e.estradiol-iron 163, 167
norgestimate-ethinyl estradiol 163, 167
NORMAL SALINE FLUSH 215
NORM-JECT 326, 373
NORM-JECT TUBERKULIN 326, 373
NORMLGEL AG 178
NORPACE CR 102
Nortrel 0.5/35 (28) 163
NORTREL 1/35 (21) 163
Nortrel 1/35 (28) 163
Nortrel 7/7/7 (28) 167
nortriptyline 127
NORVIR 51
NO-STICK GLUCOSE ... 336, 373
NOURIANZ 128
NOVA MAX GLUCOSE TEST 291, 373
NOVA SAFETY LANCETS 302, 373
NOVA SUREFLEX LANCETS 302, 373
NOVAREL 232
NOVAVAX COVID 2024-25(PF)(EUA) 93
NOVOEIGHT 267
NOVOLIN 70/30 U-100 INSULIN 233
NOVOLIN 70-30 FLEXPEN U-100 233
NOVOLIN N FLEXPEN ... 233
NOVOLIN N NPH U-100 INSULIN 233
NOVOLIN R FLEXPEN ... 234
NOVOLIN R REGULAR U100 INSULIN 234
NOVOSEVEN RT 265
NOXAFIL 37
NP THYROID 240
NPLATE 277
NUBEQA 58
NUCALA 420
NUCORT 190
NUCYNTA 16
NUCYNTA ER 16
NUEDEXTA 149
NUJO 184
NULIBRY 390
NULOJIX 280
NUMBONEX 196
NUMBRINO 426
NUMOISYN 14, 394, 395
NUPLAZID 134
NURTEC ODT 145
NUTROPIN AQ NUSPIN . 232
NUVARING 168
NUVESSA 429
NUWIQ 267
NUZYRA 35, 53
Nyamyc 179
Nylia 1/35 (28) 163
Nylia 7/7/7 (28) 167
NYMALIZE 109

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

NYNUTEY 196
NYPOZI 269
nystatin 36, 179, 394
nystatin-triamcinolone .. 181
Nystop 179
NYVEPRIA 269
O
OBAGI ELASTIDERM 184
OBAGI NU-DERM BLENDER 184
OBAGI NU-DERM CLEAR 184
OBAGI NU-DERM SUNFADER 185
OBAGI-C CLARIFYING SERUM 185
OBAGI-C THERAPY NIGHT 185
OBIZUR 267
OBSTETRIX DHA 209
OBSTETRIX DHA PRENATAL DUO 209
OBSTETRIX EC 209
OBSTETRIX ONE ... 207, 210
OCALIVA 278
OCELLA 164
OCREVUS 396
OCREVUS ZUNOVO 396
OCTAGAM 86
octreotide acetate . 239, 254
octreotide,microspheres 239, 254
ODACTRA 82
ODEFSEY 44
ODOMZO 65
OFEV 71, 428
ofloxacin 47, 410, 416
OGIVRI 78
OGSIVEO 54
OHC COVID-19 ANTIGEN HOME TEST 295, 373
OHTUVAYRE 416
OJEMDA 62
OJJAARA 54
olanzapine 133, 134, 141
olanzapine-fluoxetine .. 127, 134, 141
olmesartan 101
olmesartan-amlodipin-hcthiazid 100
olmesartan-hydrochlorothiazide .. 100
olopatadine 402, 426
OLPRUVA 392
OLUMIANT 27, 170
OMECLAMOX-PAK 247
omega-3 acid ethyl esters 106
omeprazole 245
omeprazole-sodium bicarbonate 245
OMEZA 198
OMNARIS 427
OMNIFLEX DIAPHRAGM 295, 373
OMNIPAQUE 200
OMNIPOD 5 (G6/LIBRE 2 PLUS) 334, 374
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 334, 374
OMNIPOD 5 G6-G7 PODS (GEN 5) 334, 374
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 334, 374
OMNIPOD CLASSIC PODS (GEN 3) 335, 374
OMNIPOD DASH INTRO KIT (GEN 4) 335, 374
OMNIPOD DASH PDM KIT (GEN 4) 307, 374
OMNIPOD DASH PODS (GEN 4) 335, 374
OMNIPOD GO PODS 335, 375
OMNIPOD GO PODS 10 UNITS/DAY 335, 374
OMNIPOD GO PODS 15 UNITS/DAY 335, 374
OMNIPOD GO PODS 20 UNITS/DAY 335, 374
OMNIPOD GO PODS 25 UNITS/DAY 335, 374
OMNIPOD GO PODS 30 UNITS/DAY 335, 374
OMNIPOD GO PODS 40 UNITS/DAY 335, 375
OMNITROPE 232
OMVOH 249
OMVOH PEN 249
ON CALL EXPRESS TEST STRIP 291, 375
ON CALL LANCET . 302, 375
ON CALL PLUS LANCET 302, 375
ON CALL PLUS TEST STRIP 291, 375
ON CALL VIVID TEST STRIP 291, 375
ONAPGO 130
ONCASPAR 61
ondansetron 242
ondansetron hcl 242
ONE DAILY PRENATAL 210
ONE-A-DAY PRENATAL 215
ONE-A-DAY PRENATAL-1 210
ONETOUCH DELICA PLUS LANCET 302, 375
ONETOUCH DELICA SAFETY LANCET 302, 375
ONETOUCH ULTRA TEST 291, 375
ONETOUCH ULTRASOFT 2 LANCET 303, 375
ONETOUCH VERIO TEST STRIPS 291, 375
ONGENTYS 128
ON-GO COVID-19 AG AT HOME TEST 295, 375
ONIVYDE 73
ONPATTRO 219
ON-THE-GO LANCETS . 303, 375
ONTRUZANT 78
ONUREG 60
ONYDA XR 135
ONZDEAXIADEMTAR 173
ONZDEAXIADEMVAR 173
ONZDEAXIAZAR 173

