

California

2022 Prescription Drug Formulary

(List of Covered Drugs)

Bright HealthCare Individual and Family Plans

Our Prescription Drug Formulary includes a list of drugs covered by Bright HealthCare Company of California. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at: <https://cdn1.brighthouseplan.com/docs/formulary/2022-ca-ifp-formulary-en.pdf>. Refer to the Certificate of Coverage for specific cost share information.

To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug, and press the “Enter” key. If you have questions or need more information, call us toll free at 833-726-0670.

Information regarding specific Prescription drug benefits and Prescription drug benefit exclusions can be located in Your Evidence of Coverage. For plan and coverage documents visit, <https://brighthousecare.com/individual-and-family/resource/member-hub>.

California Individual & Family Plans (Off-Exchange) If you have questions about your pharmacy coverage call Bright HealthCare Customer Service at 833-726-0670.

Hours of Operation 8:00am – 8:00pm Monday through Friday

California Individual & Family Plans (On-Exchange) If you have questions about your pharmacy coverage call Bright HealthCare Customer Service at 833-726-0670.

Hours of Operation 8:00am – 8:00pm Monday through Friday

This Formulary corresponds with the following plans:

Minimum Coverage HMO	Bronze 60 HDHP HMO AI-AN	Silver 94 HMO
Bronze 60 HMO	Silver 70 HMO	Gold 80 HMO
\$0 Cost Share HMO AI-AN	Silver 70 HMO AI-AN	Gold 80 HMO AI-AN
Bronze HMO AI-AN	Silver 73 HMO	Platinum 90 HMO
Bronze 60 HDHP HMO	Silver 87 HMO	Platinum 90 HMO AI-AN

This Formulary was updated on 12/01/2022. For more recent information or other questions, please contact us at 833-726-0670 or visit www.brighthousecare.com.

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Welcome to Bright HealthCare

Enclosed you will find a list of the drugs included in our Bright HealthCare Individual and Family plans from January 1, 2022 - December 31, 2022.

As you review, be sure to have your medications on hand so you can confirm your Prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (Formulary) included in our Individual and Family plans.

For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

As a Bright HealthCare Member, you must generally use in-network pharmacies to fill your Prescriptions. Benefits, Formulary, pharmacy network, and/or Copayments/Coinsurance may change on January 1ST and from time to time during the 2022 calendar year.

Have a Bright day!

Sincerely,
Your Bright HealthCare Team

Contact Us

Please contact Us for more information about your Prescription Drug Benefits or any other questions about Your Bright HealthCare coverage. Bright HealthCare Customer Service can assist You with:

- Questions about the Prescription Drug Benefits of Your plan;
- What You can expect to pay for medications listed on the Formulary; and
- How Your Provider can submit a request for a Prior Authorization or Step therapy exceptions.

Questions About Your Benefits

Customer Service:
833-726-0670
TTY: 711

On Our Website at:
www.brighthealthcare.com

To Send Us Claims or Other Written Correspondence, Mail to:

Claim Submissions and Correspondence Address:

MedImpact Healthcare Systems, Inc.
ATTN: Claims Dept
PO Box 509098
San Diego, CA 92150-9098

Definitions

Information about Defined Terms

The Definitions section of this Policy will help you understand the content. When you see a word or term that begins with a capital letter, you will find it in the Definitions section. Please read the Definition to find out what a word or term means.

When You see the words "We," "Us," and "Our," We are referring to Bright HealthCare. When You see the words "You" and "Your," We are referring to Covered Persons. If the Covered Person is underage 18, "You" and "Your," refer to the Responsible Adult.

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

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

"Copayment" is a fixed dollar amount that an Enrollee pays for a covered health care benefit after the Enrollee has paid the Deductible, if a Deductible applies to the health care benefit, such as the Prescription drug benefit.

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

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

"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to Enrollees in this Formulary template shall also include subscribers as defined below.

"Exception request" is a request for coverage of a Prescription drug. If an Enrollee, his or her designee, or prescribing health care provider submits an Exception request for coverage of a Prescription drug, the health plan must cover the Prescription drug when the drug is determined to be Medically Necessary to treat the Enrollee's condition.

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

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

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

“Nonformulary drug” is a Prescription drug that is not listed on the health plan’s Formulary.

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

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

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

“Prescription drug” is a drug that is prescribed by the Enrollee’s Prescribing provider and requires a Prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the Enrollee or the Enrollee’s Prescribing provider obtain the health plan’s authorization for a Prescription drug before the health plan will cover the drug. The health plan shall grant a Prior Authorization when it is medically necessary for the Enrollee to obtain the drug.

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

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

What is a Formulary (drug list)?

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.

Can the Formulary change?

Generally, if you are taking a drug on our 2022 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the coverage year except

when a new, less expensive Generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

We update the formulary on the first day of every month. Changes may include:

- Removing a drug or dosage form of a drug from the formulary;
- Changes in tier placement of a drug that results in a change in cost sharing;
- Revising utilization management procedures that apply to a drug.

If these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons. The notice will include a description of the types of changes we may make to the formulary, the date on which the change will be effective, and a description of the following: change in drug or dosage form, changes in tier placement of a drug that results in an increased cost sharing, and any changes of utilization management restrictions, including any additions of these restrictions.

We feel it is important that you have continued access for the remainder of the coverage year to the Formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug. To get updated information about the drugs covered by Bright HealthCare, please contact us at the phone number listed on the cover page of this document.

How do I find a drug on the Formulary?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

1. Search Tool: Open the List of Drugs (PDF). Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug. Press the "Enter" key.
2. Alphabetical Index: The index at the end of the PDF lists the names of Generic and Brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.
3. Categorical list: The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a Generic equivalent for a Brand name drug is not available in the market or not covered, the Generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its Brand and Generic drug names in its therapeutic category and class.

Example:

Prescription Drug Name	Drug Tier	Requirements and Limits
Respiratory Therapy Agents - Drugs for the Lungs		
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
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 (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	QL (12 GM per 30 days)

The Generic drug name for a Brand drug is included after the Brand name in parentheses and all bold italicized lowercase letters.

Brand name drug example: ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone propionate-salmeterol xinafoate*)

If a Generic equivalent for a Brand name drug is both available and covered, the Generic drug will be listed separately from the Brand name drug in all bold and italicized lowercase letters.

Generic drug example: *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg (2.5 mg base)/3 ml*

If a Generic drug is marketed under a proprietary, trademark-protected Brand name, the Brand name will be listed after the Generic name in parentheses and regular typeface with the first letter of each word capitalized.

Generic drug marketed under a proprietary Brand name example: *drospirenone-ethinyl estradiol oral tablet 3-0.03mg* (Zarah).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- Prior Authorization:** We require you or your Prescribing provider to get Prior Authorization for certain drugs. This means that you will need to get approval from Bright HealthCare before you fill your Prescriptions. If you do not get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover for a specific period of time. Quantity Limits may be based on a maximum daily dose, the maximum amount of drug allowed over a period of time, and/or the maximum number of dosage units covered over a period of time.
- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the Formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website, www.brighthealthcare.com. We have posted online documents that explain our Prior Authorization restriction and Step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request a Prior Authorization, Step therapy, or an Exception to the Bright HealthCare Formulary?” for information about how to request an Exception.

