



Portfolio Medium – Preferred Drug List (PDL)

MemorialCare Select Health Plan

Applies to: MemorialCare Select Members

Last Updated: July 2024

Please note the formulary is subject to change and all previous versions of the formulary will no longer be in effect.

To Access MemorialCare Select Pharmacy information: <https://www.memorialcaresselecthealthplan.org/access-information>

To Access MemorialCare Select EOC: <https://www.memorialcaresselecthealthplan.org/seaside-select-member-services>

Table of Contents

Informational Section.....	3
Alternative Therapy - Vitamins and Minerals.....	9
Analgesic, Anti-inflammatory or Antipyretic.....	18
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever.....	18
Anesthetics - Drugs for Pain and Fever.....	45
Anorectal Preparations - Rectal Preparations.....	53
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning.....	54
Anti-Infective Agents.....	58
Anti-Infective Agents - Drugs for Infections.....	58
Antineoplastics.....	89
Antineoplastics - Drugs for Cancer.....	90
Antiseptics and Disinfectants - Antiseptics and Disinfectants.....	119
Biologicals.....	120
Biologicals - Biological Agents.....	120
Cardiovascular Therapy Agents.....	147
Cardiovascular Therapy Agents - Drugs for the Heart.....	147
Central Nervous System Agents - Drugs for the Nervous System.....	178
Chemical Dependency, Agents to Treat - Drugs for Addiction.....	231
Chemicals-Pharmaceutical Adjuvants.....	235
Cognitive Disorder Therapy.....	239
Cognitive Disorder Therapy - Drugs for the Nervous System.....	239
Contraceptives - Drugs for Women.....	241
Dermatological.....	254
Dermatological - Drugs for the Skin.....	255
Diagnostic Agents.....	296
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System.....	297
Eating Disorder Therapy - Drugs for Eating Disorders.....	298
Electrolyte Balance-Nutritional Products.....	299
Electrolyte Balance-Nutritional Products - Drugs for Nutrition.....	300
Endocrine.....	368
Endocrine - Hormones.....	368
Enzymes - Vitamins and Minerals.....	401
FDB Class Obsolete-Not Used.....	401
Gastrointestinal Therapy Agents.....	402
Gastrointestinal Therapy Agents - Drugs for the Stomach.....	402
Genitourinary Therapy - Drugs for the Urinary System.....	438
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever.....	446
Hematological Agents.....	447
Hematological Agents - Drugs for the Blood.....	447
Hepatobiliary System Treatment Agents.....	467
Hepatobiliary System Treatment Agents - Drugs for the Liver.....	468
Immunosuppressive Agents - Drugs for Organ Transplants.....	468
Locomotor System.....	471
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones.....	471
Medical Supplies and Durable Medical Equipment (DME).....	478

Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment.....	478
Medical Supply, FDB Superset.....	563
Metabolic Disease Enzyme Replacement Agents.....	642
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease.....	642
Metabolic Modifiers.....	644
Metabolic Modifiers - Drugs that Alter Metabolism.....	645
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat.....	648
Multiple Sclerosis Agents - Drugs for the Nervous System.....	652
Ophthalmic Agents.....	655
Ophthalmic Agents - Drugs for the Eye.....	655
Organ Preservation Solutions.....	673
Organ Preservation Solutions - Drugs for the Heart.....	673
Otic (Ear) - Drugs for the Ear.....	675
Renal Replacement Therapy - Drugs for the Kidneys.....	676
Respiratory Therapy Agents - Drugs for the Lungs.....	678
Vaginal Products - Drugs for Women.....	694

FORMULARY INFORMATION

What is a Formulary?

The Formulary provides a list of covered generic and brand name drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. This Formulary does not apply to drugs or devices that are obtained through the medical benefit portion of your coverage. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. The presence of a prescription drug on the formulary does not guarantee an enrollee will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition. For more information regarding the Formulary or your prescription drug benefit, please contact your plan's Member Services department at (855) 367-7747, or for the hearing and speech impaired TTY: 711, Monday through Friday, between 8:00 am – 5:00 pm PST, or refer to your Plan Benefit Documents, available at <https://www.memorialcaresselecthealthplan.org>.

Can the Formulary (drug list) change?

Drugs may be added or deleted from the Formulary during the policy year, and the Formulary will be updated with any changes on a monthly basis. Changes will be effective on the first day of the month. If there is a change in drug or dosage form, if a drug is removed from the Formulary, if prior authorization, quantity limits and/or step therapy restrictions are added to a drug, or if a drug moves to a higher cost sharing tier, the plan will notify affected enrollees of the change before the change becomes effective. If the FDA deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

The Formulary is subject to change and all previous versions of this formulary are no longer in effect.

How does a member fill a prescription?

To obtain drugs at a participating pharmacy, the enrollee must present his or her pharmacy benefit plan identification card. Except for covered emergencies, claims for drugs obtained without using the identification card will be denied. To locate a participating pharmacy (including specialty pharmacies), check the cost-sharing for a particular drug, or enroll in mail-order, visit <https://www.memorialcaresselecthealthplan.org>. Your plan benefits may restrict coverage of specialty drugs only when obtained from a Network Specialty Pharmacy, except in case of an emergency.

What are generic drugs?

The plan covers both brand name drugs and generic drugs provided they are prescribed per Food and Drug Administration (FDA) approved indications and in accordance with the plan pharmacy benefit coverage. 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.

How to Use this Formulary Document

The categorical list of drugs in this document groups drugs into categories and classes based on the First National Databank (FDB), a widely-accepted independent drug classification system. A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index.

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

For example, the brand name drug Riomet and its generic would be listed as follows:

RIOMET ORAL SOLUTION 500 MG/5 ML (*metformin*)
metformin oral solution 500 mg/5 ml (RIOMET)

Tier Benefit Design

The Formulary applies to a tier benefit design, where the enrollee shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventive Care medications, if available on the plan, will be covered without cost sharing (zero copay). To determine the cost-sharing for each drug tier, refer to your Plan Benefit Documents, available at <https://www.memorialcareseselecthealthplan.org>.

Example of Formulary Tier Design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents) and for applicable plans, high cost generic medications
- Tier 3: Non-preferred brand medications (non-formulary agents)
- \$0: Essential Health Benefit medications intended for preventive care under the Patient Protection and Affordable Care Act (ACA) covered at 100% with no deductible, copay or coinsurance required within coverage criteria

Are there any restrictions on coverage of drugs on the Formulary?

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

- **Prior Authorization:** The plan requires enrollees or their prescribing providers to obtain prior authorization for certain drugs. This means that the enrollee will need to obtain approval before the prescription will be covered.
- **Quantity Limits:** For certain drugs, the plan limits the amount of drug that is covered
- **Step Therapy:** In some cases, the plan requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.
- **Age Limit:** For certain drugs, the plan limits coverage of the drug within a determined age limit.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the Formulary listing using the following symbols (*refer to table below*).

Symbol	Guidelines	Description
AGE	Age Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. See " What is a Prior Authorization? " below for additional information.
QL	Quantity Limit	Coverage may limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage may depend on previous use of another drug. Prior authorization may be required. See " What is Step Therapy? " below for additional information.
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit. Prior authorization may be required.
DD	Diabetes Drugs/Devices	Drugs or devices used to treat or manage diabetes

CT	Contraceptives	Drugs used to prevent pregnancy
OCH	Oral Cancer Drugs	Drugs taken by mouth to treat cancer

The enrollee can find out if the drug has any additional requirements or limits by looking within the Formulary.

Are there general exclusions on the formulary?

Many enrollees have specific benefit inclusions, exclusions, copayments, out-of-pocket costs, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to enrollees and does not apply to medications used in inpatient settings. If an enrollee has any specific questions regarding their coverage, they should contact their plan’s Member Services department at (855) 367-7747, or for the hearing and speech impaired TTY: 711, Monday through Friday, between 8:00 am – 5:00 pm PST, or refer to your Plan Benefit Documents, available at <https://www.memorialcaresselecthealthplan.org>.