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

OPCICON ONE-STEP ... 169, 170
OPDIVO 75
OPDIVO QVANTIG 75
OPDUALAG 61
OPFOLDA 390
OPILL 166
OPIPZA 135, 141
opium tincture 241
OPSUMIT 115
OPSYNVI 98
OPTICHAMBER ADULT MASK-LARGE 333, 375
OPTICHAMBER DIAMOND LG MASK 333, 375
OPTICHAMBER DIAMOND VHC 333, 375
OPTICHAMBER DIAMOND-MED MSK 333, 375
OPTICHAMBER DIAMOND-SML MASK 333, 376
OPTION-2 ..... 169, 170
OPTIUM EZ 291, 376
OPTIUM TEST 291, 376
OPTUMRX 291, 376
OPVEE 34
OPZELURA 177
ORACIT 258
ORALAIR 82
Oralone 395
ORAMAGICRX 395
ORAQIX 394
ORAVIG 37
ORENCIA 25
ORENCIA (WITH MALTOSE) 25
ORENCIA CLICKJECT 25
ORENITRAM 114
ORENITRAM MONTH 1 TITRATION KT 114
ORENITRAM MONTH 2 TITRATION KT 114
ORENITRAM MONTH 3 TITRATION KT 114
ORFADIN 391
ORGOVYX 67
ORIAHNN 237
ORILISSA 237
ORKAMBI 425
ORLADEYO 114
orlistat 430
Ormalvi 281
orphenadrine citrate 284
orphenadrine-asa-caffeine 284
ORSERDU 72
ORTHO MICRONOR 166
ORTHO TRI-CYCLEN (28) 167
ORTHO-NOVUM 7/7/7 (28) 167
ORTHOVISC 283
OSCIMIN 246, 260
OSCIMIN SL 246, 260
oseltamivir 49
OSPHENA 238
OTEZLA 27, 183
OTEZLA STARTER .. 27, 183
OTREXUP (PF) 24
OVACE PLUS 183
OVACE PLUS SHAMPOO 183
OVIDREL 232
oxaliplatin 69
oxaprozin 29
oxazepam 117, 139
oxcarbazepine 121
OXERVATE 406
OXIAICE 171
OXIAVARY 174
oxiconazole 180
OXISTAT 180
OXLUMO 256
oxybutynin chloride 260
oxycodone 16, 17
oxycodone-acetaminophen 19
OXYCONTIN 17
oxymorphone 17
OXYTROL 260
OZEMPIC 221
OZURDEX 403
P
Pacerone 102
paclitaxel 73
paclitaxel protein-bound . 73
PACNEX HP 174
PACNEX LP 174
PADCEV 58, 77
PALFORZIA (LEVEL 1) ... 88
PALFORZIA (LEVEL 2) ... 88
PALFORZIA (LEVEL 3) ... 89
PALFORZIA (LEVEL 4) ... 89
PALFORZIA (LEVEL 5) ... 89
PALFORZIA (LEVEL 6) ... 89
PALFORZIA (LEVEL 7) ... 89
PALFORZIA (LEVEL 8) ... 89
PALFORZIA (LEVEL 9) ... 89
PALFORZIA (LEVEL 10) .. 89
PALFORZIA (LEVEL 11 UP-DOSE) 89
PALFORZIA INITIAL (4-17 YRS) 89
PALFORZIA LEVEL 11 MAINTENANCE 89
paliperidone 131
PALYNZIQ 393
PANCREAZE 243
PANDEL 189
PANHEMATIN 263
PANRETIN 182
pantoprazole 245
PANZYGA 86
papaverine 114
PARAGARD T 380A 155
PARAGARD T380A (SINGLE HAND) 155
paricalcitol 391
paromomycin 34
paroxetine hcl 125
paroxetine mesylate(menop.sym) 238
PARSABIV 226
PASER 44
PAVBLU 408, 413
PAXLOVID 52
pazopanib 71
PEDIARIX (PF) 83, 90
PEDMARK 79
PEDVAX HIB (PF) 91
peg 3350-electrolytes 253

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

peg3350-sod sul-nacl-kcl-asb-c 253
PEGASYS 47
peg-electrolyte soln 253
PEMAZYRE 65
pemetrexed 59
pemetrexed disodium 59
PEMFEXY 59
PEMGARDA (EUA) 83
PEMRYDI RTU 59
PENBRAYA (PF) 92
penicillamine 27, 33
penicillin v potassium 51
PENTACEL (PF) 90
pentamidine 50
PENTASA 250
pentazocine-naloxone 19
pentoxifylline 269
Percocet 19
PERFECT POINT SAFETY LANCETS 303, 376
PERFECT POINT SAFETY NEEDLE 326, 376
perindopril erbumine 99
Periogard 394
PERJETA 77
permethrin 198
perphenazine 133
perphenazine-amitriptyline 126
PERSERIS 131
PERTZYE 243
PFIZER COVID 2024-25(5Y-11Y)PF 93
PFIZER COVID 2024-25(6MO-4Y)PF 94
PFLEX INSPIRATORY TRAINER 333, 376
PHARMACIST CHOICE 292, 376
PHASEAL PROTECTOR 330, 376
PHEBURANE 392
PHEDRAX 179
phenazopyridine 258
phendimetrazine tartrate 430
phenelzine 124
phenobarbital 117, 118, 149
phenoxybenzamine 113
phentermine 430
phenylephrine hcl 406
phenyleph-tropicamide in water 400
Phenytek 120
phenytoin 120
phenytoin sodium extended 120
PHESGO 78
PHEXXI 155
Philith 164
PHOSPHOLINE IODIDE . 399
PHOTREXA 400
PHOTREXA CROSS-LINKING KIT 400
PHOTREXA VISCOUS ... 400
PHYSIOLYTE 205
PHYSIOSOL IRRIGATION 205
phytonadione (vitamin k1) 216
PIASKY 262, 276
PIFELTRO 41
pilocarpine hcl 395, 399
PILOT COVID-19 AT-HOME TEST 295, 376
pimecrolimus 184
pimozide 133
Pimtrea (28) 157
pindolol 108
pioglitazone 236
pioglitazone-glimepiride 223
pioglitazone-metformin . 223
PIP BLOOD GLUCOSE TEST STRIP 292, 376
PIP LANCET 303, 376
PIQRAY 69
pirfenidone 428
piroxicam 29
PISTON SYRINGE WITH ENFIT 297, 376
PIVYA 35
PLAN B ONE-STEP 169, 170
PLATINUM TEST STRIP 292, 376
PLEGRIDY 396
PLENITY 430
PLENITY (WELCOME KIT) 430
PLENVU 253
plerixafor 263
PLUVICTO 68, 71
PNEUMOVAX-23 92
pnv cmb#95-ferrous fumarate-fa 210
PNV-DHA + DOCUSATE 210
PNV-SELECT 210
POCKET CHAMBER 333, 376
PODOCON 191
podofilox 191
POLIBAR ACB 199
POLIVY 58, 76
POLY HUB NEEDLE 326, 376
Polycin 410
polymyxin b sulf-trimethoprim 410
POMALYST 73
POMBILITI 390
PONVORY 398
PONVORY 14-DAY STARTER PACK 398
Portia 28 164
PORTRAZZA 78
posaconazole 37
potassium chloride 206, 207
potassium citrate 258
potassium iodide 206
POTELIGEO 62
povidone-iodine 411
PR BENZOYL PEROXIDE 174
PR CREAM 193
PR NATAL 400 210
PR NATAL 400 EC 210
PR NATAL 430 210
PR NATAL 430 EC 210
PRADAXA 277
PRAKETAMIDE 197