If Bright HealthCare has previously approved coverage of the requested drug for your medical condition, your Prescribing provider continues to prescribe the drug for the same condition, the drug is appropriately prescribed, and the drug is safe and effective for your medical condition, Bright HealthCare will not exclude coverage for this drug.

What if my drug is not on the Formulary?

Drugs that are not listed on our Formulary are not covered unless medically necessary and an Exception request is approved. The health plan shall cover Nonformulary drugs when medically necessary. If your drug is not included in this Formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Bright HealthCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright HealthCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Bright HealthCare.
- You can ask Bright HealthCare to make an exception and cover your drug. See below for information about how to request an Exception.

How do I request Prior Authorization, Step Therapy, or an Exception to the Bright HealthCare Formulary?

Prior Authorization

Certain drugs may require you or your Prescribing provider to get a Prior Authorization. You will need to get approval before filling your drug. The Prescription Drug Prior Authorization form is located on Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. Completed requests for Prior Authorization may be submitted by fax (858-790-7100), mail, or electronic submission through Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. You can also request a review by phone at (833)-726-0670.

Quantity limits

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright HealthCare limits the amount of the drug that we will cover. If your drug has a Quantity Limit, you can ask us to waive the limit and cover a greater amount. The request form is located on Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. Completed requests may be submitted by fax (858-790-7100), mail, or electronic submission through Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. You can also request a review by phone at (833)-726-0670.

Exceptions

Drugs not listed on the formulary are called Nonformulary drugs. Bright HealthCare will cover Nonformulary drugs when a Prescribing provider determines that the drug is medically necessary. You should contact us to ask us for an initial coverage decision for a Formulary, or utilization restriction exception. **When you request a Formulary or utilization restriction exception you should submit a statement from your prescriber or Prescribing provider supporting your request.**

The Exception request form is located on Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. Completed requests may be submitted by fax (858-790-7100), mail, or electronic submission through Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. You can also request a review by phone at (833)-726-0670.

Step therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called Step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to Step therapy. You or your doctor can request an exception if your health may be harmed by waiting. Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may

appeal the denial of an Exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. A request for an exception to a Step therapy requirement may be submitted in the same manner as a request for Prior Authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for Prior Authorization for Prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to Step therapy when you switch to enrolled in a Bright HealthCare plan, you will not have to undergo Step therapy and the drug will be approved for coverage when medically necessary.

The Step therapy exception request Form is located on Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. Completed requests for Step therapy may be submitted by fax (858-790-7100), mail, or electronic submission through Bright HealthCare's website at <https://brighthousehealthcare.com/individual-and-family/drug-search>. You can also request a review by phone at (833)-726-0670.

When will I know the decision?

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

If we fail to respond to a completed Prior Authorization or Step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on Exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

How long will my approval last?

For non-urgent requests if we approve your drug's exception, the approval continues for the duration of the Prescription, including refills. For Exigent circumstances, if we approve your drug's exception, the approval continues for the duration of the exigency, including refills. If we approve an exception for a drug that is not on the drug list, the Tier 4 Copayment applies.

What can I do if I don't agree with the decision?

You may file a grievance or complaint, pursuant to section 1368 of the Health and Safety Code, relating to denial of a coverage request. The coverage documents will provide information on appeal rights and procedures.

How do I fill a Prescription?

Participating Retail Pharmacy

You can fill Prescriptions at any participating (network) pharmacy unless it is a Prescription for a specialty drug. Bright HealthCare has a wide network of retail pharmacies. To find a network

pharmacy, visit <https://brighthouse.com/individual-and-family/resource/know-your-network>. The tool allows you to search pharmacies by Zip code, city, county, state.

Many pharmacies allow you to fill your Prescription over the phone or online. Contact your pharmacy by calling the phone number on your Prescription label.

Specialty Drugs

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs will fall under Tier 4, but not all Tier 4 drugs are Specialty drugs. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery. Specialty drugs are shown on the Formulary with SP in the Requirements/Limits column.

Mail Order Pharmacy

Bright HealthCare offers an easy to mail order program through a network of pharmacies. To find a participating mail order pharmacy, visit <https://brighthouse.com/individual-and-family/resource/know-your-network>. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition.

To use the mail order pharmacy, your doctor must provide a new Prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website, or you may call us at the telephone number on your ID card or on the front cover of this book to request a form.

What drugs are covered under my medical benefit versus the Outpatient Prescription Drug Benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug.

FDA-approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage are included in your Outpatient Prescription Drug Benefit.

For additional information, refer to your Certificate of Coverage or call the customer service number on your Bright HealthCare member ID card.

What are Preventive health drugs?

Select drugs used for preventive care are available at no cost to you. Preventive drugs are determined by the United States Preventive Services Task Force and are periodically updated. For additional information on preventive drugs, visit https://cdn1.brighthouse.com/docs/commercial-resources/2022_IFP_PreventiveDrugList.pdf

Are contraceptives covered?

Your plan includes coverage for a variety of U.S. Food and Drug Administration (FDA) approved

contraceptive drugs and devices. If your Prescribing provider determines that none of the covered methods on the drug list are medically appropriate for you, or if a covered therapeutic equivalent of a drug, device, or product is not available and it is medically necessary for you, we will provide coverage subject to plan limitations and restrictions. Prior Authorization or Step therapy may be required for some other FDA-approved Prescription contraceptive drugs, devices, or products prescribed by your physician.

What is covered for the treatment of diabetes under the Outpatient Prescription Drug Benefits?

Coverage is provided for the following FDA approved prescription drugs:

- Insulin
- Certain prescription drugs for the treatment of diabetes
- Glucagon

Coverage is provided for the following supplies for the management and treatment of diabetes as medically necessary:

- Blood glucose monitors and testing strips (including monitors to assist the visually impaired)
- Insulin pumps and necessary supplies
- Ketone urine testing strips
- Lancets and lancing devices
- Pen delivery systems for insulin administration
- Insulin syringes

Additional information on the specific products covered are included in the formulary drug list below.

Orally Administered Anti-Cancer Drugs

Per state law, orally administered anti-cancer drugs used to kill or slow the growth of cancerous cells are subject to a maximum \$250 Copayment for a one-month supply, after any required Deductible has been met (or \$750 maximum for a three-month supply through mail order).

Our Formulary

The Formulary below provides coverage information about the drugs covered by our Bright HealthCare Individual and Family plans. If you have trouble finding your drug in the list, turn to the Index at the end of the Formulary.

The first column of the chart lists the drug name. Brand name drugs are in all CAPITAL letters, and Generic drugs are listed in ***bold and italicized*** lowercase letters.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug Tiers are how we divide Prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here is what the Drug Tier tells you.

- Tier 1: Mostly Generic and low-cost preferred Brand name drugs
- Tier 2: Non-preferred Generic drugs, preferred Brand name drugs, and any other drugs

recommended by Our pharmacy and therapeutics committee based on safety, efficacy, and cost.

- Tier 3: Non-preferred Brand name drugs or drugs that are recommended by Our pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier 4: Biologics, drugs that the Food and Drug Administration of the United States Department of Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the Member to have special training or clinical monitoring for self-administration, or drugs that cost Us more than six hundred dollars (\$600) net of rebates for a one-month supply.