Examples of benefit exclusions:

- A. Over-the-Counter (OTC) medications or their equivalents, unless the plan offers coverage of the OTC medications
- B. Drugs specifically listed as not covered
- C. Any drug product used for cosmetic purposes
- D. Medical food/nutritional supplements
- E. Non-diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- F. Disposable needles and syringes (non-insulin related)
- G. Any drug products used for cosmetic purposes
- H. Experiment drug products or any drug product used in an experimental manner
- I. Replacement of lost or stolen medication
- J. Repackaged drugs and institutional use drugs (e.g. hospital use)
- K. Lifestyle drugs (e.g. sexual dysfunction, infertility)
- L. Weight loss drugs
- M. Non self-administered injectable drug products unless otherwise specified in the Formulary listing
- N. Foreign sourced drugs or drugs not approved by the United States FDA, except in certain cases of drug shortage, when covered under the plan

What if a drug is not on the Formulary? How does an enrollee request an exception to the Formulary?

Medically necessary non-formulary drugs are covered and subject to higher copayments. Enrollees and their prescribing providers may request an exception to any prior authorization or step therapy requirement by indicating the Request for Exception on the Pharmacy Prior Authorization form and submitting the form along with any supporting medical documentation to MedImpact by fax at 1-858-790-7100 or request by phone at 1-800-788-2949. Upon receipt of all required supporting information, MedImpact will review your request and make a decision to approve or deny your request. Decisions for routine requests are issued within 72 hours from the receipt of the complete information. If your provider believes your condition is life-threatening (exigent circumstance), your request will be expedited, and a decision will be issued within 24 hours from the receipt of the information. If a decision is not reached within these timeframes, your request is considered approved.

If your request is approved, your plan shall provide coverage for requests for the duration of the prescription, including refills. If your request is denied, your notice of denial will include information on how to file an appeal. Appeals are responded to within 5 days from the time of receipt, and within 72 hours for expedited appeals (for exigent circumstances). The notice will also include information on how to request an external appeal through the Department of Managed Health Care’s Independent Medical Review process.

What is a Prior Authorization?

Many drugs have multiple indications, so prior authorizations are placed on those drugs to make sure the drug is safe and appropriate for the enrollee.

How does the program work?

Drugs that require prior authorization will show PA in the Coverage Requirements and Limits column of the Formulary document. Before these drugs are covered, your prescribing provider must show that you have a medically necessary need for the drug. Drugs requiring prior authorization have specific clinical criteria that you must meet before the drug is covered. Your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-formulary drug, described above.

What are Quantity Limits?

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

What is Step Therapy?

Drugs that require step therapy will show ST in the Coverage Requirements and Limits column of the Formulary document. Step therapy encourages safe and competitively priced medication use through a stepwise approach. This means that before a drug requiring step therapy is covered, you must first try other preferred drugs that treat the same medical condition. After trying other preferred drugs first, then the step therapy drug will be covered. If you are unable to try other preferred drugs first, then your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-formulary drug, described above.

If you previously completed step therapy for a drug while covered under another plan, you may not be required to repeat step therapy for the drug under this plan. The plan may not limit or exclude coverage for a drug that was previously approved, if your provider continues to prescribe the drug for your medical condition, provided the drug is appropriately prescribed and is safe and effective for treating your medical condition.

Preventive Care

Select over-the-counter (OTC) drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B may be covered at a quantity greater than a 30-day supply. It is your plan's intent to comply with federal law regarding preventive care benefits under the Patient Protection and Affordable Care Act. All prescriptions which qualify for the preventive care benefit, as defined by the appropriate federal regulatory agencies, and which are provided by a network-participating pharmacy, will be covered at 100% with no deductible, copay or coinsurance required. All such medications require a prescription from your doctor.

Members who are stable on their current FDA-approved, self-administered hormonal contraceptive, may receive up to a 12-month supply at one time. Select contraceptives are covered with a \$0 copayment.

Diabetes Care

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

- Insulin
- Needles and syringes for injecting insulin
- Prescription medications for the treatment of diabetes
- Glucagon
- Diabetic testing supplies, including blood and urine testing strips and test tablets, lancets and lancet puncture devices and pen delivery systems for the administration of insulin

Other Pharmacy Items

Some Durable Medical Equipment that is covered through your medical benefit is also available at the pharmacy for the management and treatment of diabetes when medically necessary and authorized:

- Blood glucose monitors, including those designed to assist the visually impaired;
- Insulin pumps and all related necessary supplies;

- Continuous glucose monitors and all related necessary supplies;
- Podiatric devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes;
- Visual aids, excluding eyewear and/or video-assisted devices, designed to assist the visually impaired with proper dosing of insulin;

Anti-Cancer Drugs

If you are prescribed a covered, orally administered anti-cancer drug, the total amount of your cost-sharing shall not exceed \$250 for an individual prescription for up to a 30-day supply.

