



# **2022 Bright HealthCare Formulary**

(List of Covered Drugs)

Individual and Family Plans

Small Group Plans

**Colorado**

**PLEASE READ: This document contains information about the drugs Bright HealthCare covers in their Individual and Family plans and for Small Group Plans.**

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.brighthealthcare.com](http://www.brighthealthcare.com).

# Welcome to Bright

**Enclosed you will find a list of the drugs included in our Bright HealthCare Individual and Family plans and for Small Group 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 and for Small Group Plans. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

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 1<sup>st</sup> and from time to time during the 2022 calendar year.

Sincerely,  
Your Bright HealthCare Team

# Frequently Asked Questions:

## What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright HealthCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright HealthCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and the prescription is filled at a Bright HealthCare network pharmacy.

## Can the Formulary (drug list) 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 2022 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. These types of changes may occur without notice to you. 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. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

### 1. Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical condition they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

### 2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the formulary. The Index provides an alphabetical list of all drugs included in this document. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Bright HealthCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **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:** Bright HealthCare requires you [or your physician] 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 don't get approval, Bright HealthCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright HealthCare limits the amount of the drug that we will cover. For example, Bright HealthCare provides 15 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright HealthCare requires 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, Bright HealthCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright HealthCare 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](http://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 cover page.

You can ask Bright HealthCare 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 an exception to the Bright HealthCare Formulary?" for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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 him or her 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 an exception to the Bright HealthCare Formulary?**

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.

Generally, Bright HealthCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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 physician supporting your request.**

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.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

## **For more information**

If you have questions about Bright HealthCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

## **Our Formulary (drug list)**

The formulary below provides coverage information about the drugs covered by our Bright HealthCare Individual and Family plans and for Small Group 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 capitalized, and generic drugs are listed in lower-case italics.

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: Preventative drugs with no member cost share under the Affordable Care Act
- Tier 2: Preferred Generic Drugs
- Tier 3: Non-Preferred Generic Drugs; Preferred Brand Drugs
- Tier 4: Non-Preferred Generic Drugs; Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs
- Tier 6: \$0 Generic Drugs\*
- Tier 7: Medical Drugs

\*Note: The \$0 drug list does not apply to all plans. Check your summary of benefits to determine if your plan qualifies.

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:

<b>Formulary Designation</b>	<b>Requirement/ Limit</b>	<b>Description</b>
<b>ACA</b>	Affordable Care Act Preventative Drugs	Affordable Care Act (ACA) preventative health drugs, that are available at no cost share to you, including contraceptive drugs and devices.
<b>AGE</b>	Age Limit	The drug is limited to a certain age range. If your age falls outside of this range, Prior Authorization is required.
<b>OTC</b>	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.
<b>PA</b>	Prior Authorization	You (or your physician) are required to get prior authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
<b>SP</b>	Specialty Pharmacy	The drug is only available through select specialty pharmacies.
<b>ST</b>	Step therapy	Before Bright HealthCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
<b>QL</b>	Quantity Limit	Bright HealthCare limits the amount of this drug that is covered per prescription, or within a specific time frame.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Analgesic, Anti-inflammatory or Antipyretic</b>		
<b>Analgesic Opioid Agonists</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	Tier 3	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 3	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 4	PA; ST; QL (60 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	QL (240 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 4	PA; ST; QL (30 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 4	PA; ST; QL (60 EA per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 4	
<i>methadone injection solution 10 mg/ml</i>	Tier 2	ST
<i>methadone intensol oral concentrate 10 mg/ml</i>	Tier 2	ST
<i>methadone oral concentrate 10 mg/ml</i>	Tier 2	ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 2	ST
<i>methadone oral tablet 10 mg</i>	Tier 2	ST; QL (240 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	Tier 2	ST
<i>methadone oral tablet, soluble 40 mg</i>	Tier 2	ST; QL (27 EA per 90 days)
<i>methadose oral tablet, soluble 40 mg</i>	Tier 2	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 7	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 7	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 7	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	
<i>morphine injection solution 4 mg/ml</i>	Tier 7	
<i>morphine injection syringe 4 mg/ml</i>	Tier 7	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 7	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	Tier 7	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 7	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
MORPHINE ORAL TABLET 15 MG, 30 MG	Tier 2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 2	ST; QL (90 EA per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier 4	
<i>morphine rectal suppository 30 mg</i>	Tier 3	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 2	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier 2	ST; QL (30 EA per 30 days)
<b>Analgesic Opioid Codeine Combinations</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 2	QL (390 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 2	QL (180 EA per 30 days)
<b>Analgesic Opioid Hydrocodone Combinations</b>		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<b>Analgesic Opioid Oxycodone and Non-Salicylate Combinations</b>		
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<b>Analgesic Opioid Oxycodone Combinations</b>		
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<i>endocet oral tablet 5-325 mg</i>	Tier 2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 2	QL (360 EA per 30 days)
<b>Analgesic Opioid Partial-Mixed Agonists</b>		
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 2	PA; ST
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	PA; ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	PA; ST
<b>Analgesic or Antipyretic Non-Opioid/Sedative Combinations</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 3	QL (180 EA per 30 days)
<i>fioricet oral capsule 50-300-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<i>zebutal oral capsule 50-325-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	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	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
<b>DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 5	PA; SP

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
<b>DMARD - Antimetabolites</b>		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	QL (1.6 ML per 28 days)
<b>DMARD - Immunosuppressives</b>		
<i>cyclosporine oral capsule 100 mg</i>	Tier 2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gengraf oral solution 100 mg/ml</i>	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 5	PA
<b>DMARD - Janus Kinase (JAK) Inhibitors</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; SP
XELJANZ ORAL TABLET 5 MG	Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 5	PA; SP
<b>DMARD - Phosphodiesterase-4 (PDE4) Inhibitors</b>		
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA; SP
<b>DMARD - Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 3	
<b>NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	Tier 3	QL (30 EA per 30 days)
<b>NSAID Analgesics (COX Non-Specific) - Other</b>		
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>nabumetone oral tablet 750 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<b>NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives</b>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<b>NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
<b>NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives</b>		
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	Tier 2	OTC
<i>children's profen ib oral suspension 100 mg/5 ml</i>	Tier 2	OTC
<i>ec-naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	Tier 2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 2	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	
<b>NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 4	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<b>Salicylate Analgesic and Sedative Combinations</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 3	QL (48 EA per 25 days)
<b>Salicylate Analgesics</b>		
<i>adult aspirin regimen oral tablet, delayed release (drlec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>adult low dose aspirin oral tablet, delayed release (drlec) 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)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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 (drlec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>aspirin oral tablet, delayed release (drlec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<i>aspir-trin oral tablet, delayed release (drlec) 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 (drlec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>bayer low dose aspirin oral tablet, delayed release (drlec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<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 (drlec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<i>salsalate oral tablet 500 mg</i>	Tier 2	
<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 (drlec) 81 mg</i>	Tier 1	OTC; ACA; QL (100 EA per 30 days)
<b>Anesthetics</b>		
<b>Local Anesthetic - Amides</b>		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %)</i>	Tier 7	
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (150 GM per 90 days)
<b>Anorectal Preparations</b>		
<b>Anorectal - Glucocorticoids</b>		
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	Tier 2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 2	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidotes and other Reversal Agents</b>		
<b>Chelating Agents - Copper</b>		
<i>penicillamine oral tablet 250 mg</i>	Tier 5	PA; SP; QL (180 EA per 30 days)
<b>Chelating Agents - Iron</b>		
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA; SP
<b>Chelating Agents - Lead Poisoning</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 5	
<b>Opioid Reversal Agents - Opioid Antagonists</b>		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml</i>	Tier 2	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 3	
<i>naloxone nasal spray, non-aerosol 4 mg/lactuation</i>	Tier 3	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
<b>Anti-Infective Agents</b>		
<b>Aminoglycoside Antibiotic</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	Tier 7	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 2	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<b>Aminopenicillin Antibiotic</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations</b>		
<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 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	Tier 2	QL (28 EA per 14 days)
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<b>Anthelmintic Agents - Benzimidazole Derivatives</b>		
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 5	QL (12 EA per 365 days)
<b>Anthelmintic Agents - Macrocyclic Lactones</b>		
<i>ivermectin oral tablet 3 mg</i>	Tier 2	QL (10 EA per 30 days)
<b>Anthelmintic Agents Other</b>		
<i>praziquantel oral tablet 600 mg</i>	Tier 5	PA
<b>Antibacterial Folate Antagonist - Other Combinations</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	Tier 2	
<b>Antibacterial Folate Antagonist Others</b>		
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
<b>Antibacterial Other</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 3	
<b>Antifungal - Allylamines</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
<b>Antifungal - Amphoteric Polyene Macrolides</b>		
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antifungal - Imidazoles</b>		
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
<b>Antifungal - Triazoles</b>		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>itraconazole oral capsule 100 mg</i>	Tier 3	PA
<i>itraconazole oral solution 10 mg/ml</i>	Tier 5	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 5	PA
<b>Antifungal other</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 3	
<b>Antileprotic - Immunomodulators</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
<b>Antileprotic - Sulfone Agents</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 3	
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Antimalarials</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
PRIMAQUINE ORAL TABLET 26.3 MG	Tier 4	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 5	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 4	
<b>Antiprotozoal Agents - Other</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole</b>		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 7	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Antiretroviral - CCR5 Co-Receptor Antagonist</b>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 4	QL (120 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 4	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier 4	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 5	QL (60 EA per 30 days)
<b>Antiretroviral - HIV-1 Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	QL (60 EA per 30 days)
<b>Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors</b>		
ISENTRESS ORAL TABLET 400 MG	Tier 4	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	Tier 5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	Tier 4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	Tier 4	QL (30 EA per 30 days)
<b>Antiretroviral - Integrase Inhibitor and NNRTI Combinations</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 5	QL (30 EA per 30 days)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI)</b>		
EDURANT ORAL TABLET 25 MG	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 5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	Tier 5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (480 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>nevirapine oral tablet 200 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 3	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 3	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	Tier 4	QL (90 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	Tier 4	QL (360 EA per 30 days)
<b>Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations</b>		
<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 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir oral solution 20 mg/ml</i>	Tier 5	QL (900 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 2	
<i>emtricitabine oral capsule 200 mg</i>	Tier 5	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 2	QL (60 EA per 30 days)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; ACA; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (30 EA per 30 days)
<b>Antiretroviral Combinations - Protease Inhibitors</b>		
KALETRA ORAL TABLET 100-25 MG	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	Tier 4	QL (30 EA per 30 days)
<b>Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	QL (30 EA per 30 days)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb</b>		
<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 2	QL (60 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 4	QL (60 EA per 30 days)
<b>Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 4	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	Tier 4	QL (30 EA per 30 days)
<b>Antitubercular - Isonicotinic Acid Derivatives</b>		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
<b>Antitubercular - Niacinamide Derivatives</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 4	PA
<b>Antitubercular - Rifamycin and Derivatives</b>		
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antitubercular Agents Other</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<b>Carbapenem Antibiotic Combinations</b>		
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 7	
<b>Cephalosporin Antibiotics - 1st Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<b>Cephalosporin Antibiotics - 2nd Generation</b>		
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Cephalosporin Antibiotics - 3rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	Tier 2	
<i>ceftriaxone injection recon soln 10 gram</i>	Tier 7	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CMV Antiviral Agent - Nucleoside Analogs</b>		
<i>valganciclovir oral tablet 450 mg</i>	Tier 4	PA
<b>Fluoroquinolone Antibiotics</b>		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML	Tier 4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml</i>	Tier 4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 3	
<b>Glycopeptide Antibiotics</b>		
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	Tier 7	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 3	QL (40 EA per 10 days)
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral)</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 3	SP
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 4	QL (1800 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 3	QL (90 EA per 30 days)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral)</b>		
<i>adefovir oral tablet 10 mg</i>	Tier 4	PA; SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (30 EA per 30 days)
<b>Hepatitis C - Interferons</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; SP