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug. Requirements/Limits are defined as:

Formulary Designation	Requirement/ Limit	Description
ACA	Affordable Care Act Preventative Drugs	Affordable Care Act (ACA) preventative health drugs, including contraceptive drugs and devices, that are available at no cost share to you.
AGE	Age Limit	The drug is limited to a certain age range. If your age falls outside of this range, Prior Authorization is required.
OAC	Oral Anti-Cancer Drugs	These drugs are used to kill or slow the growth of cancerous cells and are subject to a maximum \$250 copay for a one-month supply after any required deductible has been met.
OTC	Over the Counter	These drugs are also available for purchase without a Prescription. In order to receive them through your Prescription benefits, you must have a Prescription from your Prescribing provider.
PA	Prior Authorization	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.
SP	Specialty Pharmacy	The drug is only available through select specialty pharmacies.
ST	Step therapy	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.
QL	Quantity Limit	The Prescription quantity of the drug that is covered is limited. For amounts over the limit, Prior Authorization is required.

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Informational Section

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (<i>morphine sulfate/pf</i>)	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	Tier 2	PA; ST; QL (20 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	PA; ST; QL (10 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 3	PA; ST; QL (60 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	QL (240 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 3	PA; ST; QL (30 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 3	PA; ST; QL (60 EA per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 3	
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST
<i>methadone intensol oral concentrate 10 mg/ml</i>	Tier 1	ST
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	ST
<i>methadone oral tablet 10 mg</i>	Tier 1	ST; QL (240 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	Tier 1	ST
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	ST; QL (27 EA per 90 days)
<i>methadose oral tablet, soluble 40 mg</i>	Tier 1	ST; QL (27 EA per 90 days)
<i>morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine injection solution 4 mg/ml</i>	Tier 1	
<i>morphine injection syringe 4 mg/ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
MORPHINE ORAL TABLET 15 MG, 30 MG	Tier 1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier 3	
<i>morphine rectal suppository 30 mg</i>	Tier 2	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (390 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (180 EA per 30 days)
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (180 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 1	
<i>endocet oral tablet 5-325 mg</i>	Tier 1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	QL (360 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (<i>buprenorphine hcl</i>)	Tier 1	PA; ST
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	PA; ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	PA; ST
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 2	QL (48 EA per 25 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>fioricet oral capsule 50-300-40 mg</i>	Tier 2	QL (48 EA per 25 days)
<i>zebutal oral capsule 50-325-40 mg</i>	Tier 2	QL (48 EA per 25 days)
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
DMARD - Antimetabolites - Arthritis and Pain Drugs		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OAC
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>gengraf oral solution 100 mg/ml</i>	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA; SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA; SP
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	QL (30 EA per 30 days)
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	OTC
<i>children's profen ib oral suspension 100 mg/5 ml</i>	Tier 1	OTC
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	QL (48 EA per 25 days)
Salicylate Analgesics - Arthritis and Pain Drugs		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>adult low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin childrens oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin oral tablet 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer aspirin oral tablet 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>children's aspirin oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	Tier 1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
Anesthetics - Drugs for Pain and Fever		
Local Anesthetic - Amides - Drugs for Sedation		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %)</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (150 GM per 90 days)
Anorectal Preparations - Rectal Preparations		
Anorectal - Glucocorticoids - Rectal Preparations		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	Tier 1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA; SP; QL (180 EA per 30 days)
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA; SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 2	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	Tier 2	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
Anti-Infective Agents - Drugs for Infections		
Aminoglycoside Antibiotic - Antibiotics		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	Tier 1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	Tier 1	QL (28 EA per 14 days)
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 4	QL (12 EA per 365 days)
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (10 EA per 30 days)
Anthelmintic Agents Other - Drugs for Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 4	PA
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
Antifungal - Triazoles - Drugs for Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 2	PA
<i>itraconazole oral solution 10 mg/ml</i>	Tier 4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 4	PA
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 4	PA; SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (30 EA per 30 days)
Antimalarials - Drugs for Parasites		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PRIMAQUINE ORAL TABLET 26.3 MG	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 3	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 4	PA
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 4	QL (120 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 4	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 4	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Tier 4	QL (60 EA per 30 days)
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 4	QL (60 EA per 30 days)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	Tier 4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 4	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Tier 4	QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	Tier 4	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	Tier 4	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 4	QL (480 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG (<i>efavirenz</i>)	Tier 4	QL (90 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG (<i>efavirenz</i>)	Tier 4	QL (360 EA per 30 days)
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
<i>abacavir oral solution 20 mg/ml</i>	Tier 4	QL (900 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 4	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir/ritonavir</i>)	Tier 4	QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 4	QL (450 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 4	QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 4	QL (180 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (60 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir sulfate/lamivudine/zidovudine</i>)	Tier 4	QL (60 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 4	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 4	QL (30 EA per 30 days)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 3	PA
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
Carbapenem Antibiotic Combinations - Antibiotics		
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 3	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (<i>cefixime</i>)	Tier 3	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
<i>valganciclovir oral tablet 450 mg</i>	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML (<i>ciprofloxacin</i>)	Tier 3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	Tier 3	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 10 gram</i>	Tier 3	
<i>vancomycin intravenous recon soln 750 mg</i>	Tier 1	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 4	QL (40 EA per 10 days)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	SP
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (<i>lamivudine</i>)	Tier 3	QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	QL (90 EA per 30 days)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	PA; SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA; SP
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	Tier 4	PA; SP
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 2	QL (20 EA per 5 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fidaxomicin</i>)	Tier 4	PA
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 4	PA
<i>e.e.s. 400 oral tablet 400 mg</i>	Tier 3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 3	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 3	
Misc Anti-Infective - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 4	
<i>linezolid oral tablet 600 mg</i>	Tier 2	QL (60 EA per 30 days)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Polymyxins and Derivatives - Single Agents - Antibiotics		
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 4	QL (120 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	Tier 4	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	Tier 4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	Tier 4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	Tier 4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	Tier 4	QL (30 EA per 30 days)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	Tier 4	QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 4	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	Tier 4	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	Tier 4	QL (1575 ML per 28 days)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 4	QL (450 ML per 30 days)
<i>ritonavir oral tablet 100 mg</i>	Tier 4	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 4	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 4	QL (120 EA per 30 days)
Rifamycins and Related Derivative Antibiotics - Antibiotics		
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 4	PA; QL (180 EA per 90 days)
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 3	QL (20 EA per 1 FILL); Age (Min 12 Years)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 3	QL (30 EA per 1 FILL); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
<i>lagevrio (eua) oral capsule 200 mg</i>	Tier 3	QL (40 EA per 1 FILL); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 3	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>mondoxylene oral capsule 100 mg</i>	Tier 2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	Tier 3	
Antineoplastics - Drugs for Cancer		
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; SP; OAC
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 4	PA; SP
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP; OAC
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier 1	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 4	PA; SP; OAC
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 3	PA; SP
<i>melphalan oral tablet 2 mg</i>	Tier 3	PA; OAC
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 4	PA; SP; OAC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	Tier 2	SP
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 3	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	Tier 4	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; SP; OAC
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	Tier 4	PA; SP; OAC
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 4	PA; SP; OAC
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; SP; OAC; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OAC
<i>flutamide oral capsule 125 mg</i>	Tier 2	OAC
<i>nilutamide oral tablet 150 mg</i>	Tier 4	PA; SP; OAC
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; SP; OAC; QL (120 EA per 30 days)
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 4	PA; SP
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA; SP
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OAC
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 4	PA; SP; OAC
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	Tier 1	
<i>capecitabine oral tablet 150 mg</i>	Tier 4	PA; SP; OAC; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	Tier 4	PA; SP; OAC; QL (300 EA per 30 days)
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 1	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	SP
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	Tier 1	
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	Tier 1	
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier 3	PA; SP
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 3	PA; SP
<i>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)</i>	Tier 3	PA; SP
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OAC
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>anastrozole oral tablet 1 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; OAC; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; OAC; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OAC; QL (30 EA per 30 days)
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; SP; OAC; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; SP; OAC; QL (21 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	Tier 4	PA; SP; OAC; QL (56 EA per 28 days)
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 2	SP
<i>toposar intravenous solution 20 mg/ml</i>	Tier 1	
Antineoplastic - Estrogen Receptor Antagonist - Drugs for Cancer		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 4	PA; SP
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA; SP; OAC
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (<i>leuprolide mesylate</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	Tier 4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 3	
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; SP; OAC; QL (120 EA per 30 days)
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
Antineoplastic - Platinum Complexes - Drugs for Cancer		
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	SP
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; SP; OAC; QL (120 EA per 30 days)
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OAC
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	Tier 4	PA; SP; OAC; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; SP; OAC; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; SP; OAC
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) (<i>lenvatinib mesylate</i>)	Tier 4	PA; SP; OAC; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 4	PA; SP; OAC; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 4	PA; SP; OAC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; SP; OAC; QL (30 EA per 30 days)
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	PA; SP; OAC
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; OAC
<i>toremifene oral tablet 60 mg</i>	Tier 4	PA; SP; OAC
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; SP; OAC
Antineoplastic - Taxanes - Drugs for Cancer		
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	PA; SP
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 4	PA; SP
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	Tier 4	PA; SP; OAC; QL (28 EA per 28 days)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	Tier 4	PA; SP; OAC; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4	PA; SP; OAC; QL (21 EA per 21 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 5 MG (<i>lenalidomide</i>)	Tier 4	PA; SP; OAC; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 25 MG (<i>lenalidomide</i>)	Tier 4	PA; SP; OAC; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>thalidomide</i>)	Tier 4	PA; SP
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 1	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 1	SP
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 1	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 2	OAC
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 2	OAC
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Tier 2	PA; OAC
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 2	OTC
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
IV PREP WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 2	OTC
Biologicals - Biological Agents		
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	Tier 4	PA; SP
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	Tier 1	ACA; QL (4 ML per 365 days); Age (Min 18 Years)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	ACA; QL (4 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	ACA; QL (4 ML per 365 days); Age (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 18 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoform s,m,l/pf</i>)	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 1	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
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 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	Tier 4	PA; SP
Live Vaccine and Live Virus Formulations - Vaccines		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	Tier 1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	Tier 1	
Toxoid Vaccine Combinations - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5- 8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	Tier 1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	Tier 1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG- 10 LF/0.5 ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	Tier 1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG- 25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diphth,pertus(acell),tet,polio vaccine/pf</i>)	Tier 1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML (<i>diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf</i>)	Tier 1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphther,pertus(acel),tetanus,polio vacc,component 1 of 2/pf</i>)	Tier 1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	Tier 1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML (<i>tetanus,diphtheria toxoid ped/pf</i>)	Tier 1	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	Tier 1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	Tier 1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	Tier 1	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf</i>)	Tier 1	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	Tier 1	ACA; QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 1	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 1	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>)	Tier 1	QL (0.5 ML per 365 days)