Definition of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is

in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Androgenic Agents - Vitamins and Minerals		
DHEA ORAL TABLET 25 MG (<i>prasterone (dhea)</i>)	Tier 1	
<i>prasterone (dhea) oral capsule 25 mg</i>	Tier 1	
<i>prasterone (dhea) oral tablet 10 mg</i>	Tier 3	
<i>prasterone (dhea) oral tablet 25 mg</i>	Tier 1	
Alternative Therapy - Antiarthritics - Vitamins and Minerals		
<i>acetylglucosamine oral capsule 700 mg</i>	Tier 1	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG (<i>glucosamine hcl/methylsulfonylmethane/boswellia/herbal 182</i>)	Tier 3	
<i>glucosam-chondr-c-mang citrate oral capsule 375-300-15-0.25 mg</i>	Tier 1	
<i>glucosam-chondr-msm-c-manganes oral capsule 375-300-75-15 mg</i>	Tier 1	
<i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>	Tier 1	
<i>glucosamine 2kcl-msm-chondroit oral tablet 500-166.6-400 mg</i>	Tier 3	
<i>glucosamine hcl-hyaluronic oral tablet 1,000-1.65 mg</i>	Tier 1	
<i>glucosamine sulfate oral capsule 500 mg</i>	Tier 1	
<i>glucosamine sulfate oral tablet 1,000 mg</i>	Tier 1	
GLUCOSAMINE-CHONDR-D3 (C-MANG) ORAL CAPSULE 500-400-667 MG-MG-UNIT (<i>glucosamine/chondr-collagen complex/vit d3/vit c/manganese</i>)	Tier 3	
GLUCOSAMINE-CHONDROITIN 3X ORAL TABLET 750-625-30 MG (<i>glucosamine/chondroitin-msm no.1/c/manganes/boswellia serrata</i>)	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg-937.5 mg</i>	Tier 1	
<i>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</i>	Tier 1	
<i>glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg</i>	Tier 1	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG (<i>glucosamine dipot chlchondroitin sul a nalboswellturmeric</i>)	Tier 3	
INVIGOFLEX CS ORAL TABLET 600-125 MG (<i>chondroitin sulfateturmeric</i>)	Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (<i>glucosamine sulfate</i>)	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG (<i>glucosamine sulfate dipotassium chloriboswellia serrata ext</i>)	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (<i>glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate</i>)	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG (<i>glucosamine/chondroitin/msm/d3/hyaluronic acid/cal borate</i>)	Tier 3	
SUPERIOR JOINT SUPPORT ORAL TABLET 300-100-100-50 MG (<i>glucosam/chondr/msm/collaglboswell/turmeric/pancrlq uerclbrom</i>)	Tier 3	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG (<i>glucosamin/chondroitin/msm/vit clmanganeselhyaluroniclmsusel</i>)	Tier 3	
SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG (<i>glucosamine sulfate sodium/chondroitin sulfate sodium/msm</i>)	Tier 3	
Alternative Therapy - Antidepressants - Vitamins and Minerals		
<i>st. john's wort oral capsule 300 mg</i>	Tier 1	
<i>st. john's wort oral capsule 350 mg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Antioxidant - Vitamins and Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (<i>vit c,e,zinc,copper 11/omega-3/dhalepalfish/lutein/zeaxanth</i>)	Tier 1	
ALAMAX CR ORAL TABLET EXTENDED RELEASE 600 MG- 450 MCG (<i>alpha lipoic acid/biotin</i>)	Tier 3	
ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (<i>alpha lipoic acid/biotin/berberine chloride</i>)	Tier 3	
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 3	
<i>alpha lipoic acid oral capsule 200 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet extended release 600 mg</i>	Tier 3	
<i>alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg</i>	Tier 1	
ALPHA LIPOIC SUSTAIN-BIOTIN ORAL TABLET, IR AND ER, BIPHASIC 300 MG- 330 MCG (<i>alpha lipoic acid/biotin</i>)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (<i>beta-carotene/ascorbic acid/vite ac/selenium yeast</i>)	Tier 3	
<i>bilberry frt ext-grape skin xt oral capsule 80-200 mg</i>	Tier 1	
CAROTENALL ORAL CAPSULE 600 MCG-500 MCG -10 MG-10 MG (<i>beta,alpha-carotene/gamma tocollycopllutein/zeaxanth/astaxan</i>)	Tier 3	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (<i>beta-carotene(a) w-c and ellutein/minerals</i>)	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (<i>beta-carotene/ascorbic acid/vite ac/zinc oxid/cupric oxide</i>)	Tier 1	
<i>glutathione (bulk) powder 100 %</i>	Tier 3	
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG (<i>vit c/vit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i>)	Tier 1	
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG (<i>vit c/vit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (<i>lutein/la-cysteinela/luercet/zinc/taurine/bilberry/lycopene</i>)	Tier 3	
LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (<i>acetylcysteine/alpha lipoic/milk thistle/selenomethionine</i>)	Tier 3	
<i>lutein oral capsule 20 mg</i>	Tier 1	
<i>lutein-zeaxanthin oral capsule 20-4 mg, 40-1,600 mg-mcg</i>	Tier 1	
<i>lutein-zeaxanthin oral capsule 25-5 mg</i>	Tier 1	
<i>lutein-zeaxanthin-bilberry ext oral capsule 20-1-2.2 mg</i>	Tier 3	
MACULAPF ORAL CAPSULE 10-20-13-4 MG (<i>choline/lutein/zeaxanthin/lutaxanthin</i>)	Tier 3	
MITOPRIME ORAL CAPSULE 12.5 MG (<i>ergothioneine</i>)	Tier 3	
NUMAQUA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (<i>multivitamin with minerals/folic acid/lutein/zeaxanthin</i>)	Tier 3	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (<i>multivitamin-minerals/folic acid/vit k/lutein/zeaxanthin</i>)	Tier 3	
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG (<i>vit c/vit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i>)	Tier 1	
PRESERVISION AREDS-2 ORAL TABLET,CHEWABLE 250-90-40-1 MG (<i>vit c/vit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i>)	Tier 3	
<i>r-lipoic acid-biotin oral capsule 100 mg-150 mcg</i>	Tier 1	
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG (<i>vit c/vit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i>)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (<i>vitamin b complex/vit c/selenium/lutein/zeaxanthin/herb 253</i>)	Tier 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (<i>vit c/vit e/zinc/copper/selen/lutein/zeaxanthin/glutathione</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Cough and Cold Agents - Vitamins and Minerals		
BABY COUGH ORAL SYRUP 4 GRAM-45 MG- 9 MG/3 ML (<i>agave extract/thyme leaf extract/english ivy extract</i>)	Tier 3	
BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (<i>blue agave extract/english ivy extract</i>)	Tier 3	
KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (<i>blue agave extract/english ivy extract</i>)	Tier 3	
KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (<i>blue agave extract/english ivy extract/chamomile flower ext</i>)	Tier 3	
Alternative Therapy - Pineal Hormone Agents - Vitamins and Minerals		
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 3	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral lozenge 5 mg</i>	Tier 3	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
SLOWMAG MG CALM-SLEEP ORAL TABLET,DELAYED RELEASE (DR/EC) 1-71.5 MG (<i>melatonin/magnesium citrate</i>)	Tier 3	
Alternative Therapy - Sedative/Hypnotics - Vitamins and Minerals		
SLEEP TONITE VALERIAN ORAL TABLET 750-100-25 MG (<i>valerian xt/passion flower/hops/chamomile flower/skullcap</i>)	Tier 3	
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (<i>valerian rt/passion flower/hops/cherry/magnesium comb/potass</i>)	Tier 3	
<i>tryptophan oral capsule 500 mg</i>	Tier 1	
<i>valerian root-valerian root xt oral capsule 400-110 mg</i>	Tier 3	
<i>valerian-flower-hops-lemon oral capsule 450-100 mg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Unclassified - Vitamins and Minerals		
ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (<i>acai berry extract/chromium/green teal/caffeine/enzymes</i>)	Tier 3	
ADVANCED HERBALS GINGER ORAL TABLET,CHEWABLE 15 MG (<i>ginger root extract</i>)	Tier 3	
ADVANCED HERBALS NAUSEA MUCOUS MEMBRANE LOZENGE 15.625-12.5 MG (<i>ginger root extract/ashwagandha root extract</i>)	Tier 3	
<i>ashwagandha extract oral capsule 120 mg</i>	Tier 1	
<i>ashwagandha extract oral capsule 500 mg</i>	Tier 3	
<i>ashwagandha root extract oral capsule 300 mg, 500 mg</i>	Tier 1	
<i>ashwagandha root extract oral tablet 300 mg</i>	Tier 1	
ATRANTIL ORAL CAPSULE 275 MG (<i>tannic acid/horse chestnut seed xt/peppermint leaf xt</i>)	Tier 3	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (<i>cranberry fruit concentratelasorbic acid/bacillus coagulans</i>)	Tier 3	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (<i>cranberry fruit extract/lascorbic acid</i>)	Tier 3	
AZO MEN ORAL CAPSULE 500 MG (<i>pumpkin seed extract</i>)	Tier 3	
<i>balsam peru (bulk) liquid</i>	Tier 3	
BERGACOR ORAL TABLET 650 MG (<i>bergamot extract</i>)	Tier 3	
BERGACOR PLUS ORAL TABLET 400-250 MG (<i>bergamot extract/lindian gooseberry extract</i>)	Tier 3	
<i>bitter melon extract oral tablet 750 mg</i>	Tier 3	
<i>borage seed oil oral capsule 1,200 mg</i>	Tier 3	
BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE,DELAYED RELEASE(DR/EC) (<i>peppermint oil</i>)	Tier 3	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (<i>turmeric/ginger/olive/oregano/sodium caprylate</i>)	Tier 3	
<i>cinnamon bark extract oral tablet 500 mg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRUS BERGAMOT ORAL CAPSULE 500 MG (<i>bergamot extract</i>)	Tier 3	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (<i>ashwagandhalmagnolia brklphellodlbanaba lflmaral rt/theanine</i>)	Tier 3	
<i>cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg</i>	Tier 3	
<i>cranberry extract oral capsule 500 mg</i>	Tier 3	
<i>cranberry extract oral tablet 500 mg</i>	Tier 3	
<i>cranberry fruit concentrate oral tablet,disintegrating 125 mg</i>	Tier 3	
<i>cranberry fruit oral capsule 465 mg</i>	Tier 3	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (<i>cranberry fruit concentratelascorbic acidlbacillus coagulans</i>)	Tier 3	
CRANRX ORAL CAPSULE 500 MG (<i>cranberry fruit concentrate</i>)	Tier 3	
<i>curcumin-phosphatidylcholine oral capsule 500 mg</i>	Tier 3	
CURCUPLEX-95 ORAL CAPSULE 500 MG (<i>turmeric root extract</i>)	Tier 3	
<i>dandelion root oral capsule 525 mg</i>	Tier 3	
DIGESTIVE SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100-21.5 MG (<i>caraway seed extract/levomenthol</i>)	Tier 1	
DRAMAMINE GINGER ORAL TABLET,CHEWABLE 15 MG (<i>ginger root extract</i>)	Tier 3	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (<i>ginger</i>)	Tier 3	
<i>echinacea oral capsule 125 mg</i>	Tier 3	
<i>echinacea oral capsule 400 mg</i>	Tier 1	
<i>echinacea purp aerial part ext oral capsule 65 mg</i>	Tier 3	
<i>elderberry fruit oral capsule 350 mg</i>	Tier 3	
ELLURA ORAL CAPSULE 206 MG (<i>cranberry fruit extract</i>)	Tier 3	
ESTROVEN Cmplt Menopause Rlf Oral Tablet 4 MG (<i>rhubarb root extract</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROVERA ORAL TABLET 4 MG (<i>rhubarb root extract</i>)	Tier 3	
<i>evening primrose oil oral capsule 1,300 mg</i>	Tier 3	
<i>fenugreek seed oral capsule 610 mg</i>	Tier 3	
FLASHARREST ORAL CAPSULE 96.5 MG (<i>hops extract/spruce fir extract</i>)	Tier 3	
<i>flaxseed oil oral capsule 1,000 mg</i>	Tier 3	