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

pralatrexate 59
pralidoxime 32
PRALUENT PEN 106
pramipexole 130
PRAMOSONE 190
prasugrel hcl 275
pravastatin 105
praziquantel 36
prazosin 113
PRECISION PCX PLUS TEST 292, 376
PRECISION PCX TEST . 292, 377
PRECISION POINT OF CARE TEST 292, 377
PRECISION Q-I-D TEST 292, 377
PRECISION XTRA TEST 292, 377
PRED MILD 403
PRED-G S.O.P. 401
prednicarbate 189
prednisoln sp-moxiflox-bromfen 401
prednisolone 230
prednisolone acetate 403
prednisolone acetate (pf) 403
prednisolone acetate-bromfenac 406
prednisolone acetate-nepafenac 406
prednisolone sod ph-bromf (pf) 406
prednisolone sod ph-bromfenac 406
prednisolone sod ph-moxiflox 401
prednisolone sodium phosphate 230, 404
prednisolone-moxiflo-nepafenac 401
prednisolone-moxifloxacin hcl 401
prednisolone-moxiflox-bromfen 402
prednisolon-moxiflox-bromf(pf) 402
prednisone 230, 231
PREDNISONE INTENSOL 230
pregabalin 119, 143
PREGNYL 232
PREHEVBRIO (PF) 84
PREMARIN 228, 429
PREMIER TEST STRIP . 292, 377
PREMIUM V10 ..... 292, 377
PREMPHASE 227
PREMPRO 227
PRENAISSANCE 210
PRENAISSANCE PLUS . 210
PRENATA 210
PRENATABS FA 211
PRENATABS RX 211
PRENATAL 212, 215
PRENATAL + DHA 211
PRENATAL 19 211
PRENATAL 19 (WITH DOCUSATE) 211
PRENATAL COMPLETE 211
PRENATAL ESSENTIALS 211
PRENATAL FORMULA .. 211
PRENATAL FORMULA-DHA 211
PRENATAL GUMMIES ... 215
PRENATAL GUMMIES(ZINC CHELATE) 207
PRENATAL MULTI 211
PRENATAL MULTI-DHA (ALGAL OIL) 212
PRENATAL MULTI-DHA(WITH VIT K) 212
PRENATAL MULTIVITAMINS 212
PRENATAL ONE DAILY 212
PRENATAL PLUS 212
PRENATAL PLUS (CALCIUM CARB) 212
PRENATAL PLUS DHA . 212
PRENATAL PLUS VITAMIN-MINERAL 212
PRENATAL TABLET 212
prenatal vit no.179-iron-folic 212
PRENATAL VITAMIN 212, 213
PRENATAL VITAMIN PLUS LOW IRON 213
PRENATAL VITAMIN WITH MINERALS 213
prenatal vit-iron fum-folic ac 213
PRENATAL WITH DHA-FOLIC ACID 213
PREPIDIL 217
PRESERA 186
PRESSURE ACTIVATED LANCETS 303, 377
pretomanid 45
Prevalite 103
PREVNAR 20 (PF) 92
PREVYMIS 46
PREZCOBIX 43, 51
PREZISTA 51
PRIALT 14
PRIFTIN 45, 52
PRILOSEC 245
primaquine 38
PRIMEAIRE 333, 377
primidone 118
PRIMSOL 36
PRIORIX (PF) .. 88, 96, 97, 98
PRIVIGEN 86
PRO COMFORT ALCOHOL PADS 80
PRO COMFORT LANCET 303, 377
PRO COMFORT SAFETY LANCET 303, 377
PRO DNA COLLECTION 395
PRO VOICE V8-V9 TEST STRIP 292, 377
probenecid 261
probenecid-colchicine .. 261
PROCARE SPACER WITH ADULT MASK 333, 377
PROCARE SPACER WITH CHILD MASK 333, 377

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

PROCHAMBER 333, 377
prochlorperazine 242
prochlorperazine maleate 133, 242
PROCORT 32
PROCRIT 264
PROCTOFOAM HC 32
Procto-Med Hc 32, 189
Proctosol Hc 32, 189
Proctozone-Hc 32, 189
PROCYSBI 255
PRODIGY LANCETS 303, 377
PRODIGY NO CODING . 292, 377
PRODIGY TWIST TOP LANCET 303, 377
PROFILNINE 265
progesterone 238
progesterone micronized 238
PROGRAF 279
PROLASTIN-C 425
PROLEUKIN 66
PROLIA 238
PROMACTA 277
promethazine . 242, 417, 418
promethazine-codeine .. 427
promethazine-dm 427
promethazine-phenylephrine 416
Promethegan . 242, 417, 418
PRONAL 191
propafenone 102
proparacaine 407
propranolol 108
propranolol-hydrochlorothiazid 113
propylthiouracil 225
PROQUAD (PF) ... 88, 96, 97, 98
protriptyline 127
PROVIDA OB 213
PROVISC 409
PROVOCHOLINE 201
prucalopride 245
PTS PANELS EGLU TEST STRIP 292, 377
PULMICORT FLEXHALER 419
PULMOZYME 426
PURAZIL 182
PURE COMFORT ALCOHOL PADS 80
PURE COMFORT LANCETS 303, 377
PURE COMFORT SAFETY LANCETS 303, 377
PURIXAN 60
PUSH BUTTON SAFETY LANCETS 303, 378
pyrazinamide 45
pyridostigmine bromide 281, 282
pyridoxine (vitamin b6) . 216
pyrimethamine 38
PYRUKYND 276
PYTEST 200
PYTEST KIT 200
Q
QALSODY 280
QBRELIS 99
QBREXZA 179
QELBREE 138
QINLOCK 71
QLOSI 400
QNASL 427
QSYMIA 430
QTERN 222
QUADRACEL (PF) 90
quazepam 139, 149
quetiapine 133, 141
QUICKVUE AT-HOME COVID-19 TEST .. 295, 378
QUIDROXZAR 191
QUILLICHEW ER 137
QUILLIVANT XR 137, 138
quinapril 99
quinapril-hydrochlorothiazide 99
quinidine gluconate 102
quinidine sulfate 102
quinine sulfate 38
QUINTET AC 292, 378
QUINTET GLUCOSE TEST STRIPS 292, 378
QUIT 2 152
QUIT 4 152
QULIPTA 145
QUTENZA 197
QUVIVIQ 150
QVAR REDIHALER 419
R
rabeprazole 245
RADICAVA 281
RADICAVA ORS 281
RADICAVA ORS STARTER KIT SUSP 281
RADIOGARDASE 33
RAGWITEK 82
RALDESY 125
raloxifene 239
ramipril 99
ranolazine 102
RAPID SARS-COV-2 AG HOME TEST 295, 378
rasagiline 129
RASUVO (PF) 24
RAVICTI 392
RAYALDEE 391
READI-CAT 2 199
REBIF (WITH ALBUMIN) 397
REBIF REBIDOSE 397
REBIF TITRATION PACK 397
REBINYN 265
REBLOZYL 269, 277
REBYOTA 241
RECEDO 194
Reclipsen (28) 164
RECOMBINATE 267
RECOMBIVAX HB (PF) 84
RECORLEV 217
RECOTHROM 271
RECOTHROM SPRAY KIT 271
REFUAH PLUS 292, 378
REGENECARE 196
REGIOCIT (EUA) 262
REGRANEX 199