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; SP
<b>Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 5	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 5	PA; SP
<b>Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
<b>Hepatitis C - Nucleoside Analogs</b>		
<i>ribavirin oral tablet 200 mg</i>	Tier 4	
<b>Herpes Antiviral Agent - Purine Analogs</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	
<b>Herpes Antiviral Agent - Thymidine Analogs</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 2	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	QL (120 ML per 5 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (20 EA per 5 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Influenza-A Antiviral Agents</b>		
<i>rimantadine oral tablet 100 mg</i>	Tier 2	
<b>Lincosamide Antibiotics</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 2	
<b>Macrolide Antibiotics</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 7	
<i>azithromycin oral packet 1 gram</i>	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 5	PA
DIFICID ORAL TABLET 200 MG	Tier 5	PA
<i>e.e.s. 400 oral tablet 400 mg</i>	Tier 4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 4	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 4	
<i>erythromycin oral tablet, delayed release (drlec) 333 mg</i>	Tier 4	
<b>Misc Anti-Infective</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 5	
<i>linezolid oral tablet 600 mg</i>	Tier 3	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Penicillin Antibiotic - Natural</b>		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Penicillin Antibiotic - Penicillinase-resistant</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<b>Polymyxins and Derivatives - Single Agents</b>		
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 2	
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	QL (120 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 4	QL (480 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	Tier 4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	Tier 4	QL (30 EA per 30 days)
<b>Protease Inhibitors (Peptidic) Antiretroviral</b>		
<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	Tier 4	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 4	QL (1575 ML per 28 days)
NORVIR ORAL SOLUTION 80 MG/ML	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	Tier 4	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	Tier 4	QL (120 EA per 30 days)
<b>Rifamycins and Related Derivative Antibiotics</b>		
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; QL (180 EA per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors</b>		
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	Tier 4	QL (20 EA per 1 FILL); Age (Min 12 Years)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 4	QL (30 EA per 1 FILL); Age (Min 12 Years)
<b>SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors</b>		
<i>lagevrio (eua) oral capsule 200 mg</i>	Tier 4	QL (40 EA per 1 FILL); Age (Min 18 Years)
<b>Sulfonamide Antibiotic</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 4	
<b>Tetracycline Antibiotics</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 3	
<b>Variola (Smallpox) Virus Antiviral Agents</b>		
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 4	
<b>Antineoplastics</b>		
<b>Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib</b>		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; SP
<b>Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor</b>		
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erlotinib oral tablet 25 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates</b>		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 7	PA; SP
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards</b>		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 5	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier 7	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 7	SP
LEUKERAN ORAL TABLET 2 MG	Tier 4	PA; SP
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 7	PA; SP
<i>melphalan oral tablet 2 mg</i>	Tier 4	PA
<b>Antineoplastic - Alkylating Agent - Nitrosoureas</b>		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 7	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5	PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	SP
<b>Antineoplastic - Alkylating Agent - Triazines</b>		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 7	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 7	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA; SP
<b>Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors</b>		
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Antiadrenals</b>		
LYSODREN ORAL TABLET 500 MG	Tier 5	PA; SP
<b>Antineoplastic - Antiandrogens</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 5	PA; SP; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	
<i>flutamide oral capsule 125 mg</i>	Tier 3	
<i>nilutamide oral tablet 150 mg</i>	Tier 5	PA; SP
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; SP; QL (120 EA per 30 days)
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs</b>		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	Tier 7	PA; SP
<b>Antineoplastic - Antimetabolite - Purine Analogs</b>		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
TABLOID ORAL TABLET 40 MG	Tier 5	PA; SP
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs</b>		
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	Tier 7	
<i>capecitabine oral tablet 150 mg</i>	Tier 5	PA; SP; QL (120 EA per 30 days)
<i>capecitabine oral tablet 500 mg</i>	Tier 5	PA; SP; 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 2	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 2	SP
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i>	Tier 7	
<i>gemcitabine intravenous recon soln 1 gram, 2 gram</i>	Tier 7	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 7	PA; SP
<b>Antineoplastic - Antimetabolite - Urea Derivatives</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Tier 3	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor</b>		
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP; QL (56 EA per 28 days)
<b>Antineoplastic - Epipodophyllotoxins</b>		
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 7	
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 7	SP
<i>toposar intravenous solution 20 mg/ml</i>	Tier 7	
<b>Antineoplastic - Estrogen Receptor Antagonist</b>		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 4	PA; SP
<b>Antineoplastic - Estrogens</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 5	PA; SP
<b>Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants</b>		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 5	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA; SP

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 4	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5	PA; SP
<b>Antineoplastic - Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 4	
<b>Antineoplastic - Multikinase Inhibitors</b>		
<i>sorafenib oral tablet 200 mg</i>	Tier 5	PA; SP; QL (120 EA per 30 days)
<b>Antineoplastic - Platinum Complexes</b>		
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 7	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 7	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 7	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 7	SP
<b>Antineoplastic - Progestins</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors</b>		
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 5	PA; SP; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; SP; QL (30 EA per 30 days)



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5	PA; SP; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 4	PA; SP; 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)	Tier 4	PA; SP; 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)	Tier 4	PA; SP; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 5	PA; SP
<b><i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i></b>	Tier 5	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Retinoids</b>		
<b><i>tretinoin (antineoplastic) oral capsule 10 mg</i></b>	Tier 5	PA; SP
<b>Antineoplastic - Selective Estrogen Receptor Modulators (SERMs)</b>		
<b><i>tamoxifen oral tablet 10 mg, 20 mg</i></b>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
<b><i>toremifene oral tablet 60 mg</i></b>	Tier 5	PA; SP
<b>Antineoplastic - Selective Retinoid X Receptor Agonists</b>		
<b><i>bexarotene oral capsule 75 mg</i></b>	Tier 5	PA; SP
<b>Antineoplastic - Taxanes</b>		
<b><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), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i></b>	Tier 7	PA; SP
<b>Antineoplastic - Thalidomide Analogs</b>		
<b><i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i></b>	Tier 5	PA; SP; QL (28 EA per 28 days)
<b><i>lenalidomide oral capsule 20 mg, 25 mg</i></b>	Tier 5	PA; SP; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; SP; QL (21 EA per 21 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 5 MG	Tier 5	PA; SP; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 25 MG	Tier 5	PA; SP; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 5	PA; SP
<b>Antineoplastic Antibiotic - Anthracyclines</b>		
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 7	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 7	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 7	SP
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 7	SP
<b>Epidermal Growth Factor Receptor Blocker (HER-2 Type), Rec-MC Antibody</b>		
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 7	PA; SP
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 3	
<b>Urinary Tract Protective Agents used in conjunction with Chemotherapy</b>		
MESNEX ORAL TABLET 400 MG	Tier 3	PA
<b>Antiseptics and Disinfectants</b>		
<b>Antiseptic - Alcohols</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 3	OTC
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 3	OTC
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 3	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
IV PREP WIPES TOPICAL PADS, MEDICATED	Tier 3	OTC
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 3	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 3	OTC
WEBCOL TOPICAL PADS, MEDICATED	Tier 3	OTC
<b>Biologicals</b>		
<b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV)</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA; SP
<b>Hepatitis A and Hepatitis B Vaccine Combinations</b>		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 1	ACA; QL (4 ML per 365 days); Age (Min 18 Years)
<b>Hepatitis A Vaccine - Single Agents</b>		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 1	ACA