<i>garlic extract oral tablet 400 mg</i>	Tier 3	
<i>garlic oral capsule 1,000 mg</i>	Tier 3	
GARLIX ORAL CAPSULE 650 MG (<i>garlic extract</i>)	Tier 3	
<i>gelatin oral capsule 650 mg</i>	Tier 1	
<i>ginger (zingiber officinalis) oral capsule 550 mg</i>	Tier 3	
<i>ginkgo biloba leaf extract oral capsule 120 mg, 125 mg</i>	Tier 3	
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (<i>ginkgo biloba leaf extract/bacopa leaf extract</i>)	Tier 3	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (<i>herbal complex no.306</i>)	Tier 3	
<i>green tea leaf extract oral capsule 500 mg</i>	Tier 3	
GREEN TEA-600 ORAL CAPSULE 600 MG (<i>green tea leaf extract</i>)	Tier 3	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (<i>diindolylmethane/broccoli seed extract</i>)	Tier 3	
<i>licorice root (g.glabra) oral capsule 450 mg</i>	Tier 1	
MEDCAPS MENOPAUSE ORAL CAPSULE (<i>herbal complex no.321</i>)	Tier 3	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
MENOFEM ORAL CAPSULE (<i>herbal complex no.323</i>)	Tier 3	
<i>milk thistle oral capsule 150 mg</i>	Tier 3	
<i>milk thistle sd ext-blessed th oral capsule 175-120 mg</i>	Tier 3	
<i>milk thistle seed extract oral capsule 250 mg</i>	Tier 3	
MIND AND MEMORY ORAL CAPSULE 100-100 MG (<i>coffee extract/phosphatidyl serine</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (<i>tamarindus indica seed/turmeric root extract</i>)	Tier 3	
MYROSINASE ORAL CAPSULE 287.5 MG (<i>mustard seed</i>)	Tier 3	
NEURIVA DE-STRESS ORAL CAPSULE 100-200-10 MG (<i>coffee extract/theanine/superoxide dismutase</i>)	Tier 3	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (<i>coffee extract/phosphatidyl serine</i>)	Tier 3	
NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (<i>coffee extract/phosphatidyl serine</i>)	Tier 3	
NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (<i>turmeric xtlgreen tea xtlpterostilbene/broccoli seed xt</i>)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
ONCOPLEX ES ORAL CAPSULE 100 MG (<i>broccoli seed extract</i>)	Tier 3	
ONCOPLEX ORAL CAPSULE 30 MG (<i>broccoli seed extract</i>)	Tier 3	
ORAXINOL ORAL CAPSULE 500 MG (<i>herbal complex no.319</i>)	Tier 3	
<i>oregano oil-flaxseed oil oral capsule 50-25 mg</i>	Tier 3	
PMS SOOTHE ORAL CAPSULE (<i>herbal complex no.327</i>)	Tier 3	
<i>pterostilbene oral capsule 50 mg</i>	Tier 3	
<i>red beet root-sour cherry ext oral tablet,chewable 250-0.5 mg</i>	Tier 3	
<i>red yeast rice extract oral capsule 55 mg</i>	Tier 3	
<i>red yeast rice oral capsule 600 mg</i>	Tier 3	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (<i>black cohosh root extract</i>)	Tier 3	
<i>resveratrol-ascorbic acid oral capsule 100-100 mg</i>	Tier 3	
SALOXICIN ORAL CAPSULE 60-25-20 MG (<i>willow bark ext/boswellia serrata ext/herbal complex no. 322</i>)	Tier 3	
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (<i>elderberry fruit</i>)	Tier 3	
<i>saw palmetto oral capsule 450 mg</i>	Tier 3	
<i>schisandra oral capsule 580 mg</i>	Tier 3	
<i>shilajit oral capsule 250 mg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNOVX RELIEF ORAL CAPSULE 500 MG (<i>boswellia serrata extract/turmeric root extract</i>)	Tier 3	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (<i>shilajitleurycoma longifolia extract</i>)	Tier 3	
<i>turmeric root extract oral capsule 500 mg</i>	Tier 3	
<i>turmeric root extract oral tablet 500 mg</i>	Tier 3	
<i>turmeric root-ginger root ext oral tablet,chewable 150-25 mg</i>	Tier 3	
<i>turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg</i>	Tier 3	
<i>turmeric-turmeric root extract oral capsule 450-50 mg</i>	Tier 3	
<i>valerian root oral capsule 450 mg</i>	Tier 3	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (<i>andrographis extlisatis root xt/licorice root xt</i>)	Tier 3	
<i>vit c-echinacea purpurea xt oral tablet,chewable 75-3 mg</i>	Tier 1	
VITALVASC ORAL CAPSULE 75-250-125 MG (<i>grape seed extract/hesperidin/olive extract</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Central Alpha-2 Receptor Agonists - Arthritis and Pain Drugs		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml</i>	Tier 1	
Analgesic - Neurolysis Agents - Arthritis and Pain Drugs		
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 % (<i>ethyl alcohol</i>)	Tier 1	
<i>phenol injection solution 6 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (<i>ziconotide acetate</i>)	Tier 3	SP
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (<i>difelikefalin acetate</i>)	Tier 3	PA; SP
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcllpf</i>)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML (<i>hydromorphone hcllpf</i>)	Tier 1	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (<i>hydromorphone hcllpf</i>)	Tier 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (<i>sufentanil citrate</i>)	Tier 3	PA
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (<i>morphine sulfate</i>)	Tier 3	SP
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 500 mcg/10 ml (50 mcg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml, 550 mcg/55 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,000 mcg/50 ml (20 mcg/ml), 1,250 mcg/50 ml (25 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 16 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 100 mcg/2 ml (50 mcg/ml), 20 mcg/2 ml (10 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 50 mcg/5 ml (10 mcg/ml), 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syringe 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) in water intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous patient control. analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous pt controlled analgesia syringe 3 mg/30 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone injection solution 1 mg/ml</i>	Tier 1	
<i>hydromorphone injection solution 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.25 mg/0.5 ml</i>	Tier 3	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm injection syringe 0.2 mg/ml, 0.5 mg/ml, 2 mg/10 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (<i>morphine sulfate</i> pf)	Tier 3	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (<i>difelikefalin acetate</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syringe 550 mg/55 ml (10 mg/ml)</i>	Tier 1	
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone in 0.9 % sod.chlorid intravenous syringe 1 mg/ml (1 ml), 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>methadone in sod chlor,iso-osm intravenous syringe 10 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone injection syringe 5 mg/0.5 ml</i>	Tier 1	
<i>methadone hcl</i> (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
<i>methadone intravenous syringe 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML (<i>morphine sulfate</i> pf)	Tier 1	
<i>morphine (pf) in 0.9 % sod chl injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 150 mg/30 ml (5 mg/ml), 25 mg/25 ml (1 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syringe 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous syringe 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)</i>	Tier 1	
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection solution 2 mg/ml</i>	Tier 3	
<i>morphine injection solution 4 mg/ml</i>	Tier 1	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	Tier 3	QL (6 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML) (<i>oliceridine fumarate</i>)	Tier 3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML (<i>oliceridine fumarate</i>)	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>oxycodone hcl</i>)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (<i>oxycodone hcl</i>)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	Tier 3	
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (<i>oxycodone myristate</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (<i>oxycodone myristate</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (<i>oxycodone myristate</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Fentanyl Combinations - Arthritis and Pain Drugs		
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%</i>	Tier 1	SP
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml-%, 5-0.075 mcg/ml-%</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 4 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	Tier 1	
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone hcl/acetaminophen</i>)	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid - Arthritis and Pain Drugs		
<i>acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml)</i>	Tier 1	
<i>acetaminophen intravenous solution 500 mg/50 ml (10 mg/ml), 650 mg/65 ml (10 mg/ml)</i>	Tier 1	
<i>acetaminophen intravenous syringe 100 mg/10 ml (10 mg/ml), 325 mg/32.5 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine</i> (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	Tier 3	PA; SP
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab/1pf</i>)	Tier 3	PA; SP
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (<i>rilonacept</i>)	Tier 3	PA; SP
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 2	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	Tier 1	PA; SP
RENFLXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 3	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 2	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 3	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 3	PA; SP
DMARD - Antimalarials - Arthritis and Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	Tier 3	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	OCH; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	Tier 3	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	Tier 3	PA; SP
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 3	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 3	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 3	PA; SP
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	SP
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	Tier 1	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP; OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	SP; OCH
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	Tier 3	PA; SP
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 3	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 2	PA; SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 1	PA; SP
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 2	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) (<i>apremilast</i>)	Tier 2	PA; SP
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (<i>belimumab</i>)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 3	PA; SP
NSAID Analgesic and Non-Salicylate Analgesic Combination - Arthritis and Pain Drugs		
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML (<i>ibuprofen sodium/lacetaminophen</i>)	Tier 3	