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

RELAGARD 429
RELENZA DISKHALER ... 49
RELEUKO 269
RELIAMED LANCET 303, 378
RELIAMED SAFETY SEAL LANCETS 303, 378
RELIAMED TWIST AND CAP LANCET 303, 378
RELION CONFIRM-MICRO 292, 378
RELION PRIME TEST STRIPS 292, 378
RELION ULTIMA 293, 378
RELISTOR 34
REMODULIN 114
REMYDA 195
RENACIDIN 255
RENFLEXIS 21, 23, 251
RENOVAR 81, 198
repaglinide 221
REPATHA PUSHTRONEX 106
REPATHA SURECLICK . 106
REPATHA SYRINGE 106, 107
RESPA-AR 416
RESTASIS 404
RESTASIS MULTIDOSE 404
RESTIMO 195
RETACRIT 264
RETEVMO 72
RETIN-A MICRO PUMP . 175
RETISERT 404
RETROVIR 42
REVCOVI 390
REVEAL TEST STRIP ... 293, 378
REVUFORJ 54
REXULTI 135
REYATAZ 52
REYVOW 146
REZDIFFRA 277
REZLIDHIA 68
REZUROCK 27
RHOGAM ULTRA-FILTERED PLUS 87
RHOPHYLAC 87
RHOPRESSA 412
RIABNI 25, 63
RIASTAP 270
ribavirin 48, 52
RIDAURA 25
rifabutin 45, 52
rifampin 45, 52
RIGHTEST GL300 LANCETS 303, 378
RIGHTEST GS550 TEST STRIPS 293, 378
RIGHTEST GS700 TEST STRIP 293, 378
RIGHTEST GT333 TEST STRIP 293, 378
RIGHTEST MAX TEST STRIP 293, 378
rilpivirine 41
riluzole 281
rimantadine 49
ringer's 205
RINVOQ 27, 177, 250
RINVOQ LQ 27
risedronate 225, 226
risperidone 131, 142
risperidone microspheres 131
RITEFLO AEROCHAMBER 333, 379
ritonavir 52
RITUXAN 25, 63
RITUXAN HYCELA 63
rivaroxaban 263
rivastigmine 154
rivastigmine tartrate 154
RIVELSA 166
RIVFLOZA 256
RIXUBIS 265
rizatriptan 145
ROCKLATAN 409
roflumilast 421
ROLVEDON 269
romidepsin 65
ROMVIMZA 71
ropinirole 130
Rosadan 195
ROSULA 172
rosuvastatin 105, 106
ROTARIX 88, 96
ROTATEQ VACCINE .. 88, 97
ROVIS 195
ROXYBOND 17
ROZLYTREK 71
RUBRACA 69
RUCONEST 263
rufinamide 123
RUKOBIA 39
RUXIENCE 25, 63
RYBELSUS 221
RYBREVANT 55
RYDAPT 71
RYLAZE 61
RYPLAZIM 274
RYSTIGGO 281
RYTARY 128
RYTELO 54
RYZUMVI 398
S
SABRIL 120
SAFESNAP SYRINGE ... 326, 327, 379
SAFETY LANCETS 303, 379
safety needles 327, 379
SAFETY SEAL LANCETS 303, 379
SAFETY-LET LANCETS 303, 379
SAFYRAL 164
SAIZEN SAIZENPREP ... 232
Sajazir 108
salicylic acid 191, 192
SALIMEZ FORTE 192
salsalate 30
SALVAX 192
SALVAX DUO PLUS 191
SANCUSO 242
SANDIMMUNE 26, 279
SANDOSTATIN LAR DEPOT 239, 254
SANTYL 186
SAPHNELO 279
sapropterin 393
SARCLISA 63

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

SAVAYSA 264
SAVELLA 126, 144
saxagliptin 220
saxagliptin-metformin ... 224
SAXENDA 431
SCALACORT DK 189
SCEMBLIX 71
SCLEROSOL INTRAPLEURAL 428
scopolamine base 241
SECUADO 130
SEGLUROMET 222
SELARSDI 175
selegiline hcl 129
selenium sulfide 183
SELZENTRY 39
SEMGLEE(INSULIN GLARGINE-YFGN) 234
SEMGLEE(INSULIN GLARG-YFGN)PEN 234
SE-NATAL 19 213
SE-NATAL 19 CHEWABLE 213
SEREVENT DISKUS 422
SERNIVO 189
SEROQUEL XR 133
SEROSTIM 232
sertraline 125
Setlakin 164
sevelamer carbonate 256
sevelamer hcl 256
SEVENFACT 265
sevoflurane 31
SF 394
SF 5000 PLUS 394
Sharobel 166
SHINGRIX (PF) 97
SIGNIFOR 239
SIGNIFOR LAR 239
SIKLOS 276
sildenafil 203
sildenafil (pulm.hypertension) .. 116
SILICONE MASK - INFANT 333, 379
SILIQ 177
silodosin 257
SILVASORB 198
silver nitrate 178
silver nitrate applicators 191
silver sulfadiazine 183
SIMBRINZA 400
SIMILAC PRENATAL 213
SIMLANDI(CF) 22, 23, 252
SIMLANDI(CF) AUTOINJECTOR ... 21, 23, 252
Simliya (28) 157
Simpesse 157
SIMPONI 22, 23, 252
SIMPONI ARIA 22, 23
SIMULECT 280
simvastatin 106
SINGLE-LET 303, 379
sirolimus 280
SIRTURO 44
SIRVANA 174
sitagliptin 220
SITZMARKS 201
SITZMARKS FOR KIDS . 201
SIVEXTRO 51
SKYCLARYS 280
SKYLA 156
SKYRIZI 176, 249
SKYTROFA 232
SLYND 166
SMART SENSE LANCETS 303, 379
SMART SENSE TEST STRIPS 293, 380
SMARTEST LANCET 303, 380
SMARTEST TEST .. 293, 380
sodium chlor 0.9% bacteriostat 204, 215
sodium chloride ... 153, 193, 205
sodium chloride 0.45 % 215
sodium chloride 0.9 % . 204, 215, 216
sodium chloride 0.9 % (flush) 215
sodium citrate 262
sodium citrate in 0.9 % nacl 262
sodium citrate-citric acid 258
SODIUM FLUORIDE 5000 DRY MOUTH 394
SODIUM FLUORIDE 5000 PLUS 394
sodium fluoride-pot nitrate 394
sodium iodide-123 202
sodium iodide-131 202
sodium oxybate 148
sodium phenylbutyrate . 392
sodium polystyrene sulfonate 205
sodium,potassium,mag sulfates 253
SOFDRA 179
SOGROYA 232
SOHONOS 280
SOLESTA 337
solifenacin 259
SOLIQUA 100/33 224
SOLIRIS 262, 276
SOLOSEC 39
SOLTAMOX 72
SOLU-CORTEF ACT-O-VIAL (PF) 231
SOLUS V2 LANCETS 303, 380
SOLUS V2 TEST STRIPS 293, 380
SOMATULINE DEPOT ... 239
SOMAVERT 231
sorafenib 68
sorbitol 255
sorbitol-mannitol 255
SORILUX 182
sotalol 102, 108
Sotalol Af 102, 108
SOTYKTU 176
SOTYLIZE 102, 108
SOVALDI 48
SOVUNA 24, 38
SPACE CHAMBER. 333, 380