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 1	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 1	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 1	ACA; QL (2 ML per 365 days); Age (Min 18 Years)
<b>Hepatitis B Vaccines - Single Agents</b>		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 1	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 1	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 18 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 1	ACA; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 1	ACA
<b>Immune Globulin - gamma globulin (IgG), human</b>		
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 %)	Tier 4	PA; SP
<b>Live Vaccine and Live Virus Formulations</b>		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 1	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Toxoid Vaccine Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	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	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	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	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	Tier 1	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 1	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 1	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 1	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	Tier 1	ACA
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 1	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	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	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	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 1	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 1	ACA
<b>Vaccine Bacterial - Gram Negative Cocci</b>		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	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	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	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	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)
<b>Vaccine Bacterial - Gram Positive Cocci</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 1	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 1	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; ACA; QL (0.5 ML per 365 days); Age (Min 2 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	ACA; QL (0.5 ML per 365 days)
<b>Vaccine Bacterial - Meningococcal Group B Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	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	Tier 1	ACA; QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Viral - COVID-19 (SARS-CoV-2)</b>		
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	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	Tier 1	ACA; QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 1	AGE: 6 MONTHS TO 5 YEARS; ACA; QL (0.25 ML per 24 days)
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 1	ACA; 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	Tier 1	ACA; QL (0.5 ML per 24 days); Age (Min 12 Years)
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	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	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	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	Tier 1	ACA; QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Tier 1	ACA; QL (0.5 ML per 24 days); Age (Min 12 Years)
<b>Vaccine Viral - Human Papillomavirus (HPV) Vaccines</b>		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	\$0 COPAY IF AGE 9-26 YEARS; ACA; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 1	\$0 COPAY IF AGE 9-26 YEARS; ACA; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
<b>Vaccine Viral - Influenza A and B</b>		
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	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	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	Tier 1	ACA; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	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	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	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	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	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	Tier 1	ACA; QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	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	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	Tier 1	ACA; QL (0.5 ML per 180 days)



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 1	ACA; QL (0.5 ML per 180 days)
<b>Vaccine Viral - Poliomyelitis</b>		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 1	ACA
<b>Vaccine Viral - Varicella</b>		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	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	Tier 1	ACA; QL (2 EA per 365 days); Age (Min 18 Years)
<b>Vaccine Viral Combinations</b>		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	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	Tier 1	ACA
<b>Cardiovascular Therapy Agents</b>		
<b>ACE Inhibitor and Calcium Channel Blocker Combinations</b>		
<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 2	
<b>ACE Inhibitor and Diuretic Combinations</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ACE Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	
<i>captopril oral tablet 100 mg, 12.5 mg</i>	Tier 2	
<i>captopril oral tablet 25 mg, 50 mg</i>	Tier 6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
<b>Aldosterone Receptor Antagonists</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Alpha-Beta Blockers</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 6	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb.</b>		
<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>	Tier 6	
<i>amlodipine-valsartan oral tablet 10-320 mg</i>	Tier 2	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic</b>		
<i>amlodipine-valsartan-hcthiazyd 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 3	
<i>olmesartan-amlodipin-hcthiazyd 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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 6	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 3	QL (30 EA per 30 days)
<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 2	
<b>Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (60 EA per 30 days)
<b>Angiotensin II Receptor Blockers (ARBs)</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Antianginal - Coronary Vasodilators (Nitrates)</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	
<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 7	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 2	
<i>nitro-time oral capsule, extended release 9 mg</i>	Tier 2	
<b>Antiarrhythmic - Class Ia</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 3	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	
<b>Antiarrhythmic - Class Ib</b>		
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	Tier 7	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 2	
<b>Antiarrhythmic - Class Ic</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiarrhythmic - Class II</b>		
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	
<b>Antiarrhythmic - Class III</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<b>Antiarrhythmic - Class IV</b>		
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 7	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 6	
<b>Antihyperlipidemic - Bile Acid Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 2	QL (378 GM per 30 days)
<i>cholestyramine light oral powder 4 gram</i>	Tier 2	
<i>colestipol oral granules 5 gram</i>	Tier 3	
<i>colestipol oral tablet 1 gram</i>	Tier 3	
<i>prevalite oral powder 4 gram</i>	Tier 2	
<b>Antihyperlipidemic - Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 45 mg</i>	Tier 2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 6	\$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 6	
<i>atorvastatin oral tablet 80 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 6	\$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 6	\$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 2	\$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 2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 6	\$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 6	
<b>Antihyperlipidemic - Nicotinic Acid Derivatives</b>		
<i>niacin oral tablet 500 mg</i>	Tier 2	
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type</b>		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 3	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb)</b>		
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
<b>Antihyperlipidemic - PCSK9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 4	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker</b>		
<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 3	
<b>Beta Blockers Cardiac Selective</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 6	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 7	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 6	
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity</b>		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Beta Blockers Non-Cardiac Selective</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 6	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<b>Bradykinin B2 Receptor Antagonists</b>		
<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
<b>Calcium Channel Blockers - Benzothiazepines</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 6	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<b>Calcium Channel Blockers - Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 6	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	Tier 2	
<b>Calcium Channel Blockers - Phenylakylamines</b>		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb.</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 3	
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents</b>		
<i>AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML</i>	Tier 2	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 2	QL (4 EA per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cardiovascular Sympathomimetics</b>		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<b>Central Alpha-2 Receptor Agonists</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 6	
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 3	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Digitalis Glycosides</b>		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
<b>Direct Acting Vasodilators</b>		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
<b>Diuretic - Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<b>Diuretic - Loop</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 5	PA
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	
<i>furosemide injection syringe 10 mg/ml</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 6	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diuretic - Potassium Sparing</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 2	
<b>Diuretic - Potassium Sparing-Thiazide and Related Combinations</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
<b>Diuretic - Thiazides and Related</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 6	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 6	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 6	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	PA; QL (60 EA per 30 days)
<b>Peripheral Alpha-1 Receptor Blockers</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 5	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
<b>Pulmonary Antihypertensive Agents - Prostacyclin-type</b>		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pulmonary Antihypertensive Agents- Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 5	PA; SP
<b>Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors</b>		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 3	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 3	QL (30 EA per 30 days)
<b>Central Nervous System Agents</b>		
<b>Agents to Treat Episodic Cluster Headaches</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
<b>Antianxiety Agent - Antihistamine Type</b>		
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 6	
<b>Antianxiety Agent - Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 3	
<i>diazepam injection solution 5 mg/ml</i>	Tier 2	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<b>Antianxiety Agent - Dicarbamate Type</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 4	
<b>Antianxiety Agent - Non-Benzodiazepine</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
<b>Anticonvulsant - Barbiturates and Derivatives</b>		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	
<b>Anticonvulsant - Carbamates</b>		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	
<b>Anticonvulsant - Carboxylic Acid Derivatives</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 500 MG	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<b>Anticonvulsant - GABA Analogs</b>		
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (120 EA per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 3	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 3	
<b>Anticonvulsant - Hydantoins</b>		
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	Tier 2	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 2	
<b>Anticonvulsant - Iminostilbene Derivatives</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 3	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 2	
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 3	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	
<i>epitol oral tablet 200 mg</i>	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	
<b>Anticonvulsant - Monosaccharide Derivatives</b>		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Anticonvulsant - Phenyltriazine Derivatives</b>		
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 6	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 3	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 2	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 6	
<b>Anticonvulsant - Pyrrolidine Derivatives</b>		
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	Tier 7	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	
<b>Anticonvulsant - Succinimides</b>		
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 2	
<b>Anticonvulsant - Sulfonamide Derivatives</b>		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antidepressant - Alpha-2 Receptor Antagonists (NaSSA)</b>		
<i>mirtazapine oral tablet 15 mg</i>	Tier 6	
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B</b>		
<i>phenelzine oral tablet 15 mg</i>	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 4	
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 6	
<i>citalopram oral tablet 40 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 6	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 3	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 6	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 3	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<b>Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg</i>	Tier 2	
<b>Antidepressant - Tricyclic-Benzodiazepine Combinations</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 3	
<b>Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	
<b>Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors)</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 4	
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<b>Antiparkinson Adjuvant - Peripheral COMT Inhibitors</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 3	
<b>Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 5	
<b>Antiparkinson Therapy - Anticholinergic Agents</b>		
<i>benztropine injection solution 1 mg/ml</i>	Tier 2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
<b>Antiparkinson Therapy - Ergot Alkaloids and Derivatives</b>		
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B)</b>		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 3	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 3	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 3	
<b>Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
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	Tier 5	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<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 4	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 2	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones</b>		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 5	PA
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv</b>		
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 4	PA
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 6	
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	
<b>Antipsychotic - Butyrophenone Derivatives</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
<b>Antipsychotic - Dibenzoxazepine Derivatives</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<b>Antipsychotic - Diphenylbutylpiperidine Derivatives</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 3	
<b>Antipsychotic - Phenothiazines, Aliphatic</b>		
<i>chlorpromazine oral tablet 10 mg, 25 mg</i>	Tier 3	
<i>chlorpromazine oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 4	
<b>Antipsychotic - Phenothiazines, Piperazine</b>		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 3	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
<b>Antipsychotic - Phenothiazines, Piperidine</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsychotic - Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
<b>Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 5	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 5	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA
<b>Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist</b>		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	
<b>Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 2	QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	Tier 2	QL (30 EA per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	Tier 3	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 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 4	QL (180 EA per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	
<i>zenedi oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	QL (30 EA per 30 days)
<b>Benzodiazepines</b>		
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<b>Bipolar Therapy Agents - Anticonvulsant Type</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 500 MG	Tier 2	
<i>epitol oral tablet 200 mg</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 3	
<b>Bipolar Therapy Agents - Atypical Antipsychotics</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 4	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 5	ST
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 4	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
<b>Bipolar Therapy Agents - Lithium</b>		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 6	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 6	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 2	
<b>CNS Stimulant - Amphetamine Combinations</b>		
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 2	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 2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	
<b>CNS Stimulant - Amphetamines</b>		
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Migraine Therapy - Carboxylic Acid Derivatives</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
<b>Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody</b>		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Migraine Therapy - CGRP Receptor Blockers (gepants and mAb)</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<b>Migraine Therapy - Ergot Alkaloids and Derivatives</b>		
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 5	PA; QL (8 ML per 30 days)
<b>Migraine Therapy - Ergot Combinations</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 4	QL (40 EA per 28 days)
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1)</b>		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation</i>	Tier 2	PA; QL (12 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/lactuation</i>	Tier 2	PA; QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 3	PA; QL (12 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 3	PA; QL (12 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 4	QL (6 EA per 30 days)
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1F)</b>		
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<b>Movement Disorder Drug Therapy</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 5	PA; SP