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML (<i>meloxicam</i>)	Tier 3	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) (<i>ibuprofen</i>)	Tier 3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (<i>ibuprofen</i>)	Tier 3	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketoprofen</i> (Kiprofen Oral Capsule 25 Mg)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 81 mg</i>	\$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 % (<i>desflurane</i>)	Tier 3	
<i>isoflurane</i> (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Arylcyclohexylamines - Drugs for Sedation		
<i>ketamine (pf)-nacl,iso-osmotic intravenous solution 10 mg/ml, 5 mg/ml</i>	Tier 1	SP
<i>ketamine in 0.9 % sod chloride intravenous solution 0.6 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketamine in 0.9 % sod chloride intravenous syringe 10 mg/ml, 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 25 mg/ml, 50 mg/5 ml (10 mg/ml), 50 mg/ml, 60 mg/20 ml (3 mg/ml)</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic injection syringe 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 30 mg/3 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic intravenous solution 10 mg/ml</i>	Tier 1	
<i>ketamine in nacl, iso-osmotic intravenous syringe 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>ketamine in sterile water injection syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml</i>	Tier 1	
<i>ketamine injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>ketamine intravenous syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml (1 ml)</i>	Tier 1	
General Anesthetic - Parenteral, Barbiturates - Drugs for Sedation		
BREVITAL INJECTION RECON SOLN 500 MG <i>(methohexital sodium)</i>	Tier 3	
<i>methohexital in water (pf) intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
BYFAVO INTRAVENOUS RECON SOLN 20 MG <i>(remimazolam besylate)</i>	Tier 3	
<i>midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>midazolam in nacl, iso-osmotic intravenous syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous syringe 25 mg/25 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam intravenous syringe 125 mg/25 ml (5 mg/ml), 150 mg/30 ml (5 mg/ml), 40 mg/8 ml (5 mg/ml)</i>	Tier 1	
General Anesthetic - Parenteral, Others - Drugs for Sedation		
<i>etomidate intravenous solution 2 mg/ml</i>	Tier 1	
General Anesthetic - Parenteral, Phenol Derivatives - Drugs for Sedation		
<i>propofol intravenous emulsion 10 mg/ml</i>	Tier 1	
PROPOVEN (EUA) (PF) INTRAVENOUS EMULSION 20 MG/ML (<i>propofol in lipid emulsion mct/lct (1:1)/pf</i>)	Tier 3	
General Anesthetic Adjuncts - Neuroleptic, Butyrophenone Derivative - Drugs for Sedation		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml, 50 mcg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 500 mcg/10 ml (50 mcg/ml)</i>	Tier 1	
<i>remifentanil intravenous recon soln 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>sufentanil citrate intravenous solution 50 mcg/ml</i>	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
<i>BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML) (lidocaine hcl buffered with 8.4 % sodium bicarbonate)</i>	Tier 3	
<i>BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML) (lidocaine hcl buffered with 8.4 % sodium bicarbonate)</i>	Tier 1	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	Tier 1	
<i>bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
<i>bupivacaine in nacl(pf) injection syringe 25 mg/10 ml (2.5mg/ml)0.25%, 50 mg/20 ml (2.5mg/ml)0.25%</i>	Tier 1	
<i>bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 545 ml</i>	Tier 1	
<i>bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mepivacaine hcl (Carbocaine Injection Cartridge 30 Mg/ML (3 %))	Tier 1	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML) (prilocaine hcl)	Tier 3	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML) (bupivacaine liposomelpf)	Tier 3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	Tier 1	
lidocaine (pf) injection syringe 10 mg/ml (1 %), 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %)	Tier 1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	Tier 1	
lidocaine hcl injection syringe 100 mg/5 ml (2 %)	Tier 1	
lidocaine hcl intradermal pen injector 0.5 mg	Tier 1	
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)	Tier 1	
lidocaine in nacl,iso-osmo(pf) injection syringe 10 mg/0.5 ml (2 %), 100 mg/10 ml (1 %), 30 mg/3 ml (1%)	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine with sod phosphate injection syringe 0.9 % (1 ml), 1 % (10 ml)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine hcl/pflnorflurane/pentafluoropropane (hfc 245fa))	Tier 3	
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
NAROPIN (PF) INJECTION SOLUTION 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) (ropivacaine hcl/pf)	Tier 3	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (mepivacaine hcl)	Tier 1	
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 % (mepivacaine hcl)	Tier 1	
mepivacaine hcl/pf (Polocaine-Mpf Injection Solution 10 Mg/MI (1 %), 15 Mg/MI (1.5 %))	Tier 1	
mepivacaine hcl/pf (Polocaine-Mpf Injection Solution 20 Mg/MI (2 %))	Tier 1	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POSIMIR INTRA-SUBACROMIAL SPACE SOLUTION 132 MG/ML (<i>bupivacaine</i>)	Tier 3	
<i>ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)</i>	Tier 1	
<i>ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %</i>	Tier 1	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine (pf)-nacl,iso-osm injection solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 745 ml</i>	Tier 1	
<i>mepivacaine hcl</i> (Scandonest Plain Injection Cartridge 30 Mg/MI (3 %))	Tier 1	
<i>bupivacaine hcl/pf</i> (Sensorcaine-Mpf Injection Solution 0.75 % (7.5 Mg/MI))	Tier 1	
<i>bupivacaine hcl in dextrose/pf</i> (Sensorcaine-Mpf Spinal Injection Solution 0.75 % (7.5 Mg/MI))	Tier 1	
XARACOLL IMPLANT IMPLANT 100 MG (<i>bupivacaine hcl</i>)	Tier 3	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %) (<i>lidocaine hcl/pf</i>)	Tier 3	
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 5 MG/ML (0.5 %) (<i>lidocaine hcl/pf</i>)	Tier 1	
Local Anesthetic - Esters - Drugs for Sedation		
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOROTEKAL (PF) INTRATHECAL SOLUTION 10 MG/ML (1 %) (<i>chloroprocaine hcl/pf</i>)	Tier 1	
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %) (<i>chloroprocaine hcl</i>)	Tier 3	
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %) (<i>chloroprocaine hcl/pf</i>)	Tier 1	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
Local Anesthetic - NSAID Combinations - Drugs for Sedation		
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION, EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML (<i>bupivacaine/meloxicam</i>)	Tier 3	
Local Anesthetic - Sympathomimetic Combinations - Drugs for Sedation		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:100,000 (<i>articaine hcl/epinephrine bitartrate</i>)	Tier 3	
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:200,000 (<i>articaine hcl/epinephrine bitartrate</i>)	Tier 3	SP
<i>articaine-epinephrine bitart injection cartridge 4 %-1:200,000</i>	Tier 1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 1	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	Tier 1	
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %-) 1:200,000 (<i>prilocaine hcl/epinephrine bitartrate</i>)	Tier 3	
<i>lidocaine-epinephrine (pf) injection solution 1 %-1:100,000</i>	Tier 1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	Tier 1	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000</i>	Tier 1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-epineph-sodium chlor injection syringe 100 mg/5 ml (2%)-1:100,000, 15mg/3ml (0.5%) -1:100,000, 50 mg/5 ml (1 %)-1:100,000</i>	Tier 1	
<i>lido-epi with 8.4% sod bicarb injection syringe 1 %-1:100,000 (3 ml)</i>	Tier 1	
<i>lidocaine hcllepinephrine bitartrate</i> (Lignospan Standard Injection Cartridge 2 %-1:100,000)	Tier 1	
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000 (<i>articaïne hcllepinephrine bitartrate</i>)	Tier 3	
<i>bupivacaine hcllepinephrine</i> (Sensorcaine-Epinephrine Injection Solution 0.25 %-1:200,000, 0.5 %-1:200,000)	Tier 1	
<i>bupivacaine hcllepinephrine</i> lpf (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25 %-1:200,000)	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (<i>bupivacaine hcllepinephrine</i> lpf)	Tier 1	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000 (<i>articaïne hcllepinephrine bitartrate</i>)	Tier 3	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000 (<i>articaïne hcllepinephrine bitartrate</i>)	Tier 3	SP
<i>lidocaine hcllepinephrine bitartrate</i> (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000 (<i>lidocaine hcllepinephrine</i> lpf)	Tier 3	
Local Anesthetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation		
<i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>	Tier 1	
Local Anesthetic-NSAID-NMDA Receptor Antagonist Combinations - Drugs for Sedation		
<i>bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml</i>	Tier 1	
<i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation		
<i>ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (<i>nitroglycerin</i>)	Tier 3	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (<i>hydrocortisone acetatellidocaine hclaloe vera</i>)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (<i>hydrocortisone acetate/pramoxine hcl/skin cleanser no.16</i>)	Tier 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Anticoagulant Reversal Agent for Direct Thrombin Inhibitors - Drugs for Overdose or Poisoning		
PRAxBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (<i>idarucizumab</i>)	Tier 3	SP
Anticoagulant Reversal Agent for Factor Xa Inhibitors - Drugs for Overdose or Poisoning		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG (<i>coagulation factor xa, inactivated-zhzo (recombinant)</i>)	Tier 3	SP
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	Tier 1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Antidote - Alcohol Dehydrogenase Enzyme Inhibitor - Drugs for Overdose or Poisoning		
<i>fomepizole intravenous solution 1 gram/ml</i>	Tier 1	
Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML (<i>physostigmine salicylate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Anticholinesterase and Muscarinic Antagonist Combinations - Drugs for Overdose or Poisoning		
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) (<i>glycopyrrolate/neostigmine methylsulfate</i>)	Tier 3	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM (<i>pralidoxime chloride</i>)	Tier 3	
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (<i>pralidoxime chloridelatropine sulfate</i>)	Tier 3	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM (<i>hydroxocobalamin</i>)	Tier 1	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML-12.5 GRAM/50 ML (<i>sodium nitrite/sodium thiosulfate</i>)	Tier 3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	Tier 1	
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 1	
Antidote - Digitalis Glycoside Toxicity Agents - Drugs for Overdose or Poisoning		
DIGIFAB INTRAVENOUS RECON SOLN 40 MG (<i>digoxin immune fab</i>)	Tier 3	