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

SPACE CHAMBER WITH LARGE MASK 333, 380
SPACE CHAMBER WITH MEDIUM MASK .. 333, 380
SPACE CHAMBER WITH SMALL MASK..... 334, 380
SPEEDYSWAB COVID-19 HOME TEST..... 295, 380
SPEVIGO..... 176
SPIKEVAX 2024-2025(12Y UP)(PF)..... 94
spinosad..... 198
SPINRAZA (PF)..... 285
SPIRIVA RESPIMAT..... 421
SPIRIVA WITH HANDIHALER..... 421
spironolactone..... 99, 111
spironolacton-hydrochlorothiaz..... 112
SPRAVATO..... 125
SPRAY AND STRETCH. 193
Sprintec (28)..... 164
Sps (With Sorbitol)..... 205
SPS (WITH SORBITOL). 205
Sronyx..... 164
SSD..... 183
SSKI..... 206
ST JOSEPH ASPIRIN..... 30, 275
ST. JOSEPH ASPIRIN.... 31, 275
stavudine..... 42
STEGLATRO..... 223
STEGLUJAN..... 222
STELARA..... 175, 248
STERILANCE TL.... 304, 380
STERILE HYDROGEL FOR JELMYTO..... 204
sterile talc..... 428
STERITALC..... 428
STIMUFEND..... 269
STIOLTO RESPIMAT..... 423
STIVARGA..... 68
STOP SMOKING AID..... 153
STRAVIX..... 197
STRENSIQ..... 389
STRIBILD..... 43
STRIVERDI RESPIMAT.. 422
STRONG IODINE..... 81, 206
STUART ONE..... 213
SUBLOCADE..... 150
Subvenite..... 122
Subvenite Starter (Blue) Kit..... 122, 141
Subvenite Starter (Green) Kit..... 123, 141
Subvenite Starter (Orange) Kit..... 123, 141
SUCRAID..... 244
sucralfate..... 254
SUFLAVE..... 253
sulconazole..... 181
sulfacetamide sodium.. 183, 411
sulfacetamide sodium (acne)..... 171
sulfacetamide sodium-sulfur..... 172
sulfacetamide sod-sulfur-urea..... 172, 195
sulfacetamide-prednisolone..... 401
sulfadiazine..... 52
sulfamethoxazole-trimethoprim..... 36
SULFAMYLON..... 184
sulfasalazine..... 27, 250
SULFATRIM..... 36
sulindac..... 28
sumatriptan..... 146
sumatriptan succinate.. 146
sunitinib malate..... 71
SUNLENCA..... 34
SUNOSI..... 148
SUPARTZ FX..... 283
SUPER THIN LANCETS 304, 380
SUPPRELIN LA..... 237
SUPRAX..... 46
SURE COMFORT ALCOHOL PREP PADS80
SURE COMFORT LANCETS..... 304, 380
SURE-LANCE..... 304, 380
SURE-LANCE ULTRA THIN..... 304, 380
SURE-PREP ALCOHOL PREP PADS..... 80
SURE-TEST EASYPLUS MINI..... 293, 380
SURE-TOUCH LANCET 304, 380
SURGUARD2 SAFETY. 327, 328, 380, 381
SURVANTA..... 426
SUSVIMO..... 408, 412
SUSVIMO (INITIAL FILL)..... 408, 412
SUSVIMO IMPLANT AND INS. TOOL..... 309, 381
SUTAB..... 254
Syeda..... 164
SYLVANT..... 65
SYMAX DUOTAB... 246, 260
SYMDEKO..... 425
SYMLINPEN 120..... 220
SYMLINPEN 60..... 220
SYMPROIC..... 34
SYMTUZA..... 43
SYNAGIS..... 83
SYNALAR CREAM KIT.. 190
SYNALAR OINTMENT KIT..... 190
SYNALAR TS..... 190
SYNAREL..... 237
SYNDROS..... 142, 242, 431
SYNJARDY..... 222
SYNJARDY XR..... 222
SYNOJOYNT..... 283
SYNVISC..... 283
SYNVISC-ONE..... 283
syringe (disposable).... 328, 381
SYRINGE 3CC/20GX1... 328, 381
SYRINGE 3CC/21GX1... 328, 381
SYRINGE 3CC/21GX1-1/2..... 328, 381
SYRINGE 3CC/22GX1... 328, 381

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

SYRINGE 3CC/22GX3/4 328, 381
SYRINGE 3CC/25GX1 ... 328, 381
SYRINGE AVITENE 271
syringe with needle 328, 381
syringe with needle, safety 328, 381
SYRINGE WITHOUT NEEDLE 328, 381
syringe, enfit, non-sterile 297, 381, 382
syringe, enfit, sterile 297, 382
T
T SLIM X2 CONTROL-IQ 336, 382
T.R.U.E. TEST ALLERGEN 83
TABLOID 60
TABRECTA 71
TACHOSIL 271
tacrolimus 184, 279
tadalafil 203, 257
tadalafil (pulm. hypertension) 116
TAFINLAR 62
tafluprost (pf) 412
TAGITOL V 199
TAGRISSO 56
TAKE ACTION 169, 170
TAKHZYRO 114
TALICIA 247
TALTZ AUTOINJECTOR 177
TALTZ AUTOINJECTOR (2 PACK) 177
TALTZ AUTOINJECTOR (3 PACK) 177
TALTZ SYRINGE 177
TALZENNA 69
tamoxifen 72
tamsulosin 257
TANDEM MOBI AUTOSOFT 30 KT 23 ..... 337, 382
TANDEM MOBI AUTOSOFT XC KIT 5 ..... 337, 382
TANDEM MOBI AUTOSOFT XC KT 23 ..... 337, 382
TANDEM MOBI CARTRIDGE 309, 382
TANDEM MOBI SYSTEM 336, 382
TANDEM MOBI TRUSTEEL KIT 23 ..... 337, 382
Tarina 24 Fe 164
Tarina Fe 1/20 (28) 164
Tarina Fe 1-20 Eq (28) ... 164
TARON-PREX PRENATAL-DHA 207, 213
TARPEYO 231
TASCENSO ODT 398
TASIGNA 71
tasimelteon 144
tavaborole 181
TAVALISSE 263
TAVNEOS 20
TAYTULLA 164
tazarotene 182, 194
TAZVERIK 64
TD GOLD TEST STRIP . 293, 382
TDVAX 90
TECENTRIQ 75
TECENTRIQ HYBREZA ... 75
TECHLITE LANCETS 304, 382
TEGLUTIK 281
TEGRETOL 121, 141
TEGRETOL XR 121, 141
TELCARE LANCETS 304, 382
TELCARE TEST STRIPS 293, 382
TELIORA 190
telmisartan 101
telmisartan-amlodipine . 100
telmisartan-hydrochlorothiazid 100
temazepam 139, 149
TEMBEXA 53
TEMODAR 57
temozolomide 57
TEMPO REFILL KIT WITH GAUZE 304, 382
temsirolimus 68
Tencon 20
TENDERA-OB 213
TENIVAC (PF) 91
tenofovir disoproxil fumarate 43, 47
TEPADINA 56
TEPEZZA 239
TEPMETKO 71
terazosin 113
terbinafine hcl 36
terbutaline 422
terconazole 429
teriflunomide 398
teriparatide 225
Terrell 31
TERSI FOAM 183
TERUMO ALLERGY SYRINGE 328, 382
TERUMO HYPODERMIC NEEDLE/SYRIN .. 328, 382
TERUMO SYRINGE 328, 383
TEST N'GO TEST ... 293, 383
testosterone 219
testosterone cypionate . 219
testosterone enanthate . 219
tetrabenazine 147
tetracaine hcl 407
tetracaine hcl (pf) 407
tetracycline 53
TEVIMBRA 76
Texacort 189
TEZSPIRE 420, 421
THALOMID 37, 73
THEO-24 421
theophylline 421
THERANATAL 214
THERANATAL COMPLETE 214
THERANATAL ONE 214
THERANATAL OVAVITE 214
THERANATAL PLUS 214
thiamine hcl (vitamin b1) 216
THIN LANCETS 304, 383