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Narcolepsy Therapy Agents - Non-Sympathomimetic</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 2	PA
<b>Narcolepsy Therapy Agents-Stimulant-Type,Sympathomimetic,Amphetamines</b>		
<i>zenzedi oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Sedative-Hypnotic - Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	
<b>Sedative-Hypnotic - Benzodiazepines</b>		
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Sedative-Hypnotic - GABA-Receptor Modulators</b>		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<b>Chemical Dependency, Agents to Treat</b>		
<b>Agents for Opioid Withdrawal, Opioid-Type</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	ACA; QL (90 EA per 30 days)
<b>Alcohol Abstinence Therapy - Glutamate and GABA System Type</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 2	
<b>Alcohol Deterrents</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	ACA; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents - Nicotine-Type</b>		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1	OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	Tier 1	OTC; ACA; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 1	ST; ACA; Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 1	ST; ACA; Age (Min 18 Years)
<i>quit 2 buccal gum 2 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 2 buccal lozenge 2 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 4 buccal gum 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>quit 4 buccal lozenge 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	Tier 1	OTC; ACA; QL (9 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2</b>		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	ACA; QL (60 EA per 30 days); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Chemicals-Pharmaceutical Adjuvants</b>		
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>		
<i>nebusal inhalation solution for nebulization 3 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 2	
<b>Pharmaceutical Adjuvant - Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 1	ACA; QL (1 ML per 365 days); Age (Min 50 Years)
<b>Cognitive Disorder Therapy</b>		
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 3	
<b>Alzheimer's Disease Therapy - NMDA Receptor Antagonists</b>		
<i>memantine oral solution 2 mg/ml</i>	Tier 4	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 2	QL (49 EA per 365 days)
<b>Cognitive Disorder Therapy - Cerebral Vasodilators</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 4	PA
<b>Contraceptives</b>		
<b>Contraceptive Implant - Progestin</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 1	ACA; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Contraceptive Injectable - Progestin</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	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)
<b>Contraceptive Intrauterine - Copper IUD</b>		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 1	ACA; QL (1 EA per 300 days)
<b>Contraceptive Intrauterine - Progesterone IUD</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Tier 1	ACA; QL (1 EA per 300 days)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	Tier 1	ACA; QL (1 EA per 300 days)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	Tier 1	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Tier 1	ACA; QL (1 EA per 300 days)
<b>Contraceptive Oral - Biphasic</b>		
<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.estradiolle.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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	Tier 1	ACA
<i>l norgestle.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)	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 10.01 mg x 5</i>	Tier 1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 10.01 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 10.01 mg x 5</i>	Tier 1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	Tier 1	ACA
<b>Contraceptive Oral - Monophasic</b>		
<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)	Tier 1	ACA

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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>cryelle (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
<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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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
<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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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>luteru (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
<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)	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



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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
<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
<b>Contraceptive Oral - Progestin</b>		
<i>camila oral tablet 0.35 mg</i>	Tier 1	ACA
<i>deblitane oral tablet 0.35 mg</i>	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
SLYND ORAL TABLET 4 MG (28)	Tier 1	ACA
<i>tulana oral tablet 0.35 mg</i>	Tier 1	ACA
<b>Contraceptive Oral - Quadraphasic</b>		
<i>l norgestle.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	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
<b>Contraceptive Oral - Triphasic</b>		
<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 0.1/1.125/1.15-25 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 estradiol 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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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
<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 0.1/1.125/1.15-25 mg-mcg</i>	Tier 1	ACA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Contraceptive Transdermal Combinations - Estrogen and Progestin Comb.</b>		
<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
<b>Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb.</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	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
<b>Emergency Contraceptives</b>		
<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	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
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type</b>		
ELLA ORAL TABLET 30 MG	Tier 1	ACA
<b>Emergency Contraceptives - Progestin Type</b>		
<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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<b>Spermicides</b>		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Tier 1	OTC; ACA
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	OTC; ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 1	OTC; ACA
<i>vcf contraceptive gel vaginal gel 4 %</i>	Tier 1	OTC; ACA
<b>Dermatological</b>		
<b>Acne Therapy Systemic - Retinoids and Derivatives</b>		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 4	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	PA
<b>Acne Therapy Topical - Anti-infective</b>		
<i>azelaic acid topical gel 15 %</i>	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 4	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 2	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 2	
<i>ery pads topical swab 2 %</i>	Tier 3	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Acne Therapy Topical - Anti-infective-Keratolytic Combinations</b>		
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 3	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 3	
<b>Acne Therapy Topical - Retinoid Combinations Other</b>		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 3	
<b>Acne Therapy Topical - Retinoids and Derivatives</b>		
<i>adapalene topical lotion 0.1 %</i>	Tier 2	
<i>avita topical gel 0.025 %</i>	Tier 3	QL (135 GM per 90 days)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 3	QL (135 GM per 90 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 3	QL (135 GM per 90 days)
<b>Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA; SP
<b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody</b>		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody</b>		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA; SP
<b>Dermatitis - Janus Kinase (JAK) Inhibitors</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	Tier 5	PA; SP
<b>Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
<b>Dermatological - Antibacterial Aminoglycosides</b>		
<i>gentamicin topical cream 0.1 %</i>	Tier 2	
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
<b>Dermatological - Antibacterial Other</b>		
<i>mupirocin topical ointment 2 %</i>	Tier 2	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides</b>		
<i>nyamyc topical powder 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	
<i>nystop topical powder 100,000 unit/gram</i>	Tier 2	