Antidote - Methemoglobinemia - Drugs for Overdose or Poisoning		
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml), 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %</i>	Tier 1	
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (<i>methylene blue</i>)	Tier 1	
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
Benzodiazepine Reversal Agents - Benzodiazepine Antagonists - Drugs for Overdose or Poisoning		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 3	PA; SP
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<i>trientine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>trientine oral capsule 500 mg</i>	Tier 1	PA; SP
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 3	PA; SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	
<i>edetate calcium disodium injection solution 200 mg/ml</i>	Tier 1	
<i>edetate calcium disodium intravenous solution 50 mg/ml</i>	Tier 1	
Chelating Agents - Others - Drugs for Overdose or Poisoning		
<i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>	Tier 1	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Tier 3	ST: Requires prior prescription for Movantik within the past 120 days; QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (<i>naloxone hcl</i>)	Tier 2	QL (4 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nalmefene injection solution 1 mg/ml</i>	Tier 1	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (<i>nalmefene hcl</i>)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (<i>naloxone hcl</i>)	Tier 3	QL (2 ML per 30 days)
Reversal Agents - Heparin Antagonists - Drugs for Overdose or Poisoning		
<i>protamine intravenous solution 10 mg/ml</i>	Tier 1	
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 2	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	Tier 2	PA; SP
Beta-lactam Antibiotic and Beta-lactamase Inhibitor Combinations		
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2) (<i>subactam sodium/durlobactam sodium</i>)	Tier 3	
Catheter Lock - Taurolidine-based Solutions		
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG-1,000 UNIT/ML (<i>taurolidine in heparin sodium, porcine</i>)	Tier 3	
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
<i>paramomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	Tier 1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (<i>plazomicin sulfate</i>)	Tier 3	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA INTRAVENOUS RECON SOLN 100 MG (<i>omadacycline tosylate</i>)	Tier 3	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	Tier 3	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	Tier 1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	Tier 3	
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (<i>amphotericin b lipid complex</i>)	Tier 3	
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Echinocandins - Drugs for Fungus		
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (<i>anidulafungin</i>)	Tier 3	
<i>micafungin in 0.9 % sodium chl intravenous piggyback 100 mg/100 ml, 50 mg/50 ml</i>	Tier 1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG (<i>rezafungin acetate</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (<i>anidulafungin</i>)	Tier 3	
<i>micafungin in 0.9 % sodium chl intravenous piggyback 100 mg/100 ml, 50 mg/50 ml</i>	Tier 1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (<i>oteseconazole</i>)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG (<i>isavuconazonium sulfate</i>)	Tier 3	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	Tier 3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	Tier 1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (<i>posaconazole</i>)	Tier 3	SP
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	Tier 3	PA
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	Tier 1	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 1	PA
<i>voriconazole intravenous recon soln 200 mg</i>	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 3	PA; SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 2	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemetherlumefantrine</i>)	Tier 3	
Antimalarials - Artemisinin and Derivatives - Drugs for Parasites		
<i>artesunate intravenous recon soln 110 mg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	Tier 3	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitrofurans Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (<i>metronidazole</i>)	Tier 3	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 1	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (<i>secnidazole</i>)	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (<i>ibalizumab-uiyk</i>)	Tier 2	PA; SP
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	SP; QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 2	SP; QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	\$0	EHB; ST: Requires prior prescription for Descovy or Emtricitabine/Tenofovir (TDF) within the past 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Tier 1	SP; Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	\$0	EHB; ST: Requires prior prescription for Descovy or Emtricitabine/Tenofovir (TDF) within the past 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	SP; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	Tier 2	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	Tier 2	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	SP
<i>efavirenz oral tablet 600 mg</i>	Tier 1	SP
<i>etravirine oral tablet 100 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	SP; QL (2 EA per 1 day)
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Tier 1	SP
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	Tier 2	SP
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	SP; QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	SP; QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	SP; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir ethincobicistatlemtricitabineltenofovir alafenamide</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodiumlemtricitabineltenofovir alafenamide fumar</i>)	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistatlemtricitabineltenofovir alafenamide</i>)	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistatlemtricitabineltenofovir disoproxil</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodiumllamivudine</i>)	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodiumllamivudine</i>)	Tier 2	SP; QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabinelrilpivirine hclltenofovir disoproxil fumarate</i>)	Tier 3	SP; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirinellamivudine/tenofovir disoproxil fumarate</i>)	Tier 3	SP; QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 2	SP; QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	Tier 3	
Antitubercular - D-alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 3	PA; SP
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid injection solution 100 mg/ml</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rifampin intravenous recon soln 600 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Beta-lactamase Inhibitors - Antibiotics		
<i>durlobactam intravenous recon soln 0.5 gram</i>	Tier 3	
<i>sulbactam sodium intravenous solution 1 gram</i>	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM (<i>imipenem/cilastatin sodium/relbactam</i>)	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM (<i>meropenem/vaborbactam</i>)	Tier 3	
Carbapenem Antibiotics (Thienamycins) - Antibiotics		
<i>ertapenem injection recon soln 1 gram</i>	Tier 1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	Tier 1	
<i>meropenem intravenous recon soln 2 gram</i>	Tier 1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
Catheter Lock - Antibiotic and Anticoagulant Combinations - Antibiotics		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	
<i>gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %</i>	Tier 1	
Catheter Lock Solutions - Antibiotics		
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG-1,000 UNIT/ML (<i>taurolidine in heparin sodium, porcine</i>)	Tier 3	
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %</i>	Tier 1	
Cephalosporin Antibiotic and Beta-lactamase Inhibitor Combinations - Antibiotics		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM (<i>ceftazidimelavibactam sodium</i>)	Tier 3	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM (<i>ceftolozane sulfateltazobactam sodium</i>)	Tier 3	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml, 3 gram/30 ml</i>	Tier 1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg</i>	Tier 1	
<i>cefazolin injection recon soln 100 gram, 2 gram, 3 gram, 300 gram</i>	Tier 1	
<i>cefazolin intravenous recon soln 1 gram</i>	Tier 1	
<i>cefazolin intravenous recon soln 2 gram, 3 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefotetan intravenous recon soln 10 gram</i>	Tier 1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier 1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ceftriaxone injection recon soln 100 gram</i>	Tier 1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
CLAFORAN INJECTION RECON SOLN 10 GRAM (<i>cefotaxime sodium</i>)	Tier 3	
CLAFORAN INJECTION RECON SOLN 2 GRAM (<i>cefotaxime sodium</i>)	Tier 3	SP
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (<i>cefotaxime sodium</i>)	Tier 3	
<i>ceftazidime</i> (Tazicef Injection Recon Soln 1 Gram, 2 Gram, 6 Gram)	Tier 1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (<i>ceftazidime</i>)	Tier 1	
Cephalosporin Antibiotics - 4th Generation - Antibiotics		
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 3	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefepime intravenous recon soln 100 gram</i>	Tier 1	
Cephalosporin Antibiotics - 5th Generation - Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG (<i>ceftaroline fosamil acetate</i>)	Tier 3	
Cephalosporin Antibiotics - Siderophore - Antibiotics		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM (<i>cefiderocol sulfate tosylate</i>)	Tier 3	
Chloramphenicol Antibiotics and Derivatives - Single Agents - Antibiotics		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CMV Antiviral Agent - Inorganic Pyrophosphate Analogs - Drugs for Viral Infections		
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML (<i>foscarnet sodium</i>)	Tier 3	SP
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
<i>ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)</i>	Tier 3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
CMV Antiviral Agent - Nucleotide Analogs - Drugs for Viral Infections		
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Tier 2	PA; SP
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (<i>letermovir</i>)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	Tier 3	PA
Cyclic Lipopeptide Antibiotics - Antibiotics		
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 1,000 mg/100 ml, 700 mg/100 ml</i>	Tier 3	
<i>daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml</i>	Tier 1	