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	Tier 1	ACA; QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid-19 vac mrna, tris(pfizer)/pf</i>)	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 11 Years)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>covid-19 vac, ad26.cov2.s (janssen)/pf</i>)	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 18 Years)
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid-19 vaccine mrna, original, omicron ba.4/5(moderna)/pf</i>)	Tier 1	QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid-19 vaccine, mrna, Inp-s, pediatric (moderna)/pf</i>)	Tier 1	AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days)
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>)	Tier 1	QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>)	Tier 1	QL (0.5 ML per 24 days); Age (Min 11 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</i>)	Tier 1	QL (0.5 ML per 17 days); Age (Min 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid-19 vac mrna, tris(pfizer)/pf</i>)	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML (<i>covid-19 vac mrna, tris(pfizer)/pf</i>)	Tier 1	ACA; QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML (<i>covid-19 vac mrna, tris(pfizer)/pf</i>)	Tier 1	AGE: 6 MONTHS TO 4 YEARS; ACA; QL (0.2 ML per 17 days)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML (<i>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</i>)	Tier 1	QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</i>)	Tier 1	QL (0.5 ML per 24 days); Age (Min 11 Years)
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	Tier 1	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	Tier 1	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days); Age (Min 65 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quad 2022-2023(6 month and older)cell derived/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i>)	Tier 1	ACA; QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (<i>influenza virus vaccine quadrival split 2022-23(65 yr up)/pf</i>)	Tier 1	ACA; QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>)	Tier 1	ACA; QL (0.5 ML per 180 days)
Vaccine Viral - Poliomyelitis - Vaccines		
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine, killed</i>)	Tier 1	
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 50 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (<i>varicella-zoster virus glycoprotein e,rec,component 2 of 2</i>)	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 18 Years)
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 18 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	Tier 1	
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 2	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 2	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (30 EA per 30 days)
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	
<i>nitro-time oral capsule, extended release 9 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	QL (378 GM per 30 days)
<i>cholestyramine light oral powder 4 gram</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 2	
<i>colestipol oral tablet 1 gram</i>	Tier 2	
<i>prevalite oral powder 4 gram</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>atorvastatin oral tablet 40 mg</i>	Tier 1	
<i>atorvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ACA
<i>simvastatin oral tablet 80 mg</i>	Tier 1	
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 2	QL (120 EA per 30 days)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 3	PA; QL (2 ML per 28 days)
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 3	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 3	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 3	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 3	PA; QL (2 ML per 28 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (30 EA per 30 days)
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 2	
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA; SP
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA; SP
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	Tier 1	
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 4	PA
<i>furosemide injection solution 10 mg/ml</i>	Tier 1	
<i>furosemide injection syringe 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 2	PA; QL (60 EA per 30 days)
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 4	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 4	PA; SP
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA; SP
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; SP
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 2	QL (30 EA per 30 days)
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) (<i>galcanezumab-gnlm</i>)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	
<i>diazepam injection solution 5 mg/ml</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 3	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	QL (2160 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 2	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	Tier 3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>epitol oral tablet 200 mg</i>	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	Tier 3	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 3	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>citalopram oral tablet 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 2	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 2	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 3	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 3	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 3	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 2	
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 4	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine injection solution 1 mg/ml</i>	Tier 1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 2	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
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 (<i>rotigotine</i>)	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 3	ST; QL (30 EA per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	Tier 4	PA
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 3	PA
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine oral tablet 10 mg, 25 mg</i>	Tier 2	
<i>chlorpromazine oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 3	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	Tier 4	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 3	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	Tier 1	QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	Tier 1	QL (30 EA per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 3	QL (180 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	Tier 2	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	QL (30 EA per 30 days)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 1	QL (150 ML per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epitol oral tablet 200 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 2	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 4	ST
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
<i>ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)</i>	Tier 1	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	Tier 2	
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 1	
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 4	PA; QL (8 ML per 30 days)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 3	QL (40 EA per 28 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 2	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 3	QL (6 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder		
<i>zenedi oral tablet 10 mg, 5 mg</i>	Tier 1	
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
Chemical Dependency, Agents to Treat - Drugs for Addiction		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (90 EA per 30 days)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (2 EA per 1 day)
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (24 EA per 1 day)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (20 EA per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (20 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	Tier 1	ST; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	Tier 1	ST; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA
<i>quit 2 buccal gum 2 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (24 EA per 1 day)
<i>quit 2 buccal lozenge 2 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (20 EA per 1 day)
<i>quit 4 buccal gum 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (24 EA per 1 day)
<i>quit 4 buccal lozenge 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (20 EA per 1 day)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA; QL (20 EA per 1 day)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; ACA
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>nebulal inhalation solution for nebulization 3 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (<i>vaccine adjuvant system, as01b/pf, component vial 1 of 2</i>)	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 50 Years)
Cognitive Disorder Therapy - Drugs for the Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral solution 2 mg/ml</i>	Tier 3	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 365 days)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 3	PA
Contraceptives - Drugs for Women		
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	Tier 1	ACA; QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	Tier 1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 1	ACA; QL (1 ML per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 1	ACA; QL (1 ML per 68 days)
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	Tier 1	ACA; QL (1 EA per 300 days)
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	Tier 1	ACA; QL (1 EA per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG (<i>levonorgestrel</i>)	Tier 1	ACA; QL (1 EA per 300 days)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG (<i>levonorgestrel</i>)	Tier 1	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	Tier 1	ACA; QL (1 EA per 300 days)
Contraceptive Oral - Biphasic - Birth Control Pills		
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	Tier 1	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Oral - Monophasic - Birth Control Pills		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	Tier 1	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>)	Tier 1	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA
<i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	Tier 1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Tier 1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	ACA
<i>elinest oral tablet 0.3-30 mg-mcg</i>	Tier 1	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>femynor oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	Tier 1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	Tier 1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	Tier 1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Tier 1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	Tier 1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	Tier 1	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (<i>drospirenone/estetrol</i>)	Tier 1	ACA; QL (1 EA per 1 day)
<i>nikki (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	Tier 1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	Tier 1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA
<i>pirmella oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>portia 28 oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	Tier 1	ACA
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	Tier 1	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	Tier 1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	Tier 1	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 1	ACA
<i>tyblume oral tablet,chewable 0.1 mg- 20 mcg</i>	Tier 1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	Tier 1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	Tier 1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	Tier 1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	Tier 1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	Tier 1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	Tier 1	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	Tier 1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	Tier 1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	Tier 1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	Tier 1	ACA
Contraceptive Oral - Progestin - Birth Control Pills		
<i>camila oral tablet 0.35 mg</i>	Tier 1	ACA
<i>deblitane oral tablet 0.35 mg</i>	Tier 1	ACA
<i>errin oral tablet 0.35 mg</i>	Tier 1	ACA
<i>heather oral tablet 0.35 mg</i>	Tier 1	ACA
<i>incassia oral tablet 0.35 mg</i>	Tier 1	ACA
<i>jencycla oral tablet 0.35 mg</i>	Tier 1	ACA
<i>lyleq oral tablet 0.35 mg</i>	Tier 1	ACA
<i>lyza oral tablet 0.35 mg</i>	Tier 1	ACA
<i>nora-be oral tablet 0.35 mg</i>	Tier 1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	ACA
<i>sharobel oral tablet 0.35 mg</i>	Tier 1	ACA
<i>SLYND ORAL TABLET 4 MG (28) (drospirenone)</i>	Tier 1	ACA
<i>tulana oral tablet 0.35 mg</i>	Tier 1	ACA
Contraceptive Oral - Quadruphasic - Birth Control Pills		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerate/dienogest</i>)	Tier 1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 1	ACA
Contraceptive Oral - Triphasic - Birth Control Pills		
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	Tier 1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	Tier 1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	ACA
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	Tier 1	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1	ACA
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 1	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	Tier 1	ACA
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 1	ACA
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (<i>segesterone acetate/ethinyl estradiol</i>)	Tier 1	ACA
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	ACA
Emergency Contraceptives - Birth Control Pills		
<i>after pill oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>aftera oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>econtra ez oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>econtra one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Tier 1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my choice oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>new day oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>take action oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Tier 1	ACA
Emergency Contraceptives - Progestin Type - Birth Control Pills		
<i>after pill oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>aftera oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my choice oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>my way oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>new day oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>option-2 oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
<i>take action oral tablet 1.5 mg</i>	Tier 1	OTC; ACA
Spermicides - Birth Control Pills		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	Tier 1	OTC; ACA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	Tier 1	OTC; ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	Tier 1	OTC; ACA
<i>vcf contraceptive gel vaginal gel 4 %</i>	Tier 1	OTC; ACA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 3	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
<i>azelaic acid topical gel 15 %</i>	Tier 2	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 3	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>ery pads topical swab 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 2	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical lotion 0.1 %</i>	Tier 1	
<i>avita topical gel 0.025 %</i>	Tier 2	QL (135 GM per 90 days)
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	Tier 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 2	QL (135 GM per 90 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 2	QL (135 GM per 90 days)
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA; SP
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA; SP
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 4	PA; SP
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG (<i>upadacitinib</i>)	Tier 4	PA; SP
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
Dermatological - Antibacterial Other - Drugs for the Skin		
<i>mupirocin topical ointment 2 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nyamyc topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystop topical powder 100,000 unit/gram</i>	Tier 1	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>antifungal (clotrimazole) topical cream 1 %</i>	Tier 1	OTC
<i>antifungal ringworm topical cream 1 %</i>	Tier 1	OTC
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	Tier 1	OTC
<i>athletic foot cream topical cream 1 %</i>	Tier 1	OTC
<i>clotrimazole af topical cream 1 %</i>	Tier 1	OTC
<i>clotrimazole topical cream 1 %</i>	Tier 1	OTC
<i>clotrimazole topical solution 1 %</i>	Tier 1	OTC
<i>econazole topical cream 1 %</i>	Tier 1	QL (255 GM per 90 days)
<i>itch relief (clotrimazole) topical cream 1 %</i>	Tier 1	OTC
<i>jock itch (clotrimazole) topical cream 1 %</i>	Tier 1	OTC
<i>ketconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 84 days)
<i>ketconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 90 days)
<i>micotrin ac topical cream 1 %</i>	Tier 1	OTC
<i>mycozyl ac topical cream 1 %</i>	Tier 1	OTC
<i>ringworm topical cream 1 %</i>	Tier 1	OTC
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	QL (270 GM per 90 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	QL (180 ML per 90 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
<i>fluorouracil topical cream 5 %</i>	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 3	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	PA; SP
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 3	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA; SP
Dermatological - Antiseborrheic - Drugs for the Skin		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 2	PA
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
<i>ssd topical cream 1 %</i>	Tier 1	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	OTC
<i>skin treatment topical lotion 12 %</i>	Tier 1	OTC
Dermatological - Glucocorticoid - Drugs for the Skin		
<i>ala-cort topical cream 1 %</i>	Tier 1	QL (360 GM per 90 days)
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>anti-itch (hc) topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	QL (270 GM per 90 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	QL (360 ML per 90 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	QL (270 GM per 90 days)