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



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 5	PA; SP
<b>Dermatological - Antipsoriatic Agents Topical</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 3	
<i>calcipotriene topical cream 0.005 %</i>	Tier 4	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 3	
<b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.</b>		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA; SP
<b>Dermatological - Antiseborrheic</b>		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 2	
<b>Dermatological - Antiviral, Herpes</b>		
<i>acyclovir topical ointment 5 %</i>	Tier 3	PA
<b>Dermatological - Burn Products Anti-infective</b>		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
<i>ssd topical cream 1 %</i>	Tier 2	
<b>Dermatological - Calcineurin Inhibitors</b>		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 4	
<b>Dermatological - Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	OTC
<i>ammonium lactate topical lotion 12 %</i>	Tier 2	OTC
<i>skin treatment topical lotion 12 %</i>	Tier 2	OTC
<b>Dermatological - Glucocorticoid</b>		
<i>ala-cort topical cream 1 %</i>	Tier 2	QL (360 GM per 90 days)
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>anti-itch (hc) topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	QL (270 GM per 90 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	QL (360 ML per 90 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 3	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	QL (360 ML per 90 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	QL (270 GM per 90 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	QL (300 GM per 90 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	QL (360 ML per 90 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	QL (300 GM per 90 days)
<i>cortaid topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>cortisone (hydrocortisone) topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>cortizone-10 plus topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>cortizone-10 topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>desonide topical cream 0.05 %</i>	Tier 3	QL (360 GM per 90 days)
<i>desonide topical lotion 0.05 %</i>	Tier 3	
<i>desonide topical ointment 0.05 %</i>	Tier 3	QL (360 GM per 90 days)
<i>desoximetasone topical cream 0.25 %</i>	Tier 3	QL (600 GM per 90 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 2	QL (360 GM per 90 days)
<i>fluocinolone topical ointment 0.025 %</i>	Tier 2	QL (360 GM per 90 days)
<i>fluocinolone topical solution 0.01 %</i>	Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	QL (360 GM per 90 days)
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	QL (360 ML per 90 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2	QL (360 GM per 90 days)
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2	QL (360 GM per 90 days)
<i>hydrocortisone acetate topical cream 1 %</i>	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 2	
<i>hydrocortisone plus topical cream 1 %</i>	Tier 2	OTC
<i>hydrocortisone topical cream 1 %</i>	Tier 2	QL (360 GM per 90 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	QL (360 ML per 90 days)
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	QL (270 GM per 90 days)
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	QL (360 GM per 90 days)
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	QL (360 GM per 90 days)
<i>hydrocream topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
<i>monistat care (hydrocortisone) topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>noble formula hc topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	QL (360 GM per 90 days)
<i>preparation h hydrocortisone topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	Tier 2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 3	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>triderm topical cream 0.1 %, 0.5 %</i>	Tier 2	
<i>vanicream hc topical cream 1 %</i>	Tier 2	OTC
<b>Dermatological - Glucocorticoid-Emollient Combinations</b>		
<i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>	Tier 2	OTC
<i>cortisone with aloe topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>cortizone-10 with aloe topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 2	OTC; QL (360 GM per 90 days)
<b>Dermatological - Immunomodulator - Imidazoquinolinamines</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (36 EA per 84 days)
<b>Dermatological - Keratolytic-Antimitotic Single Agents</b>		
<i>podofilox topical solution 0.5 %</i>	Tier 2	
<b>Dermatological - Local Anesthetic Combinations</b>		
<i>anodyne lpt topical kit 2.5-2.5 %</i>	Tier 2	QL (90 EA per 90 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	QL (90 GM per 90 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 2	QL (90 EA per 90 days)
<b>Dermatological - NSAID Single Agents</b>		
<i>arthritis pain (diclofenac) topical gel 1 %</i>	Tier 2	OTC
<i>diclofenac sodium topical gel 1 %</i>	Tier 2	OTC
<b>Dermatological - Rosacea Therapy, Topical</b>		
<i>metronidazole topical cream 0.75 %</i>	Tier 2	
<i>metronidazole topical gel 0.75 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i>	Tier 3	
<i>rosadan topical cream 0.75 %</i>	Tier 2	
<b>Dermatological - Topical Local Anesthetic Amides</b>		
<i>glydo mucous membrane jelly in applicator 2 %</i>	Tier 2	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	QL (270 ML per 90 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 2	QL (270 ML per 90 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>lidocaine hcl topical cream 3 %</i>	Tier 2	QL (255 GM per 90 days)
<i>lidocaine hcl topical lotion 3 %</i>	Tier 2	QL (300 ML per 90 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 2	PA
<b>Dermatological Antipruritics - Antihistamines</b>		
<i>doxepin topical cream 5 %</i>	Tier 5	PA
<b>Scabicide and Pediculicide Single Agents</b>		
<i>lindane topical shampoo 1 %</i>	Tier 3	
<i>malathion topical lotion 0.5 %</i>	Tier 3	
<i>permethrin topical cream 5 %</i>	Tier 2	
<b>Diagnostic Agents</b>		
<b>Diagnostic - Blood Test Others</b>		
PRECISION XTRA B-KETONE STRIP	Tier 3	OTC
<b>Diagnostic - Multiple Urine Tests</b>		
CHEMSTRIP 9 STRIP	Tier 3	OTC
<b>Eating Disorder Therapy</b>		
<b>Appetite Stimulants - Progestin Hormone Type</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<b>Electrolyte Balance-Nutritional Products</b>		
<b>Dietary Product - Dietary Supplements</b>		
JEVITY 1 CAL ORAL LIQUID 0.04 GRAM-1.06 KCAL/ML	Tier 3	
JEVITY 1.2 CAL ORAL LIQUID 0.06 GRAM-1.2 KCAL/ML	Tier 3	
JEVITY 1.5 CAL ORAL LIQUID 0.06 GRAM-1.5 KCAL/ML	Tier 3	
PEDIASURE GROW-GAIN ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 3	
PEDIASURE GROW-GAIN ORAL POWDER 6 GRAM-220 KCAL/49 GRAM	Tier 3	
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIASURE SIDEKICKS ORAL LIQUID 0.04-0.8 GRAM-KCAL/ML	Tier 3	
PEDIASURE WITH FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML, 0.06-1.5 GRAM- KCAL/ML	Tier 3	
TWOCAL HN ORAL LIQUID 0.08-2 GRAM- KCAL/ML	Tier 3	
<b>Dietary Product - Infant Formulas</b>		
BCAD 1 ORAL POWDER 16.2-500 GRAM- KCAL/100 G	Tier 3	
CALCILO XD ORAL POWDER 2.2-5.6-10.2 GRAM/100 KCAL	Tier 3	
CYCLINEX-1 ORAL POWDER 7.5-510 G- KCAL/100 G	Tier 3	
GLUTAREX-1 ORAL POWDER 15-480 G- KCAL/100 G	Tier 3	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL	Tier 3	
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	Tier 3	
KETONEX-1 ORAL POWDER 15-480 G- KCAL	Tier 3	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	Tier 3	
PRO-PHREE ORAL POWDER 5.5-12.7 GRAM/100 KCAL	Tier 3	
PROPIMEX-1 ORAL POWDER 15-480 G- KCAL/100 G	Tier 3	
<b><i>rcf soy protein formula base oral concentrate</i></b>	Tier 3	
<b><i>similac advance oral concentrate</i></b>	Tier 3	
SIMILAC ADVANCE ORAL LIQUID 2.07- 5.40-11.2 GRAM/100 KCAL	Tier 3	
SIMILAC ADVANCE ORAL POWDER 2.2- 5.6 GRAM/100 KCAL	Tier 3	
<b><i>similac pm oral powder</i></b>	Tier 3	
SIMILAC SPECIAL CARE 20 ORAL LIQUID 3-5.43 GRAM/100 KCAL	Tier 3	
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL	Tier 3	
SIMILAC SPECIAL CARE 30 ORAL SUSPENSION 3-6.61 GRAM/100 KCAL	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC SPECIAL CARE HIPROTEIN ORAL LIQUID 3.3-5.43 GRAM/100 KCAL	Tier 3	
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL	Tier 3	
<b>Electrolyte Depleters - Ion Exchange Resin</b>		
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 2	
<b>Minerals and Electrolytes - Iron</b>		
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
<i>pediatric fe-vite oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	ACA; Age (Max 1 Years)
<b>Minerals and Electrolytes - Magnesium</b>		
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Tier 7	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)</i>	Tier 7	
<b>Minerals and Electrolytes - Potassium for Injection</b>		
<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 7	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 7	
<b>Minerals and Electrolytes - Potassium, Oral</b>		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i>	Tier 3	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 2	
<b>Minerals and Electrolytes - Zinc</b>		
<i>zinc sulfate intravenous solution 1 mg/ml</i>	Tier 3	
<b>Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation</b>		
<i>ga powder oral powder 15.1-500 g-kcal/100 g</i>	Tier 3	PA
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
<b>Nutritional Product - Isovaleric Acidemia Specific Formulation</b>		
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	Tier 3	
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
<i>lmd powder oral powder 16.2 gram-500 kcal/100 gram</i>	Tier 3	PA
<b>Nutritional Product - Methionine-Free Specific Formulation</b>		
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL	Tier 3	
<b>Nutritional Product - MSUD Specific Formulation</b>		
KETONEX-1 ORAL POWDER 15-480 G-KCAL	Tier 3	
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 3	
MSUD EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nutritional Product - Nutritional Therapy</b>		
ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM	Tier 3	
EQUACARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM	Tier 3	
GLUCERNA 1 CAL ORAL LIQUID 0.04-1 GRAM-KCAL/ML	Tier 3	
GLUCERNA 1.2 CAL ORAL LIQUID 0.06-1.2 GRAM-KCAL/ML	Tier 3	
GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM-KCAL/ML	Tier 3	
GLUCERNA BAR ORAL BAR	Tier 3	
GLUCERNA ORAL BAR	Tier 3	
GLUCERNA ORAL LIQUID	Tier 3	
GLUCERNA SHAKE ORAL LIQUID	Tier 3	
GLUCERNA SNACK SHAKE ORAL LIQUID	Tier 3	
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML	Tier 3	
OSMOLITE 1 CAL ORAL LIQUID 0.04 GRAM-1.06 KCAL/ML	Tier 3	
OSMOLITE 1.2 CAL ORAL LIQUID 0.06 GRAM-1.2 KCAL/ML	Tier 3	
OSMOLITE 1.5 CAL ORAL LIQUID 0.06 GRAM-1.5 KCAL/ML	Tier 3	
PERATIVE ORAL LIQUID 0.067-1.30 GRAM-KCAL/ML	Tier 3	
PFD 2 ORAL POWDER 400 KCAL/100 GRAM	Tier 3	
PROMOTE ORAL LIQUID 0.06 GRAM-1 KCAL/ML	Tier 3	
PROMOTE WITH FIBER ORAL LIQUID 0.06 GRAM-1 KCAL/ML	Tier 3	
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM	Tier 3	
<i>pulmocare oral liquid</i>	Tier 3	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML	Tier 3	
VITAL 1.0 CAL ORAL LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAL 1.5 CAL ORAL LIQUID 0.07 GRAM-1.5 KCAL/ML	Tier 3	
VITAL HIGH PROTEIN ORAL LIQUID 0.09 GRAM- 1 KCAL/ML	Tier 3	
VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML	Tier 3	
<b>Nutritional Product - Phenylketonuria (PKU) Specific Formulation</b>		
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G	Tier 3	
PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM	Tier 3	PA
PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G	Tier 3	PA
PHENYLADE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM	Tier 3	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G	Tier 3	PA
PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM	Tier 3	PA
PKU AIR20 ORAL LIQUID IN PACKET 20 GRAM-100 KCAL/174 ML	Tier 3	PA
PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 3	PA
PKU EXPRESS15 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA
PKU EXPRESS20 ORAL POWDER IN PACKET 60 GRAM-279 KCAL/100 GRAM, 60 GRAM-297 KCAL/100 GRAM	Tier 3	PA
PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM	Tier 3	PA
PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	PA
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	PA
<b>Nutritional Product - Propionic Acidemia Specific Formulation</b>		
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G	Tier 3	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 3	
<b>Nutritional Product - Protein Replacements</b>		
<i>promod protein oral liquid</i>	Tier 3	
<b>Nutritional Product - Tyrosinemia Specific Formulation</b>		
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL	Tier 3	
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
TYROS 2 ORAL POWDER 22 GRAM-410 KCAL/100 GRAM	Tier 3	
<b>Nutritional Product - Urea Cycle Disorder Specific Formulation</b>		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM	Tier 3	
WND 2 ORAL POWDER 8.2-410 G-KCAL/100 G	Tier 3	
<b>Pediatric Vitamins with Fluoride Combinations</b>		
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	Tier 2	
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	
<i>multivitamin with fluoride oral tablet,chewable 0.5 mg</i>	Tier 2	
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	Tier 2	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>quflora pediatric drops oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
<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 2	
<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 2	
<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 2	
<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 2	
<b>Sodium Chloride, Parenteral</b>		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 7	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 7	
<b>Vitamins - B-12, Cyanocobalamin and derivatives</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	
<i>dodex injection solution 1,000 mcg/ml</i>	Tier 2	
<b>Vitamins - B-3, Niacin and Derivatives</b>		
<i>niacin (inositol niacinate) oral tablet 500 mg</i>	Tier 2	
<b>Vitamins - B-6, Pyridoxine and Derivatives</b>		
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	Tier 2	
<i>vitamin b-6 oral tablet 25 mg, 50 mg</i>	Tier 2	
<b>Vitamins - D Derivatives</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<b>Vitamins - Folic Acid and Derivatives</b>		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	ACA; QL (30 EA per 30 days)
<b>Vitamins - K, Phytonadione and Derivatives</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
<b>Endocrine</b>		
<b>Agents to treat Hypoglycemia (Hyperglycemics)</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 1	ACA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	
<b>Anabolic Steroid - Single Agents</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 5	PA; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Androgen - Single Agents</b>		
KYZATREX ORAL CAPSULE 100 MG	Tier 3	PA; QL (60 EA per 30 days)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	Tier 3	PA; QL (120 EA per 30 days)
<i>methyltestosterone oral capsule 10 mg</i>	Tier 5	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	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 3	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 5	PA; QL (4 EA per 1 day)
<b>Antidiuretic and Vasopressor Hormones</b>		
<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 3	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (30 EA per 30 days)
<b>Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 3	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	QL (1.2 ML per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 3	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)	Tier 3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	QL (30 EA per 30 days)
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	Tier 3	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)
<b>Antihyperglycemic - Meglitinide Analogs</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<b>Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations</b>		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	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	Tier 3	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	Tier 3	QL (30 EA per 30 days)
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors</b>		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (30 EA per 30 days)
<b>Antihyperglycemic - Sulfonylurea and Biguanide Combinations</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 6	
<b>Antihyperglycemic - Sulfonylurea Derivatives</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 6	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 6	
<b>Antihyperglycemic - Thiazolidinedione and Biguanide Combinations</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 2	
<b>Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 2	
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	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	Tier 3	QL (30 EA per 30 days)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives</b>		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA; SP
<b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 5	PA; SP