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

THIOLA EC 255
thioridazine 133
thiotepa 56
thiothixene 133
THRESHOLD IMT TRAINER 334, 383
THRESHOLD PEP DEVICE 334, 383
THRIVITE RX 214
THROMBIN-JMI 271
THYMOGLOBULIN 87
THYQUIDITY 240
THYROGEN 202
thyroid (pork) 240
Tiadylt Er 109
tiagabine 119
TIBSOVO 68
TIGLUTIK 281
Tilia Fe 167
timol-brimon-dorzol-bimato(pf) 400
timolol 407
timolol maleate 108, 407
timolol maleate (pf) 407
timolol-bimatoprost (pf) 405
timolol-brimonidi-dorzolam(pf) 405
timolol-dorzolam-bimatopro(pf) 405
tinidazole 39
tiopronin 255, 256
TIROSINT 240
TIROSINT-SOL 240
TISSEEL VHSD (APROTININ, SYN) 195
TIS-U-SOL PENTALYTE 205
TIVDAK 58, 77
TIVICAY 40
TIVICAY PD 40
tizanidine 284
TLANDO 220
TOBI PODHALER 424
TOBRADEX 401
TOBRADEX ST 401
tobramycin 410, 424
tobramycin in 0.225 % nacl 424
tobramycin with nebulizer 424
tobramycin-dexamethasone 401
tobramycin-vancomycin 402, 410
TOBREX 410
TOLAK 181
tolcapone 128
tolmetin 28
tolterodine 260
tolvaptan 112
TOOMEY SYRINGE 328, 383
TOPCARE UNIVERSAL1 LANCET 304, 383
topiramate 121, 122
topotecan 73
toremifene 72
TORONOVA II SUIK 28
TORONOVA SUIK 28
Torpenz 68
torsemide 112
TOTALVISC 409
TOUJEO MAX U-300 SOLOSTAR 235
TOUJEO SOLOSTAR U-300 INSULIN 235
TOXICOLOGY SALIVA COLLECTION 201
TPOXX (NATIONAL STOCKPILE) 53
TRACLEER 115
TRADJENTA 220
tramadol 17
tramadol-acetaminophen 20
trandolapril 99
trandolapril-verapamil 98
tranexamic acid 270
tranylcypromine 124
TRANZAREL 196
travoprost 412
TRAZIMERA 78
trazodone 125
TRECATOR 45
TRELEGY ELLIPTA 424
TRELSTAR 67
TREMFYA 176, 249
TREMFYA PEN 249
treprostinil sodium 114
TRESIBA FLEXTOUCH U-100 235
TRESIBA FLEXTOUCH U-200 235
TRESIBA U-100 INSULIN 235
tretinoin 175
tretinoin (antineoplastic) 72
tretinoin microspheres . 175
TRETTEN 268
TREXALL 24, 59
triamcinolone acetonide 189, 395
triamterene 112
triamterene-hydrochlorothiazid 112
triazolam 139, 149
TRICARE 214
TRI-CHLOR 192
Triderm 189
trientine 33
Tri-Estarylla 167
TRIFERIC 206
trifluoperazine 133
trifluridine 411
trihexyphenidyl 129
TRIJARDY XR 224
TRIKAFTA 425
Tri-Legest Fe 167
Tri-Linyah 167
TRILOAN II SUIK 231
TRILOAN SUIK 231
Tri-Lo-Estarylla 167
Tri-Lo-Marzia 167
Tri-Lo-Mili 167
Tri-Lo-Sprintec 167
TRI-LUMA 185
TRILURON 283
trimethobenzamide 242
trimethoprim 36
Tri-Mili 167
trimipramine 127
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) 203
TRIMO-SAN JELLY 429