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	QL (270 GM per 90 days)
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	QL (360 ML per 90 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	QL (270 GM per 90 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	QL (300 GM per 90 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	QL (360 ML per 90 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	QL (300 GM per 90 days)
<i>cortaid topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>cortisone (hydrocortisone) topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>cortizone-10 plus topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>cortizone-10 topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>desonide topical cream 0.05 %</i>	Tier 2	QL (360 GM per 90 days)
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	QL (360 GM per 90 days)
<i>desoximetasone topical cream 0.25 %</i>	Tier 2	QL (600 GM per 90 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	QL (360 GM per 90 days)
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	QL (360 GM per 90 days)
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	QL (360 GM per 90 days)
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	QL (360 ML per 90 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	QL (360 GM per 90 days)
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	QL (360 GM per 90 days)
<i>hydrocortisone acetate topical cream 1 %</i>	Tier 1	OTC
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone plus topical cream 1 %</i>	Tier 1	OTC
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (360 GM per 90 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (360 ML per 90 days)
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (270 GM per 90 days)
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	QL (360 GM per 90 days)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	QL (360 GM per 90 days)
<i>hydrocream topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
<i>monistat care (hydrocortisone) topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>noble formula hc topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	QL (360 GM per 90 days)
<i>preparation h hydrocortisone topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	Tier 1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 2	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triderm topical cream 0.1 %, 0.5 %</i>	Tier 1	
<i>vanicream hc topical cream 1 %</i>	Tier 1	OTC
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
<i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>	Tier 1	OTC
<i>cortisone with aloe topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
<i>cortizone-10 with aloe topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 1	OTC; QL (360 GM per 90 days)
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (36 EA per 84 days)
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
<i>podofilox topical solution 0.5 %</i>	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
<i>anodyne lpt topical kit 2.5-2.5 %</i>	Tier 1	QL (90 EA per 90 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	QL (90 GM per 90 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	QL (90 EA per 90 days)
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>arthritis pain (diclofenac) topical gel 1 %</i>	Tier 1	OTC
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	OTC
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 2	
<i>rosadan topical cream 0.75 %</i>	Tier 1	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
<i>glydo mucous membrane jelly in applicator 2 %</i>	Tier 1	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	QL (270 ML per 90 days)
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (255 GM per 90 days)
<i>lidocaine hcl topical lotion 3 %</i>	Tier 1	QL (300 ML per 90 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA
Dermatological Antipruritics - Antihistamines - Drugs for the Skin		
<i>doxepin topical cream 5 %</i>	Tier 4	PA
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
<i>lindane topical shampoo 1 %</i>	Tier 2	
<i>malathion topical lotion 0.5 %</i>	Tier 2	
<i>permethrin topical cream 5 %</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	OTC
Diagnostic - Multiple Urine Tests		
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 2	OTC
Eating Disorder Therapy - Drugs for Eating Disorders		
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 1	
Minerals and Electrolytes - Magnesium - Drugs for Nutrition		
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Tier 1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)</i>	Tier 1	
Minerals and Electrolytes - Potassium for Injection - Drugs for Nutrition		
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	Tier 1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 1	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
Minerals and Electrolytes - Zinc - Drugs for Nutrition		
<i>zinc sulfate intravenous solution 1 mg/ml</i>	Tier 2	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs for Nutrition		
<i>ga powder oral powder 15.1-500 g-kcal/100 g</i>	Tier 2	PA
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs for Nutrition		
<i>lmd powder oral powder 16.2 gram-500 kcal/100 gram</i>	Tier 2	PA
Nutritional Product - MSUD Specific Formulation - Drugs for Nutrition		
MSUD EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-297 KCAL/100 GRAM (<i>nutritional therapy for msud with iron</i>)	Tier 2	PA
Nutritional Product - Phenylketonuria (PKU) Specific Formulation - Drugs for Nutrition		
PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM (<i>nutritional therapy for phenylketonuria(pku) with iron no.27</i>)	Tier 2	PA
PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G (<i>nutritional therapy for phenylketonuria (pku) no.31</i>)	Tier 2	PA
PHENYLADE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM (<i>nutritional therapy for phenylketonuria (pku) no.31</i>)	Tier 2	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G (<i>nutritional therapy for phenylketonuria (pku) no.31</i>)	Tier 2	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM (<i>nutritional therapy for phenylketonuria (pku) no.31</i>)	Tier 2	PA
PKU AIR20 ORAL LIQUID IN PACKET 20 GRAM-100 KCAL/174 ML (<i>nutritional therapy for phenylketonuria (pku) no.70</i>)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (<i>nutritional therapy for phenylketonuria(pku) with iron no.4</i>)	Tier 2	PA
PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (<i>nutritional therapy for phenylketonuria(pku) with iron no.4</i>)	Tier 2	PA
PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (<i>nutritional therapy for phenylketonuria(pku) with iron no.4</i>)	Tier 2	PA
PKU EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria(pku) with iron no.52</i>)	Tier 2	PA
PKU EXPRESS20 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria(pku) with iron no.52</i>)	Tier 2	PA
PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria with iron, no.47</i>)	Tier 2	PA
PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria(pku) with iron no.60</i>)	Tier 2	PA
PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria (pku) no.67</i>)	Tier 2	PA
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria (pku) no.67</i>)	Tier 2	PA
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	Tier 1	
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
<i>multivitamin with fluoride oral tablet,chewable 0.5 mg</i>	Tier 1	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	Tier 1	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quflora pediatric drops oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	
<i>quflora pediatric oral tablet, chewable 0.25mg fluoride (0.55 mg), 0.5 mg fluoride (1.1 mg), 1 mg fluoride (2.2 mg)</i>	Tier 1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>dodex injection solution 1,000 mcg/ml</i>	Tier 1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
<i>niacin (inositol niacinate) oral tablet 500 mg</i>	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>vitamin b-6 oral tablet 25 mg, 50 mg</i>	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid oral tablet 1 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	ACA; QL (30 EA per 30 days)
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
Endocrine - Hormones		
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	
Anabolic Steroid - Single Agents - Drugs for Men		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
Androgen - Single Agents - Drugs for Men		
KYZATREX ORAL CAPSULE 100 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (60 EA per 30 days)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (120 EA per 30 days)
<i>methyltestosterone oral capsule 10 mg</i>	Tier 4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	Tier 4	PA; QL (4 EA per 1 day)
Antidiuretic and Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 4	PA
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 EA per 30 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	Tier 2	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (<i>exenatide</i>)	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (<i>semaglutide</i>)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>dulaglutide</i>)	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	QL (9 ML per 30 days)
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	QL (30 EA per 30 days)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	QL (30 EA per 30 days)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	QL (30 EA per 30 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 4	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (<i>teriparatide</i>)	Tier 4	PA; SP
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate oral tablet 35 mg</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 3	SP
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
Estrogen-Progestin - Drugs for Women		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	QL (28 EA per 28 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 1	QL (28 EA per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	QL (28 EA per 28 days)
Estrogens - Drugs for Women		
<i>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</i>	Tier 1	QL (8 EA per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 1	
<i>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</i>	Tier 1	QL (8 EA per 28 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (<i>progesterone, micronized</i>)	Tier 4	PA
Glucocorticoids - Drugs for Inflammation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML (<i>methylprednisolone acetate</i>)	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier 2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (<i>triamcinolone acetonide</i>)	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	PA
Human Insulins - Fixed Combinations - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	OTC
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	OTC
Human Insulins - Intermediate Acting - Drugs for Diabetes		
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	OTC
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	OTC
Human Insulins - Short Acting - Drugs for Diabetes		
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	OTC
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	OTC
Insulin Analogs - Long Acting - Drugs for Diabetes		
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Tier 2	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tier 2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine,human recombinant analog</i>)	Tier 3	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin detemir</i>)	Tier 2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Tier 2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (niacinamide)</i>)	Tier 2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (30 EA per 30 days)
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP
Mineralocorticoids - Drugs for Inflammation		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Progestins - Drugs for Women		
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4	PA; SP
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
Somatostatic Agents - Drugs for Growth		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 4	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 2	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	Tier 4	PA; SP
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 2	
<i>np thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>np thyroid oral tablet 15 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>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</i>	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 2	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin hcl/atropine sulfate</i>)	Tier 3	PA
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	QL (10 EA per 30 days)
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
<i>dramamine (meclizine) oral tablet 25 mg</i>	Tier 1	OTC
<i>dramamine less drowsy oral tablet 25 mg</i>	Tier 1	OTC
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	OTC
<i>meclizine oral tablet 25 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medi-meclizine oral tablet 25 mg</i>	Tier 1	OTC
<i>motion sickness (meclizine) oral tablet 25 mg</i>	Tier 1	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	Tier 1	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	Tier 1	OTC
<i>verticalm oral tablet 25 mg</i>	Tier 1	OTC
<i>wal-dram 2 oral tablet 25 mg</i>	Tier 1	OTC
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>compro rectal suppository 25 mg</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>promethegan rectal suppository 25 mg</i>	Tier 1	QL (12 EA per 30 days)
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (800 ML per 84 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (72 EA per 84 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	QL (72 EA per 84 days)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>generlac oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
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 (<i>lipase/protease/amylase</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
<i>ursodiol oral capsule 300 mg</i>	Tier 3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
<i>acid controller oral tablet 20 mg</i>	Tier 1	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	Tier 1	OTC
<i>acid reducer (famotidine) oral tablet 20 mg</i>	Tier 1	OTC
<i>acid-pep oral tablet 20 mg</i>	Tier 1	OTC
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i>	Tier 1	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>heartburn prevention oral tablet 20 mg</i>	Tier 1	OTC
<i>heartburn relief (cimetidine) oral tablet 200 mg</i>	Tier 1	OTC
<i>heartburn relief (famotidine) oral tablet 20 mg</i>	Tier 1	OTC
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	Tier 1	OTC
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 1	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
<i>glycopyrrolate oral tablet 2 mg</i>	Tier 1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 3	QL (60 EA per 30 days)
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA; SP
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 3	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	Tier 3	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	Tier 3	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	QL (1680 ML per 28 days)
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (<i>upadacitinib</i>)	Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 3	QL (60 EA per 30 days)
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>constulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 2	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 2	\$0 COPAY IF AGE 45-75 YEARS; ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 3	PA
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Genitourinary Therapy - Drugs for the Urinary System		
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 2	PA; SP
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 4	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (<i>calcium acetate</i>)	Tier 2	PA
Phosphate Binders - Drugs for the Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (<i>calcium acetate</i>)	Tier 2	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 4	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Alkalinizer - Citrates - Drugs for Infections		
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	Tier 1	
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	Tier 1	
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	Tier 2	
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 2	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Tier 2	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	Tier 1	
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	Tier 1	
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	Tier 1	
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	Tier 2	
Urinary Analgesics - Drugs for Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 1	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 2	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 2	ST
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 2	
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
Hematological Agents - Drugs for the Blood		
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	QL (222 EA per 90 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 2	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (60 EA per 30 days)
Erythropoietins - Drugs for the Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>epoetin alfa-epbx</i>)	Tier 4	PA; SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 4	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	Tier 4	PA; SP
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	QL (90 EA per 30 days)
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>tranexamic acid oral tablet 650 mg</i>	Tier 3	
Heparins - Drugs to Prevent Blood Clots		
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 4	PA
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	QL (60 EA per 30 days)
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
<i>adult low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspirin childrens oral tablet, chewable 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>gengraf oral solution 100 mg/ml</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 3	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 4	PA
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Tier 4	PA
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 3	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	Tier 4	PA; SP
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	Tier 1	ACA
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	Tier 1	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	Tier 1	OTC; ACA; QL (30 EA per 30 days)
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	OTC
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	OTC
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
ASSURE HAEMOLANCE PLUS 1.2 MM (<i>blade lancet, safety</i>)	Tier 2	OTC