<i>daptomycin intravenous recon soln 350 mg</i>	Tier 1	
<i>daptomycin intravenous recon soln 500 mg</i>	Tier 1	
Fluorocycline Antibiotics - Antibiotics		
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG (<i>eravacycline di-hydrochloride</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA INTRAVENOUS RECON SOLN 300 MG (<i>delafloxacin meglumine</i>)	Tier 3	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	Tier 3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin in dextrose 5 % intravenous piggyback 1.25 gram/250 ml, 1.5 gram/300 ml</i>	Tier 3	
<i>vancomycin in dextrose 5 % intravenous piggyback 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml</i>	Tier 3	
<i>vancomycin in dextrose 5 % intravenous solution 1.25 gram/250 ml, 1.5 gram/250 ml</i>	Tier 1	
<i>vancomycin injection recon soln 100 gram</i>	Tier 1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 1.25 gram, 1.5 gram, 5 gram, 750 mg</i>	Tier 1	
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
<i>vancomycin-0.9 % sod chlor(pf) injection syringe 2.5 mg/0.25 ml</i>	Tier 1	
<i>vancomycin-diluent combo no.1 intravenous piggyback 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
Glycylcycline Antibiotics - Antibiotics		
<i>tigecycline intravenous recon soln 50 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDGE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 1	SP; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	Tier 2	SP; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 3	PA; SP
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	Tier 3	PA; SP
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	Tier 2	PA; SP
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 2	PA; SP
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	Tier 3	PA; SP
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir in 0.9 % sodium chl_r intravenous piggyback 200 mg/100 ml</i>	Tier 1	
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (<i>peramivir/pf</i>)	Tier 3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	SP
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	Tier 1	
<i>lincomycin injection solution 300 mg/ml</i>	Tier 1	
Lipoglycopeptide Antibiotics - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG (<i>dalbavancin hcl</i>)	Tier 3	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG (<i>oritavancin diphosphate</i>)	Tier 3	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG (<i>oritavancin diphosphate</i>)	Tier 3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG (<i>telavancin hcl</i>)	Tier 3	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fidaxomicin</i>)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 2	QL (20 EA per 10 days)
<i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
<i>erythromycin base</i> (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin lactobionate</i> (Erythrocin Intravenous Recon Soln 500 Mg)	Tier 3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
Misc Anti-Infective - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
PENTAM INJECTION RECON SOLN 300 MG (<i>pentamidine isethionate</i>)	Tier 3	SP
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pentamidine injection recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (<i>methenamine/methylene blue/benzoic acid/salicylate/hyoscyamin</i>)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (<i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Monobactam Antibiotics - Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	Tier 1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG (<i>tedizolid phosphate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML (<i>linezolid in dextrose 5 % in water</i>)	Tier 3	
Penicillin Antibiotic - Natural - Antibiotics		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (<i>penicillin g benzathine</i>)	Tier 3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT (<i>penicillin g benzathine</i>)	Tier 3	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier 1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>penicillin g potassium</i> (Pfizerpen-G Injection Recon Soln 20 Million Unit, 5 Million Unit)	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Penicillin Antibiotic, Extended-spectrum and Beta-lactamase Inhib Comb - Antibiotics		
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML (<i>piperacillin and tazobactam in dextrose, iso-osmotic</i>)	Tier 3	
Penicillin Natural Antibiotic Combinations - Extended Release - Antibiotics		
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (<i>penicillin g benzathine/penicillin g procaine</i>)	Tier 3	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML (<i>lefamulin acetate</i>)	Tier 3	
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	Tier 3	PA
Polymyxins and Derivatives - Single Agents - Antibiotics		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	Tier 1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	SP; QL (8 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	SP; QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	SP
Quaternary protoberberine alkaloids - Antibiotics		
<i>berberine chloride oral capsule 500 mg</i>	Tier 1	
BERBERINE ES-5 ORAL CAPSULE 200 MG (<i>dihydroberberine</i>)	Tier 3	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (<i>rifamycin sodium</i>)	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin intravenous recon soln 600 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (<i>remdesivir</i>)	Tier 3	SP; QL (11 EA per 10 days)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate</i> (Doxy-100 Intravenous Recon Soln 100 Mg)	Tier 1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG (<i>minocycline hcl</i>)	Tier 3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 75 Mg)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG (<i>omadacycline tosylate</i>)	Tier 3	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tigecycline intravenous recon soln 50 mg</i>	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG (<i>eravacycline di-hydrochloride</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	Tier 2	
TPOXX (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 10 MG/ML (<i>tecovirimat</i>)	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	Tier 2	
Antineoplastics		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI)		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	Tier 3	PA; SP; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	Tier 2	PA; SP; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib tosylate/abiraterone acetate</i>)	Tier 2	PA; SP; OCH
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (<i>glofitamab-gxbr</i>)	Tier 3	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (<i>epcoritamab-bysp</i>)	Tier 3	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (<i>mosunetuzumab-axgb</i>)	Tier 3	PA; SP
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (<i>tarlatamab-dlle</i>)	Tier 3	PA; SP
Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (<i>talquetamab-tgvs</i>)	Tier 3	PA; SP
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-maly</i>)	Tier 3	PA; SP
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 3	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-awwb</i>)	Tier 2	PA; SP
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-adcd</i>)	Tier 2	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-bvzr</i>)	Tier 2	PA; SP
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA; SP; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (<i>amivantamab-vmjw</i>)	Tier 3	PA; SP
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 1	PA; SP; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 3	PA; SP; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; SP; OCH
<i>gefitinib oral tablet 250 mg</i>	Tier 1	PA; SP; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	Tier 2	PA; SP; OCH
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	Tier 2	PA; SP; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 1	SP
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 2	SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (<i>thiotepa</i>)	Tier 3	SP
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 1	SP
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 2	SP; OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	SP
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	Tier 1	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP; OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	SP; OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (<i>melfalan hcl/betadex sulfobutyl ether sodium</i>)	Tier 3	SP
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (<i>melfalan hcl</i>)	Tier 3	SP
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (<i>melfalan hcl</i>)	Tier 3	SP
HEPZATO INTRA-ARTERIAL RECON SOLN 50 MG (<i>melfalan hcl</i>)	Tier 3	SP
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 1	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 2	SP; OCH
<i>melfalan hcl intravenous recon soln 50 mg</i>	Tier 1	SP
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 1	SP
<i>carmustine intravenous recon soln 300 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 3	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	Tier 3	SP
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 3	SP
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	Tier 1	SP
<i>bendamustine intravenous solution 25 mg/ml</i>	Tier 3	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 3	SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 3	SP
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 1	
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	Tier 3	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 2	PA; SP; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 3	PA; SP; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 3	PA; SP; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	Tier 2	PA; SP; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 2	PA; SP; OCH
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	Tier 2	PA; SP; OCH
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 2	SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 1	PA; SP; OCH
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	Tier 2	PA; SP; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 1	SP; OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 2	PA; SP; OCH
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 2	PA; SP; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	Tier 2	PA; SP; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 3	PA; SP; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (<i>daunorubicin/cytarabine liposomal</i>)	Tier 3	PA; SP
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 3	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 3	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 3	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 3	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 3	PA; SP