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bone Resorption Inhibitors - Bisphosphonates</b>		
<i>alendronate oral tablet 10 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 6	QL (4 EA per 28 days)
<i>alendronate oral tablet 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>risedronate oral tablet 150 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 4	SP
<b>Calcitonins</b>		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	Tier 2	
<b>Estrogen-Progestin</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	ACA; QL (28 EA per 28 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 1	ACA; QL (28 EA per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	ACA; QL (28 EA per 28 days)
<b>Estrogens</b>		
<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 2	QL (8 EA per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<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 2	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 2	QL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
<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 2	QL (8 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-type</b>		
CRINONE VAGINAL GEL 8 %	Tier 5	PA
<b>Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH)</b>		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 2	QL (8 EA per 30 days)
<b>Follicle-Stimulating and Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	PA
<b>Follicle-Stimulating Hormone (FSH)</b>		
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 5	PA
<b>Glucocorticoids</b>		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 6	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 6	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
<b>Gonadotropin Inhibitor Pituitary Suppressants</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	PA
<b>Human Chorionic Gonadotropin (hCG)</b>		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	PA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 5	PA
<b>Human Insulins - Fixed Combinations</b>		
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	OTC
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	OTC
<b>Human Insulins - Intermediate Acting</b>		
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	OTC
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Human Insulins - Short Acting</b>		
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	OTC
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	OTC
<b>Insulin Analogs - Long Acting</b>		
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Tier 3	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tier 3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
<b>Insulin Analogs - Rapid Acting</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	
<b>Insulin Response Enhancers - Biguanides</b>		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 6	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 6	
<b>Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 6	QL (30 EA per 30 days)
<b>Insulin-like Growth Factor-1 (IGF-1)</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA; SP
<b>LHRH (GnRH) Agonist Analog Pituitary Suppressants</b>		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5	PA; SP
<b>LHRH (GnRH) Antagonists</b>		
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 5	PA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 5	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
<b>Progestins</b>		
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
<b>RANK ligand (RANKL) inhibitor, MC Antibody</b>		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 5	PA; SP
<b>Selective Estrogen Receptor Modulators (SERMs)</b>		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; ACA
<b>Somatostatic Agents</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 5	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 3	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 3	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 5	PA; SP
<b>Thyroid Hormones - Animal Source (Porcine)</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3	
<i>np thyroid oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	
<i>np thyroid oral tablet 15 mg</i>	Tier 2	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine)</b>		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Thyroid Hormones - Synthetic T4 (Thyroxine)</b>		
<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 2	
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	Tier 3	
<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 2	
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	Tier 3	
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	Tier 3	
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	Tier 3	
<b>Gastrointestinal Therapy Agents</b>		
<b>Antidiarrheal - Antiperistaltic Agents</b>		
<i>loperamide oral capsule 2 mg</i>	Tier 2	
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	PA
<b>Antiemetic - Anticholinergics</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 2	QL (10 EA per 30 days)
<b>Antiemetic - Antihistamines</b>		
<i>dramamine (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>dramamine less drowsy oral tablet 25 mg</i>	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>meclizine oral tablet 12.5 mg</i>	Tier 2	OTC
<i>meclizine oral tablet 25 mg</i>	Tier 2	
<i>medi-meclizine oral tablet 25 mg</i>	Tier 2	OTC
<i>motion sickness (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	Tier 2	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	Tier 2	OTC
<i>verticalm oral tablet 25 mg</i>	Tier 2	OTC
<i>wal-dram 2 oral tablet 25 mg</i>	Tier 2	OTC
<b>Antiemetic - Cannabinoid Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 3	QL (60 EA per 30 days)
<b>Antiemetic - Dopamine (D2)/5-HT3 Antagonists</b>		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
<b>Antiemetic - Phenothiazines</b>		
<i>compro rectal suppository 25 mg</i>	Tier 2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	
<i>promethazine rectal suppository 50 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>promethegan rectal suppository 25 mg</i>	Tier 2	QL (12 EA per 30 days)
<b>Antiemetic - Selective Serotonin 5-HT3 Antagonists</b>		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (800 ML per 84 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (72 EA per 84 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	QL (72 EA per 84 days)
<b>Colonic Acidifier (Ammonia Inhibitor)</b>		
<i>enulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>generlac oral solution 10 gram/15 ml</i>	Tier 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 2	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Digestive Enzyme Mixtures</b>		
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	Tier 3	
<b>Gallstone Solubilizing (Litholysis) Agents</b>		
<i>ursodiol oral capsule 300 mg</i>	Tier 4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 3	
<b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists</b>		
<i>acid controller oral tablet 20 mg</i>	Tier 2	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	Tier 2	OTC
<i>acid reducer (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
<i>acid-pep oral tablet 20 mg</i>	Tier 2	OTC
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 7	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 7	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>heartburn prevention oral tablet 20 mg</i>	Tier 2	OTC
<i>heartburn relief (cimetidine) oral tablet 200 mg</i>	Tier 2	OTC
<i>heartburn relief (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	Tier 2	OTC
<b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs)</b>		
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 6	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	Tier 2	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
<b>GI Antispasmodic - Belladonna Alkaloids</b>		
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 3	
<i>oscimin oral tablet 0.125 mg</i>	Tier 2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	Tier 2	
<b>GI Antispasmodic - Quaternary Ammonium Compounds</b>		
<i>glycopyrrolate oral tablet 2 mg</i>	Tier 2	
<b>GI Antispasmodic - Synthetic Tertiary Amines</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
<b>IBS Agent - Gastrointestinal Chloride Channel Activator Agents</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 4	QL (60 EA per 30 days)
<b>Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 5	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab</b>		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; SP
<b>Inflammatory Bowel Agent - Aminosalicylates and Related Agents</b>		
<i>balsalazide oral capsule 750 mg</i>	Tier 2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i>	Tier 4	QL (120 EA per 30 days)
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 3	QL (1680 ML per 28 days)
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>	Tier 2	
<b>Inflammatory Bowel Agent - Glucocorticoids</b>		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	
<b>Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 5	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	Tier 5	PA; SP
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	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	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
<b>Irritable Bowel Syndrome (IBS)</b>		
<b>Agents</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 4	QL (60 EA per 30 days)
<b>Laxative - Saline and Osmotic</b>		
<i>constulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	Tier 2	
<b>Laxative - Saline/Osmotic Mixtures</b>		
<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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<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 3	\$0 COPAY IF AGE 45-75 YEARS; ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	\$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 3	\$0 COPAY IF AGE 45-75 YEARS; ACA
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives</b>		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 4	PA
<i>sucralfate oral tablet 1 gram</i>	Tier 2	
<b>Genitourinary Therapy</b>		
<b>G.U. Irrigants - Anti-infective</b>		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
<b>Interstitial Cystitis Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 5	PA
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 5	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 3	
<b>Phosphate Binders - Calcium-based</b>		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	PA
<b>Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Urinary Antispasmodic - Smooth Muscle Relaxants</b>		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 3	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 3	ST
<b>Urinary Retention Therapy - Parasympathomimetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<b>Gout and Hyperuricemia Therapy</b>		
<b>Gout Acute Therapy - Antimitotics</b>		
<i>colchicine oral capsule 0.6 mg</i>	Tier 3	
<i>colchicine oral tablet 0.6 mg</i>	Tier 3	
<b>Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations</b>		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
<b>Hyperuricemia Therapy - Uricosurics</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 6	
<b>Hematological Agents</b>		
<b>Anticoagulants - Coumarin</b>		
<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 6	
<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 6	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (222 EA per 90 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	QL (60 EA per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	Tier 3	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 3	QL (60 EA per 30 days)
<b>Erythropoietins</b>		
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	Tier 5	PA; SP
<b>Granulocyte Colony-Stimulating Factor (G-CSF)</b>		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
<b>Hematorheologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	QL (90 EA per 30 days)
<b>Hemostatic Systemic - Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 5	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 4	
<b>Heparins</b>		
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 2	