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

TRINATAL RX 1 214
TRINATE..... 214
TRINTELLIX 126
TRIPTODUR 237
TRISENOX..... 61
Tri-Sprintec (28)..... 167
TRIUMEQ..... 44
TRIUMEQ PD..... 44
TRIVISC..... 283
Trivora (28)..... 167
Tri-Vylibra 168
Tri-Vylibra Lo 168
TRODELVY..... 77
TROGARZO..... 39
TROJAN BARESKIN..... 308, 383
TROJAN EXTENDED PLEASURE..... 309, 383
TROJAN PLEASURE PACK 309, 383
TROJAN ULTRA RIBBED CONDOM 309, 383
TROJAN ULTRA THIN.. 309, 383
tropicamide..... 402
trospium..... 260
TRUDHESA 145
TRUE COMFORT ALCOHOL PADS..... 80
TRUE COMFORT LANCET 304, 383
TRUE COMFORT PRO ALCOHOL PADS..... 81
TRUE COVER CONDOM 309, 383
TRUE METRIX GLUCOSE TEST STRIP..... 293, 383
TRUE METRIX PRO TEST STRIP..... 293, 383
TRUEPLUS KETONE.... 336, 383
TRUEPLUS LANCETS.. 304, 383
TRUETEST TEST STRIPS 293, 384
TRUETRACK TEST 293, 384
TRULANCE 243, 248
TRULICITY 221
TRUMENBA..... 92
TRUQAP..... 53
TRUSKIN 197
TRUSTEX LATEX CONDOM 309, 384
TRUSTEX LUBRICATED CONDOMS..... 309, 384
TRUSTEX NON-LUB CONDOMS..... 309, 384
TRUSTEX-RIA LUB/SPERMICIDE..... 309, 384
TRUSTEX-RIA LUBRICATED CONDOMS 309, 384
TRUSTEX-RIA NON-LUB CONDOMS..... 309, 384
TRUXIMA..... 25, 63
TRYNGOLZA..... 98, 103
TUBERCULIN SYRINGE 329, 384
tuberculin-allergy syringes 329, 384
TUDORZA PRESSAIR ... 421
TUKYSA 64
Tulana..... 166
TURALIO 71
Turqoz (28)..... 164
TUXARIN ER 427
TWINRIX (PF)..... 83
TWIRLA 168
TWIST LANCETS ... 304, 384
TYBLUME..... 164
TYBOST..... 392
Tydemy..... 164
TYENNE..... 26
TYENNE AUTOINJECTOR 26
TYMBION..... 416
TYMLOS 225
TYRVAYA 427
TYSABRI 395
TYVASO 115
TYVASO DPI 115
TYVASO INSTITUTIONAL START KIT..... 115
TYVASO REFILL KIT..... 115
TYVASO STARTER KIT. 115
TZIELD..... 217
U
UBRELVY..... 145
UDENYCA 269
UDENYCA AUTOINJECTOR 269
UDENYCA ONBODY..... 269
ULESFIA..... 198
ULTICARE..... 329, 384
ULTICARE LOW DEAD SPACE SYRING.. 329, 384
ULTICARE SAFETY SYRINGE 329, 384
ULTICARE TB SAFETY SYRINGE 329, 385
ULTILET ALCOHOL SWAB 81
ULTILET BASIC LANCETS 304, 385
ULTILET CLASSIC LANCETS..... 304, 385
ULTILET LANCETS 304, 385
ULTILET SAFETY LANCETS..... 304, 385
ULTIMA TEST STRIPS.. 293, 385
ULTOMIRIS 262, 276
ULTRA FINE LANCETS 304, 385
ULTRA PRENATAL PLUS DHA..... 214
ULTRA THIN II LANCETS 304, 385
ULTRA THIN LANCETS 304, 385
ULTRA THIN PLUS LANCETS..... 304, 385
ULTRA TLC LANCETS. 304, 385
ULTRA-CARE LANCETS 304, 385
ULTRA-FINE INS SYR (HALF UNIT) 307, 385
ULTRA-FINE INSULIN SYRINGE 307, 308, 385

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

ULTRA-FINE PEN NEEDLE 308, 385
ULTRALANCE LANCETS 304, 385
ULTRASAL-ER..... 192
ULTRA-THIN II LANCETS 305, 386
ULTRATRAK..... 294, 386
ULTRATRAK ULTIMATE 294, 386
UNILET COMFORTOUCH LANCET..... 305, 386
UNILET GP LANCET 305, 386
UNILET LANCET.... 305, 386
UNILET LANCETS . 305, 386
UNILET SUPER THIN LANCETS..... 305, 386
UNISTIK 3 COMFORT LANCET..... 305, 386
UNISTIK 3 EXTRA LANCET 305, 386
UNISTIK 3 GENTLE 305, 386
UNISTIK 3 NORMAL LANCET..... 305, 386
UNISTIK COMFORT LANCETS..... 305, 386
UNISTIK CZT LANCET . 305, 386
UNISTIK EXTRA LANCETS 305, 386
UNISTIK NORMAL LANCETS..... 305, 386
UNISTIK PRO LANCET 305, 386
UNISTIK SAFETY... 305, 386
UNISTIK TOUCH LANCETS 305, 386
UNISTRIP1 TEST STRIP 294, 386
UNIVERSAL 1 LANCETS 305, 386
UPLIZNA..... 279
UPNEEQ (PF)..... 400
UPTRAVI 113
URAMAXIN..... 192
URAMAXIN GT..... 191
urea..... 192
UREA NAIL STICK..... 192
URETRON D-S 50, 258
URISTIX 4..... 201, 386
URISTIX REAGENT 201, 386
URO-458..... 50, 259
UROGESIC-BLUE 50, 259
URO-MP..... 51, 259
UROQID-ACID NO.2. 50, 258
ursodiol..... 244
UZEDY..... 131, 132
V
VABYSMO..... 399
VAFSEO 261
VAGINAL CONTRACEPTIVE FILM 170
valacyclovir..... 48
VALCHLOR 181
valganciclovir 46
valproic acid 119, 141
valproic acid (as sodium salt) 119, 141
valrubicin 74
valsartan 101
valsartan-hydrochlorothiazide .. 100
VALSTAR 74
VALTOCO..... 118, 139
Valtya..... 165
vancomycin 47
vancomycin in 0.9 % sodium chl..... 402
VANFLYTA..... 65
VANISHPOINT SYRINGE 329, 330, 386, 387
VANISHPOINT TUBERCULIN SYRINGE 330, 387
VANOXIDE-HC..... 174
VAQTA (PF)..... 83
vardenafil 203
varenicline tartrate..... 153
VARIBAR HONEY..... 199
VARIBAR NECTAR..... 199
VARIBAR PUDDING 199
VARIBAR THIN HONEY. 199
VARIBAR THIN LIQUID . 199
VARIVAX (PF) 88, 97
VARIZIG..... 87
VARUBI 243
VASCEPA..... 106
VASELINE WHITE PETROLEUM..... 194
VASHE..... 198
VAXCHORA ACTIVE COMPONENT..... 88, 93
VAXCHORA BUFFER COMPONENT..... 153
VAXCHORA VACCINE.... 88, 93
VAXELIS (PF). 83, 84, 91, 93
VAXNEUVANCE (PF)..... 92
VCF CONTRACEPTIVE FILM 170
VCF CONTRACEPTIVE GEL 170
VECTIBIX..... 78
VEGZELMA 55
VELETRI..... 115
Velivet Triphasic Regimen (28)..... 168
VELPHORO..... 257
VELSIPITY..... 250
VELTASSA..... 205
VEMLIDY 47
VENCLEXTA 61
VENCLEXTA STARTING PACK 62
venlafaxine..... 126
VENTAVIS 115
Venxxiva..... 256
VEOPOZ 241
VEOZAH 217
verapamil 102, 110
VERIFINE SAFETY LANCET MINI..... 305, 387
VERIFINE UNIVERSAL LANCET..... 305, 387
VERQUVO 102
VERSACLOZ..... 132
VERZENIO..... 64
VESICARE LS 259
Vestura (28)..... 165