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	OTC
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
BD ULTRA-FINE II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
CAREONE THIN LANCET (<i>lancets</i>)	Tier 2	OTC
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	OTC
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	OTC
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
COMFORT LANCETS (<i>lancets</i>)	Tier 2	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	OTC
DEXCOM G6 RECEIVER (<i>blood-glucose meter, continuous</i>)	Tier 2	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	QL (3 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	QL (1 EA per 90 days)
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
FINE 30 UNIVERSAL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	OTC
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	OTC
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	OTC
LANCETS, THIN , 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
LANCETS, ULTRA THIN , 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	OTC
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
MICROLET LANCET (<i>lancets</i>)	Tier 2	OTC
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	OTC
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 2	OTC
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	OTC
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SINGLE-LET (<i>lancets</i>)	Tier 2	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
SMARTEST LANCET (<i>lancets</i>)	Tier 2	OTC
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 2	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	OTC
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNILET EXCELITE II LANCET (<i>lancets</i>)	Tier 2	OTC
UNILET EXCELITE LANCET (<i>lancets</i>)	Tier 2	OTC
UNILET GP LANCET (<i>lancets</i>)	Tier 2	OTC
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 ml)	Tier 1	OTC
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 ml)	Tier 1	OTC
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	Tier 1	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 ml (half unit mark))	Tier 1	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 ml (half unit mark))	Tier 1	OTC
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (<i>pen needle, diabetic</i>)	Tier 1	OTC
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	OTC
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	Tier 1	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 1	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 1	OTC
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (<i>pen needle, diabetic</i>)	Tier 1	OTC
OMNIPOD CLASSIC PDM KIT(GEN 3) (<i>insulin pump controller, radio frequency</i>)	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 1	OTC
PEN NEEDLE, DIABETIC NEEDLE 31 GAUGE X 1/3", 31 GAUGE X 1/6", 31 GAUGE X 15/64" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16"	Tier 1	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 5/32" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit)	Tier 1	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 ml)	Tier 1	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 ml,insulin,safety w-self-con.disp.unit)	Tier 1	OTC
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	OTC
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	OTC
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	OTC