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	
<b>Indirect Factor Xa Inhibitors</b>		
<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 5	PA
<b>Low Molecular Weight Heparins</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
<b>Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs)</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (60 EA per 30 days)
<b>Platelet Aggregation Inhibitor Combinations</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	QL (60 EA per 30 days)
<b>Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	
<b>Platelet Aggregation Inhibitors - Salicylates</b>		
<i>adult low dose aspirin oral tablet, delayed release (drlec) 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 (drlec) 325 mg</i>	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents</b>		
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	
<i>clopidogrel oral tablet 75 mg</i>	Tier 6	QL (30 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 3	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Platelet Aggregation Inhibitors - PDEase and Adenosine deaminase Inhibitors</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
<b>Immunosuppressive Agents</b>		
<b>Immunosuppressive - Calcineurin Inhibitors</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>engraf oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>engraf oral solution 100 mg/ml</i>	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	Tier 4	
<b>Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors</b>		
<i>sirolimus oral solution 1 mg/ml</i>	Tier 5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 5	PA
<b>Immunosuppressive - Purine Analogs</b>		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Tier 5	PA
<i>azathioprine oral tablet 50 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Locomotor System</b>		
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors</b>		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 2	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 4	
<b>Neuromuscular Blocker - Neurotoxins</b>		
DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 5	PA; SP
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	QL (90 EA per 30 days)
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants</b>		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 3	
<b>Medical Supplies and Durable Medical Equipment (DME)</b>		
<b>Medical Supplies and DME - Blood Glucose Tests</b>		
FREESTYLE INSULINX STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LITE STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
FREESTYLE TEST STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
PRECISION XTRA TEST STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
<b>Medical Supplies and DME - Cervical Caps</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1	ACA
<b>Medical Supplies and DME - Diaphragms</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 1	ACA
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 1	ACA
<b>Medical Supplies and DME - Female Condoms</b>		
FC2 FEMALE CONDOM	Tier 1	OTC; ACA; QL (30 EA per 30 days)
<b>Medical Supplies and DME - Glucose Monitoring Test Supplies</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 3	OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 3	OTC
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	OTC
ACCU-CHEK SOFTCLIX LANCETS	Tier 3	OTC
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 3	OTC
ALTERNATE SITE LANCET 26 GAUGE	Tier 3	OTC
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 3	OTC
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 3	OTC
BD ULTRA FINE LANCETS 33 GAUGE	Tier 3	OTC
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 3	OTC
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 3	OTC
CAREONE THIN LANCET	Tier 3	OTC
CAREONE ULTRA THIN LANCET	Tier 3	OTC
CARESENS LANCETS 30 GAUGE	Tier 3	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
CLEVER CHEK LANCETS 30 GAUGE	Tier 3	OTC
COAGUCHEK LANCETS	Tier 3	OTC
COLOR LANCETS 21 GAUGE	Tier 3	OTC
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	OTC
COMFORT LANCETS	Tier 3	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 3	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	OTC
DEXCOM G6 RECEIVER	Tier 3	QL (1 EA per 365 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
DEXCOM G6 SENSOR DEVICE	Tier 3	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	QL (1 EA per 90 days)
DROPLET LANCETS 30 GAUGE	Tier 3	OTC
EASY COMFORT LANCETS 30 GAUGE	Tier 3	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 3	OTC
EMBRACE LANCETS 30 GAUGE	Tier 3	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 3	OTC
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC
E-Z JECT THIN LANCETS 28 GAUGE	Tier 3	OTC
EZ SMART LANCETS 28 GAUGE	Tier 3	OTC
EZ-LETS 26 GAUGE	Tier 3	OTC
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 3	OTC
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 3	OTC
FINGERSTIX LANCETS	Tier 3	OTC
FORACARE LANCETS 30 GAUGE	Tier 3	OTC
FREESTYLE LANCETS 28 GAUGE	Tier 3	OTC
FREESTYLE LIBRE 14 DAY READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	QL (2 EA per 28 days)
FREESTYLE UNISTIK 2	Tier 3	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
GOJJI LANCETS 30 GAUGE	Tier 3	OTC
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 3	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 3	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
INVACARE LANCETS 30 GAUGE	Tier 3	OTC
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
LANCETS, SUPER THIN	Tier 3	OTC
LANCETS,THIN , 23 GAUGE, 28 GAUGE	Tier 3	OTC
LANCETS,ULTRA THIN , 26 GAUGE	Tier 3	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
MEDISENSE THIN LANCETS 28 GAUGE	Tier 3	OTC
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	OTC
MICRO THIN LANCETS 33 GAUGE	Tier 3	OTC
MICROLET LANCET	Tier 3	OTC
MONOLET LANCETS 21 GAUGE	Tier 3	OTC
MONOLET THIN LANCETS 28 GAUGE	Tier 3	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 3	OTC
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 3	OTC
NOVA SUREFLEX LANCETS	Tier 3	OTC
ON CALL LANCET 30 GAUGE	Tier 3	OTC
ON CALL PLUS LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 3	OTC
ONETOUCH ULTRASOFT LANCETS	Tier 3	OTC
ON-THE-GO LANCETS 30 GAUGE	Tier 3	OTC
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 3	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	OTC
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 3	OTC
PURE COMFORT LANCETS 30 GAUGE	Tier 3	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 3	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 3	OTC
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 3	OTC
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 3	OTC
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
SAFETY-LET LANCETS 30 GAUGE	Tier 3	OTC
SINGLE-LET	Tier 3	OTC
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 3	OTC
SMARTEST LANCET	Tier 3	OTC
SOFT TOUCH LANCETS	Tier 3	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 3	OTC
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 3	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 3	OTC
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 3	OTC
SURE-TOUCH LANCET	Tier 3	OTC



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
TELCARE LANCETS 30 GAUGE	Tier 3	OTC
THIN LANCETS 26 GAUGE	Tier 3	OTC
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 3	OTC
TRUE COMFORT LANCET 30 GAUGE	Tier 3	OTC
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 3	OTC
ULTILET BASIC LANCETS 30 GAUGE	Tier 3	OTC
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	OTC
ULTRA FINE LANCETS 30 GAUGE	Tier 3	OTC
ULTRA THIN II LANCETS 30 GAUGE	Tier 3	OTC
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 3	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 3	OTC
ULTRA TLC LANCETS	Tier 3	OTC
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 3	OTC
UNILET EXCELITE II LANCET	Tier 3	OTC
UNILET EXCELITE LANCET	Tier 3	OTC
UNILET GP LANCET	Tier 3	OTC
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 3	OTC
UNILET LANCETS 30 GAUGE	Tier 3	OTC
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC
UNISTIK 3 COMFORT LANCET	Tier 3	OTC
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 3	OTC
UNISTIK 3 GENTLE 30 GAUGE	Tier 3	OTC
UNISTIK 3 LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	OTC
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	OTC
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
VIVAGUARD LANCET 30 GAUGE	Tier 3	OTC
<b>Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies</b>		
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"	Tier 2	OTC
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"	Tier 2	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"	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"	Tier 2	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", 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 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 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"	Tier 2	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	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"	Tier 2	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 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 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	Tier 2	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"	Tier 2	OTC
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	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"	Tier 2	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"	Tier 2	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"	Tier 2	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", 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	Tier 2	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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"	Tier 2	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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", 1/2 ML 32 GAUGE X 5/16"	Tier 2	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"	Tier 2	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	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"	Tier 2	OTC
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE 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, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	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"	Tier 2	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	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"	Tier 2	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"	Tier 2	OTC
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	OTC
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
HEALTHY ACCENTS UNIFINE PENTIP 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"	Tier 2	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"	Tier 2	OTC
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	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 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 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 2	OTC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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"	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"	Tier 2	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", 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 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, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
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", 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 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	OTC
OMNIPOD CLASSIC PDM KIT(GEN 3)	Tier 3	
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"	Tier 2	OTC
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 15/64", 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 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 2	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"	Tier 2	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	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", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	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"	Tier 2	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	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"	Tier 2	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	OTC
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	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"	Tier 2	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	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", 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 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	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	Tier 2	OTC
TECHLITE INSULIN 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", 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"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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"	Tier 2	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 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"	Tier 2	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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 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", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	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", 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 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	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"	Tier 2	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 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", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC

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", 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 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	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"	Tier 2	OTC
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	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"	Tier 2	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	OTC
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	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"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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", 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 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 2	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", 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 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, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	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"	Tier 2	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", 0.5 ML 29 GAUGE X 1/2"	Tier 2	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"	Tier 2	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	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", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	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"	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", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	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"	Tier 2	OTC
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	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"	Tier 2	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"	Tier 2	OTC