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

VEVYE 404
V-GO 20 ..... 335, 387
V-GO 30 ..... 335, 387
V-GO 40 ..... 335, 387
VIBERZI 248, 252
Vienva 165
vigabatrin 120
Vigadrone 120
VIGAFYDE 120
Vigpoder 120
VIJOICE 392
vilazodone 126
VILTEPSO 282
VIMIZIM 390
VIMPAT 119
vinblastine 74
vinorelbine 74
VIOKACE 244
Viorele (28) 157
VIRACEPT 52
VIREAD 43, 47
VISCO-3 283
VISTASEAL-FIBRIN SEALANT 272
VISUDYNE 409
VITAFOL FE+ (WITH DOCUSATE) 214
VITAFOL GUMMIES 214
Vitamin D2 216
VITAMIN K 217
Vitamin K1 217
VITRAKVI 74
VIVAGUARD INO TEST STRIP 294, 387
VIVAGUARD LANCET .. 305, 387
VIVAGUARD SAFETY LANCET 305, 387
VIVIMUSTA 57
VIVITROL 151
VIVJOA 37
VIVOTIF 88, 91
VIZIMPRO 56
VOCABRIA 40
Volnea (28) 157
VONJO 66
VONVENDI 270
VOQUEZNA 241
VOQUEZNA DUAL PAK 247
VOQUEZNA TRIPLE PAK 247
VORANIGO 54
VORAXAZE 79
voriconazole 37
VORTEX HOLDING CHAMBER 334, 387
VORTEX VHC FROG MASK-CHILD 334, 387
VORTEX VHC LADYBUG MASK-TODDLR .. 334, 387
VORTEX VHC PEDIATRIC MASK 334, 388
VOSEVI 48
VOWST 241
VOXZOGO 225
VOYDEYA 261, 262
VP-CH-PNV 214
VPRIV 389
VRAYLAR 135, 142
VTAMA 182
VUEBLU 201
VUITY 400
VUMERITY 397
VYALEV 128
VYEPTI 144
Vyfemla (28) 165
VYLEESI 144
Vylibra 165
VYLOY 53
VYNDAMAX 218
VYNDAQEL 219
VYONDYS-53 282
VYVANSE 138
VYVGART 281
VYVGART HYTRULO 281
VYXEOS 58
VYZULTA 412
W
WAINUA 219
WAKIX 148
warfarin 262
water for injection, sterile 205
water for irrigation, sterile 206
WAVESENSE JAZZ 294, 388
WAVESENSE PRESTO . 294, 388
WAYZEN 191
WEBCOL 81
WEGOVY 431
WELIREG 65
Wera (28) 165
WESNATAL DHA COMPLETE 215
WESTAB PLUS 215
WIDE-SEAL DIAPHRAGM 60 ..... 295, 388
WIDE-SEAL DIAPHRAGM 65 ..... 296, 388
WIDE-SEAL DIAPHRAGM 70 ..... 296, 388
WIDE-SEAL DIAPHRAGM 75 ..... 296, 388
WIDE-SEAL DIAPHRAGM 80 ..... 296, 388
WIDE-SEAL DIAPHRAGM 85 ..... 296, 388
WIDE-SEAL DIAPHRAGM 90 ..... 296, 388
WIDE-SEAL DIAPHRAGM 95 ..... 296, 388
WILATE 267
WILZIN 33
WINLEVI 171
WINREVAIR 98
WINRHO SDF 87
Wixela Inhub 424
WOMEN'S PRENATAL PLUS DHA 215
WOUNDGELHA MATRIX 194
Wymzya Fe 165
WYNZORA 175
X
XADAGO 129
XALIX 192
XALKORI 57
Xarah Fe 168
XARELTO 264

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

XARELTO DVT-PE TREAT 30D START 264
XATMEP 24, 59
XCLAIR 186
XCOPRI 124
XCOPRI MAINTENANCE PACK 124
XCOPRI TITRATION PACK 124
XDEMVY 399
XELJANZ 27, 250
XELJANZ XR 27, 250
XELPROS 412
XELSTRYM 138, 143
XEMBIFY 86
XENLETA 51
XENON XE-133 202
XENOVIEW PATIENT DOSE 202
XENOVIEW PREPARATION GAS BLEND 202
XENPOZYME 389
XEOMIN 284
XEPI 178
XERMELO 241
XGEVA 239
XHANCE 427
XIAFLEX 283
XIFAXAN 52
XIGDUO XR 222
XIIDRA 404
XIPERE (PF) 404
XIRUN 191
XOFLUZA 49
XOLAIR 418
XOLREMDI 263
XOSPATA 65
XPHOZAH 203
XPOVIO 64, 72
XROMI 276
XTAMPZA ER 17, 18
XTANDI 58
Xulane 168
XULTOPHY 100/3.6 224
XURIDEN 391
XYNTHA 268
XYNTHA SOLOFUSE 268
XYOSTED 220
XYWAV 148
Y
YALE DISPOSABLE NEEDLES 330, 388
Yargesa 391
YASMIN (28) 165
YAZ (28) 165
YCANTH 192
YERVOY 64
YESINTEK 175, 176, 248
YOKATAR 185
YONDELIS 75
YONSA 55, 58
YORVIPATH 238
YUPELRI 421
Yuvafem 429
Z
Zafemy 168
zafirlukast 420
zaleplon 149
ZALTRAP 77
ZANOSAR 75
Zarah 165
ZARXIO 269
ZAVZPRET 145
ZEGALOGUE AUTOINJECTOR 218
ZEGALOGUE SYRINGE 218
ZEJULA 69
ZELAPAR 129
ZELBORAF 62
ZEMAIRA 426
Zenatane 171
ZENPEP 244
Zenzedi 138, 143, 149
ZEPATIER 48
ZEPBOUND 430
ZEPOSIA 250, 398
ZEPOSIA STARTER KIT (28-DAY) 250, 398
ZEPOSIA STARTER PACK (7-DAY) 251, 398
ZEPZELCA 75
ZETONNA 427
zidovudine 42
ZIEXTENZO 269
ZIIHERA 53
ZILBRYSQ 282
ZIMHI 34
ziprasidone hcl 130, 142
ZIRABEV 55
ZIRGAN 411
ZITHRANOL 183
ZOKINVY 393
ZOLADEX 67
zoledronic acid 226
zoledronic acid-mannitol-water 226
zoledronic ac-mannitol-0.9nacl 226
ZOLINZA 65
zolmitriptan 146
zolpidem 149
ZOMACTON 232
Zomig 146
ZONISADE 123
zonisamide 123
ZONTIVITY 275
ZORYVE 178, 183
Zovia 1-35 (28) 165
ZTALMY 122
ZUBSOLV 150
ZULRESSO 124
Zumandimine (28) 165
ZUNVEYL 154
ZURZUVAE 124
ZYDELIG 69
ZYKADIA 57
ZYLET 401
ZYMFENTRA 22, 252
ZYNLONTA 62
ZYNYZ 76
ZYPRAM 32
ZYPREXA RELPREVV ... 134

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