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 ml (half unit mark))	Tier 1	OTC
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 ml (half unit mark))	Tier 1	OTC
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 ml)	Tier 1	OTC
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin, 1 ml and sharps container</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle, insulin, 0.5 ml/container, empty</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic, remover and disposal unit</i>)	Tier 1	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>)	Tier 1	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 1	OTC
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 1	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>)	Tier 1	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 1	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, radio freq</i>)	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous infusion, bt and controller</i>)	Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>)	Tier 2	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	OTC
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 2	OTC
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCED TRAVEL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	OTC
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 1	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 1	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	OTC
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
CAREONE THIN LANCET (<i>lancets</i>)	Tier 2	OTC
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
CARETOUCH TWIST LANCET 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	Tier 1	ACA
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 2	OTC
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	OTC
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 2	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 2	OTC
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	Tier 2	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	QL (1 EA per 90 days)
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 ml (half unit mark))	Tier 1	OTC
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml)	Tier 1	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	OTC
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 1	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	OTC
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
EASY TOUCH SAFETY LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	OTC
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
FC2 FEMALE CONDOM (<i>condoms, female</i>)	Tier 1	OTC; ACA; QL (30 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	Tier 1	ACA
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	OTC
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	QL (2 EA per 28 days)
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 1	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 28 GAUGE, 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 3/8", 1 ML 31 GAUGE X 1/4", 1/2 ML 28 GAUGE, 1/2 ML 31 GAUGE X 1/4"	Tier 1	OTC
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	OTC
LANCETS, THIN 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	OTC
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 1	OTC
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (<i>pen needle, diabetic</i>)	Tier 1	OTC
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	
OMNIPOD CLASSIC PDM KIT(GEN 3) (<i>insulin pump controller, radio frequency</i>)	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH DELICA LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 2	OTC
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	OTC
PEN NEEDLE, DIABETIC NEEDLE 30 GAUGE X 5/16", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16"	Tier 1	OTC
PEN NEEDLE, DIABETIC NEEDLE 31 GAUGE X 15/64" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16"	Tier 1	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 5/32" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
PENTIPS NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PIP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	OTC
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
PRODIGY LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED LANCET 23 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SAFETY LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
SINGLE-LET (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" <i>(pen needle, diabetic, safety)</i>	Tier 1	OTC
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE <i>(lancets)</i>	Tier 2	OTC
SMARTEST LANCET <i>(lancets)</i>	Tier 2	OTC
SOFT TOUCH LANCETS <i>(lancets)</i>	Tier 2	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE <i>(lancets)</i>	Tier 2	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE <i>(lancets)</i>	Tier 2	OTC
SUPER THIN LANCETS <i>(lancets)</i>	Tier 2	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	OTC
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 2	OTC
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" <i>(pen needle, diabetic)</i>	Tier 1	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" <i>(pen needle, diabetic, safety)</i>	Tier 1	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 1	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
SURE-LANCE 26 GAUGE (<i>lancets</i>)	Tier 2	OTC
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	OTC
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TOPCARE UNIVERSAL1 LANCET 33 GAUGE (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
TRUEPLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin,1 ml and sharps container</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle,insulin,0.5 ml/container,empty</i>)	Tier 1	OTC
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic, remover and disposal unit</i>)	Tier 1	OTC
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET CLASSIC LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTILET LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	OTC
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE (<i>pen needle, diabetic</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	OTC
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	OTC
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	Tier 1	ACA
Metabolic Modifiers - Drugs that Alter Metabolism		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 3	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA; SP
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (<i>betaine</i>)	Tier 4	PA; SP
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	ACA; Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	ACA; Age (Max 6 Years)
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 1	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>oralone dental paste 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	QL (300 ML per 90 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 1	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA; SP
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA; SP
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Tier 4	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA; SP
Ophthalmic Agents - Drugs for the Eye		
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 3	
Miotics - Direct Acting - Drugs for Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
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 % (<i>sulfacetamide sodium/prednisolone acetate</i>)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (6 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % (<i>fluorometholone</i>)	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 2	