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	OTC
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	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"	Tier 2	OTC
<b>Medical Supplies and DME - Miscellaneous Other</b>		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
<b>Medical Supplies and DME - Respiratory Therapy Supplies</b>		
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PEDIATRIC PANDA MASK DEVICE	Tier 3	OTC
<b>Medical Supplies and DME - Urine Glucose Tests</b>		
DIASTIX STRIP	Tier 3	OTC
<b>Medical Supply, FDB Superset</b>		
<b>Medical Supply, FDB Superset</b>		
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	OTC
ADVANCED TRAVEL LANCETS 30 GAUGE	Tier 3	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"	Tier 2	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", 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 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ALTERNATE SITE LANCET 26 GAUGE	Tier 3	OTC
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	OTC
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 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"	Tier 2	OTC
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC
BD ULTRA FINE LANCETS 33 GAUGE	Tier 3	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 3	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"	Tier 2	OTC
CAREONE THIN LANCET	Tier 3	OTC
CARESENS LANCETS 30 GAUGE	Tier 3	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 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 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	Tier 2	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"	Tier 2	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
CARETOUCH TWIST LANCET 33 GAUGE	Tier 3	OTC
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 1	ACA
CHEMSTRIP 9 STRIP	Tier 3	OTC
COAGUCHEK LANCETS	Tier 3	OTC
COLOR LANCETS 21 GAUGE	Tier 3	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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", 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 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, 1/2 ML 28 GAUGE X 1/2"	Tier 2	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"	Tier 2	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"	Tier 2	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 3	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	OTC
DEXCOM G6 RECEIVER	Tier 3	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 3	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	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"	Tier 2	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", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16	Tier 2	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	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"	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	OTC
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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", 1/2 ML 32 GAUGE X 5/16"	Tier 2	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"	Tier 2	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	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"	Tier 2	OTC
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	OTC
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	OTC
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	OTC
EASY TOUCH SAFETY LANCETS 30 GAUGE, 32 GAUGE	Tier 3	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"	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
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"	Tier 2	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 3	OTC
EMBRACE LANCETS 30 GAUGE	Tier 3	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Tier 3	OTC
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE	Tier 3	OTC
EZ SMART LANCETS 28 GAUGE	Tier 3	OTC
EZ-LETS 26 GAUGE	Tier 3	OTC
FC2 FEMALE CONDOM	Tier 1	OTC; ACA; QL (30 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 1	ACA
FINGERSTIX LANCETS	Tier 3	OTC
FORACARE LANCETS 30 GAUGE	Tier 3	OTC
FREESTYLE INSULINX STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	OTC; QL: 150 IN 30 DAYS IF ON INSULIN 100 IN 30 DAYS IF NOT ON INSULIN
FREESTYLE LANCETS 28 GAUGE	Tier 3	OTC
FREESTYLE LIBRE 14 DAY READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	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", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
FREESTYLE UNISTIK 2	Tier 3	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
GOJJI LANCETS 30 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 3	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 3	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	OTC
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	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 2	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"	Tier 2	OTC
INVACARE LANCETS 30 GAUGE	Tier 3	OTC
LANCETS, SUPER THIN	Tier 3	OTC
LANCETS, THIN 28 GAUGE	Tier 3	OTC
LANCETS, ULTRA THIN	Tier 3	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"	Tier 2	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 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, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	OTC
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	OTC
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	OTC
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	OTC
MONOLET THIN LANCETS 28 GAUGE	Tier 3	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 3	OTC
NOVA SUREFLEX LANCETS	Tier 3	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	OTC
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
ON CALL LANCET 30 GAUGE	Tier 3	OTC
ON CALL PLUS LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA LANCETS 30 GAUGE	Tier 3	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 3	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 3	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	Tier 3	OTC
ONETOUCH ULTRASOFT LANCETS	Tier 3	OTC
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PEDIATRIC PANDA MASK DEVICE	Tier 3	OTC
PEN NEEDLE, DIABETIC NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 15/64", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16"	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 2	OTC
PENTIPS NEEDLE 32 GAUGE X 1/4"	Tier 2	OTC
PIP LANCET 28 GAUGE	Tier 3	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	OTC
PRECISION XTRA B-KETONE STRIP	Tier 3	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	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", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	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"	Tier 2	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	OTC
PRODIGY LANCETS 28 GAUGE	Tier 3	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"	Tier 2	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 3	OTC
PUSH BUTTON SAFETY LANCETS 21 GAUGE	Tier 3	OTC
READYLANCER SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED LANCET 23 GAUGE, 30 GAUGE	Tier 3	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 3	OTC
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 3	OTC
SAFETY LANCETS 26 GAUGE	Tier 3	OTC
SAFETY-LET LANCETS 30 GAUGE	Tier 3	OTC
SINGLE-LET	Tier 3	OTC
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	OTC
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE	Tier 3	OTC
SMARTTEST LANCET	Tier 3	OTC
SOFT TOUCH LANCETS	Tier 3	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 3	OTC
SUPER THIN LANCETS	Tier 3	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	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", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 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, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	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"	Tier 2	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	OTC
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	OTC
SURE-LANCE 26 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
SURE-TOUCH LANCET	Tier 3	OTC
TELCARE LANCETS 30 GAUGE	Tier 3	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 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"	Tier 2	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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 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", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	OTC
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	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", 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 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
TOPCARE UNIVERSAL1 LANCET 33 GAUGE	Tier 3	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	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"	Tier 2	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 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", 1/2 ML 32 GAUGE X 5/16"	Tier 2	OTC
TRUEPLUS LANCETS 33 GAUGE	Tier 3	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	OTC
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTILET BASIC LANCETS 30 GAUGE	Tier 3	OTC
ULTILET CLASSIC LANCETS 33 GAUGE	Tier 3	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", 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 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	OTC
ULTILET LANCETS 30 GAUGE, 33 GAUGE	Tier 3	OTC
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	OTC
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA FINE LANCETS 30 GAUGE	Tier 3	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"	Tier 2	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", 0.5 ML 29 GAUGE X 1/2"	Tier 2	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"	Tier 2	OTC
ULTRA THIN II LANCETS 30 GAUGE	Tier 3	OTC
ULTRA THIN LANCETS 33 GAUGE	Tier 3	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	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"	Tier 2	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	OTC
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	OTC
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE	Tier 2	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"	Tier 2	OTC
UNISTIK 3 COMFORT LANCET	Tier 3	OTC
UNISTIK 3 LANCETS 21 GAUGE	Tier 3	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE	Tier 3	OTC
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	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"	Tier 2	OTC
VIVAGUARD LANCET 30 GAUGE	Tier 3	OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 1	ACA
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 1	ACA
<b>Metabolic Modifiers</b>		
<b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type</b>		
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 4	PA
<b>Mouth-Throat-Dental - Preparations</b>		
<b>Dental Product - Fluoride Preparations</b>		
<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)
<b>Mouth and Throat - Antifungals</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<b>Mouth and Throat - Antiseptics</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	Tier 2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	Tier 2	
<b>Mouth and Throat - Glucocorticoids</b>		
<i>oralone dental paste 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 2	
<b>Mouth and Throat - Local Anesthetic Amides</b>		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	QL (300 ML per 90 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 2	
<b>Mouth and Throat - Saliva Stimulants</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 3	
<b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
<b>Multiple Sclerosis Agents</b>		
<b>Multiple Sclerosis Agent - Interferons</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; SP
<b>Multiple Sclerosis Agent - Others</b>		
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 5	PA; SP
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 5	PA; SP



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Multiple Sclerosis Agent - Potassium Channel Blocker</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 5	PA; SP
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator</b>		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA; SP
<b>Ophthalmic Agents</b>		
<b>Miotics - Cholinesterase Inhibitors</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	
<b>Miotics - Direct Acting</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations</b>		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Anticholinergics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
<b>Ophthalmic - Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (6 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	
<b>Ophthalmic - Anti-Inflammatory, Immunomodulators</b>		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic - Anti-inflammatory, LFA-1 antagonists</b>		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
<b>Ophthalmic - Anti-inflammatory, NSAIDs</b>		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 2	
<b>Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations</b>		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 2	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors</b>		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 4	QL (15 ML per 30 days)
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	
<b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers</b>		
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<b>Ophthalmic - Local Anesthetic Esters</b>		
<i>alcaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<b>Ophthalmic - Mast Cell Stabilizers</b>		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	
<b>Ophthalmic Antibacterial Mixtures</b>		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<b>Ophthalmic Antibiotic - Aminoglycosides</b>		
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<b>Ophthalmic Antibiotic - Fluoroquinolones</b>		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<b>Ophthalmic Antibiotic - Macrolides</b>		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<b>Ophthalmic Antibiotic - Sulfonamides</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<b>Ophthalmic Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 3	PA
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 6	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 3	QL (5 ML per 30 days)
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 6	QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 6	QL (5 ML per 30 days)
<b>Otic (Ear)</b>		
<b>Otic (Ear) - Anti-infective-Glucocorticoid Combinations</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<b>Otic (Ear) - Anti-infectives other</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
<b>Otic (Ear) - Fluoroquinolones</b>		
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
<b>Otic (Ear) - Glucocorticoids</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 3	
<b>Respiratory Therapy Agents</b>		
<b>1st Generation Antihistamine-Decongestant Combinations</b>		
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	Tier 2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 2	
<b>Antihistamine - 1st Generation - Ethanolamines</b>		
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	Tier 2	OTC

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

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

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	Tier 2	OTC; QL (300 ML per 30 days)
<i>fexofenadine oral tablet 180 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	Tier 2	OTC; QL (60 EA per 30 days)
<i>loradamed oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>loratadine oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 180 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-fex allergy oral tablet 60 mg</i>	Tier 2	OTC; QL (60 EA per 30 days)
<i>wal-itin oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	Tier 2	OTC; QL (300 ML per 30 days)
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<b>Antihistamines - 2nd Generation - Piperazines</b>		
<i>allergy relief (cetirizine) oral tablet 5 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<b>Antihistamines - 2nd Generation - Piperidines</b>		
<i>allerclear oral tablet 10 mg</i>	Tier 2	OTC; QL (30 EA per 30 days)
<b>Antitussives - Non-Opioid</b>		
<i>benzonatate oral capsule 100 mg</i>	Tier 2	
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4	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)	Tier 4	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 3	QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST; QL (10.6 GM per 30 days)
<b>Asthma Therapy - Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i>	Tier 2	
<i>montelukast oral tablet 10 mg</i>	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 2	
<b>Asthma Therapy - Xanthines</b>		
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 3	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 3	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	Tier 3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 3	
<b>Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors</b>		
<i>roflumilast oral tablet 500 mcg</i>	Tier 4	QL (30 EA per 30 days)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting</b>		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 3	QL (30 EA per 30 days)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting</b>		
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting</b>		
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 5	PA; QL (120 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 2	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 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	
<b>Asthma/COPD Therapy - Beta Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 2	
<b>Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	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 2	
<b>Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb,</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
<b>Cystic Fibrosis - Inhaled Aminoglycosides</b>		
<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
<b>Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	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)	Tier 5	PA; SP
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA; SP
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	Tier 2	QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 2	QL (15 ML per 30 days)
<b>Nasal Antihistamines</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 2	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	
<b>Nasal Corticosteroids</b>		
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	Tier 2	OTC

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>24 hour nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<i>aller-cort nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<i>aller-flo nasal spray,suspension 50 mcglactuation</i>	Tier 2	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcglactuation</i>	Tier 2	OTC
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i>	Tier 2	OTC; QL (8.43 ML per 30 days)
<i>clarispray nasal spray,suspension 50 mcglactuation</i>	Tier 2	OTC
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i>	Tier 2	QL (16 GM per 30 days)
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 2	OTC
<b>Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations</b>		
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 2	
<b>Non-Opioid Antitussive-Antihistamine Combinations</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
<b>Opioid Antitussive-1st Generation Antihistamine Combinations</b>		
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	
<b>Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb.</b>		
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 2	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Opioid Antitussive-Anticholinergic Combinations</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 2	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	Tier 2	
<b>Opioid Antitussive-Expectorant Combinations</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	Tier 2	OTC
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 5	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 5	PA; SP
<b>Vaginal Products</b>		
<b>Vaginal Antibacterial - Lincosamides</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
<b>Vaginal Antifungal - Triazoles</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives</b>		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 3	
<b>Vaginal Progestins</b>		
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