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 3	QL (15 ML per 30 days)
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>alcaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	PA
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	PA
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (5 ML per 30 days)
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	QL (5 ML per 30 days)
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>children's diphenhydramine oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>diphedryl allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>diphedryl oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>diphen oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	OTC
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>siladryl sa oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	QL (12 EA per 30 days)
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamines - 1st Generation - Drugs for Allergies		
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>diphedryl allergy oral liquid 12.5 mg/5 ml</i>	Tier 1	OTC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>promethegan rectal suppository 25 mg</i>	Tier 1	QL (12 EA per 30 days)
Antihistamines - 2nd Generation - Drugs for Allergies		
<i>24hour allergy oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>allerclear oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>aller-ease oral tablet 180 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>aller-ease oral tablet 60 mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>aller-fex oral tablet 180 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>allergy relief (loratadine) oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>aller-tec oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>cetirizine oral solution 5 mg/5 ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>cetirizine oral tablet 10 mg, 5 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>children's cetirizine oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>children's wal-zyr oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>fexofenadine oral tablet 180 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>loradamed oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 180 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 60 mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>wal-itin oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	Tier 1	OTC; QL (300 ML per 30 days)
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
<i>allergy relief (cetirizine) oral tablet 5 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allerclear oral tablet 10 mg</i>	Tier 1	OTC; QL (30 EA per 30 days)
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg</i>	Tier 1	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	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) (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 2	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 2	QL (60 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 3	ST; QL (10.6 GM per 30 days)
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
<i>roflumilast oral tablet 500 mcg</i>	Tier 3	QL (30 EA per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 2	QL (30 EA per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 4	PA; QL (120 ML per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	QL: 2 INHALERS IN 30 DAYS
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	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 (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; SP
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (112 EA per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA; SP
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	Tier 1	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 1	QL (15 ML per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	
Nasal Corticosteroids - Allergy		
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	Tier 1	OTC
<i>24 hour nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 1	OTC
<i>aller-cort nasal aerosol,spray 55 mcg</i>	Tier 1	OTC
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	Tier 1	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	Tier 1	OTC
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	Tier 1	OTC; QL (8.43 ML per 30 days)
<i>clarispray nasal spray,suspension 50 mcg/actuation</i>	Tier 1	OTC
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 1	OTC
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	OTC
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	Tier 1	OTC
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	Tier 1	OTC
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	Tier 1	OTC
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	Tier 1	OTC
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	Tier 4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA; SP
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 2	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	Tier 4	PA

PA- Prior Authorization QL- Quantity Limit ST- Step Therapy SP- Specialty Pharmacy ACA- Affordable Care Act OTC-Over the Counter AGE-Age Limit OAC-Oral Anti-Cancer

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