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 3	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 3	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 3	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (<i>naxitamab-gqgk</i>)	Tier 3	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML (<i>dinutuximab</i>)	Tier 3	PA; SP
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (<i>pralatrexate</i>)	Tier 3	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 1	PA; SP
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	Tier 1	PA; SP
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 1	PA; SP
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 1	PA; SP
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 1	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (<i>pemetrexed</i>)	Tier 3	PA; SP
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (<i>pemetrexed disodium</i>)	Tier 3	PA; SP
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 1	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	OCH; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 1	SP
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 1	SP
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 1	SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
<i>nelarabine intravenous solution 250 mg/50 ml</i>	Tier 1	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG (<i>pentostatin</i>)	Tier 3	SP
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	Tier 2	SP; OCH; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 2	SP; OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>fluorouracil</i> (Adrucil Intravenous Solution 2.5 Gram/50 MI)	Tier 1	
<i>azacitidine injection recon soln 100 mg</i>	Tier 1	SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; SP; OCH
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 1	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	SP
<i>decitabine intravenous recon soln 50 mg</i>	Tier 1	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 1	SP
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	Tier 1	
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	Tier 1	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	Tier 1	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 1	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 1	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (<i>gemcitabine hcl in 0.9 % sodium chloride</i>)	Tier 3	SP
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (<i>nivolumab-relatlimab-rmbw</i>)	Tier 3	PA; SP
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	Tier 3	PA; SP
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 1	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (<i>arsenic trioxide</i>)	Tier 3	SP
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (<i>calaspargase pegol-mknl</i>)	Tier 3	PA; SP
ERWINASE INJECTION RECON SOLN 10,000 UNIT (<i>asparaginase (erwinia chrysanthemi)</i>)	Tier 3	SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	Tier 3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>)	Tier 3	PA; SP
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Tier 2	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 2	PA; SP; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	Tier 2	PA; SP; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (<i>tovorafenib</i>)	Tier 3	PA; SP; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (<i>tovorafenib</i>)	Tier 3	PA; SP; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 2	PA; SP; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (<i>dabrafenib mesylate</i>)	Tier 2	PA; SP; OCH
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 2	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (<i>mogamulizumab-kpkc</i>)	Tier 3	PA; SP
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (<i>loncastuximab tesirine-lpyl</i>)	Tier 3	PA; SP
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (<i>tafasitamab-cxix</i>)	Tier 3	PA; SP
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (<i>ofatumumab</i>)	Tier 3	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (<i>obinutuzumab</i>)	Tier 3	PA; SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (<i>rituximab/hyaluronidase, human recombinant</i>)	Tier 3	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 3	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 3	PA; SP
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (<i>daratumumab-hyaluronidase-fihj</i>)	Tier 3	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	Tier 3	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (<i>isatuximab-irfc</i>)	Tier 3	PA; SP
Antineoplastic - CD52 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (<i>alemtuzumab</i>)	Tier 3	
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 2	PA; SP; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 2	PA; SP; OCH
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 2	PA; SP; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (<i>tremelimumab-actl</i>)	Tier 3	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	Tier 3	PA; SP
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG (<i>etoposide phosphate</i>)	Tier 3	
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 1	SP
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (<i>ixabepilone</i>)	Tier 3	PA; SP
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 2	SP; OCH
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (<i>futibatinib</i>)	Tier 2	PA; SP; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	Tier 2	PA; SP; OCH
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	Tier 2	PA; SP; OCH
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 2	PA; SP; OCH
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (<i>belinostat</i>)	Tier 3	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (<i>romidepsin</i>)	Tier 3	PA; SP
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	Tier 1	PA; SP
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 2	SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	Tier 3	PA; SP
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (<i>siltuximab</i>)	Tier 3	PA; SP
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 3	SP
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib dihydrochloride</i>)	Tier 2	PA; SP; OCH
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (<i>ribociclib succinateletrozole</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	Tier 2	PA; SP; OCH
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (<i>leuprolide mesylate</i>)	Tier 3	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	Tier 2	PA; SP
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	Tier 1	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 1	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 3	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	Tier 3	PA; SP
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (<i>degarelix acetate</i>)	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (<i>degarelix acetate</i>)	Tier 3	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (<i>degarelix acetate</i>)	Tier 3	SP; QL (2 EA per 365 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 2	PA; SP; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfatol/vitamin e tpgs</i>)	Tier 2	PA; SP; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; OCH
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	Tier 1	PA; SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	Tier 3	PA; SP
Antineoplastic - Monoclonal Antibodies for Radiopharmaceutical Therapy - Drugs for Cancer		
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML (<i>kit for prep yttrium-90/ibritumomab tiuxetan/albumin human</i>)	Tier 3	SP
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; SP; OCH
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 1	PA; SP; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (<i>sirolimus protein-bound</i>)	Tier 3	PA; SP
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 2	PA; SP; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 1	PA; SP; OCH
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	Tier 2	PA; SP; OCH
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	Tier 3	PA; SP; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (<i>nogapendekin alfa inbakicept-pmln</i>)	Tier 3	PA; SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG (<i>bcg live</i>)	Tier 3	
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 3	PA; SP
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 3	PA; SP
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 3	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Photosensitizers - Drugs for Cancer		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (<i>porfimer sodium</i>)	Tier 3	PA; SP
UVADEX INJECTION SOLUTION 20 MCG/ML (<i>methoxsalen</i>)	Tier 3	
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 3	PA; SP; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	SP
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 1	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (<i>cisplatin</i>)	Tier 1	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	SP
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 2	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 3	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	Tier 2	PA; SP; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 1	PA; SP
<i>bortezomib injection recon soln 3.5 mg</i>	Tier 1	PA; SP
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 1	PA; SP
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Tier 1	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	Tier 3	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	Tier 2	PA; SP; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	Tier 2	PA; SP; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	Tier 2	PA; SP; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	Tier 2	PA; SP; OCH
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 2	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 2	PA; SP; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 3	PA; SP; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	Tier 2	PA; SP; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	Tier 2	SP; OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 2	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 2	PA; SP; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 2	PA; SP
<i>pazopanib oral tablet 200 mg</i>	Tier 1	PA; SP; OCH
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	Tier 2	PA; SP; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	Tier 2	PA; SP; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (<i>entrectinib</i>)	Tier 2	PA; SP; OCH
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	Tier 2	PA; SP; OCH
SCSEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hydrochloride</i>)	Tier 2	PA; SP; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 2	PA; SP; OCH
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	PA; SP; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	Tier 2	PA; SP; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	Tier 2	PA; SP; OCH
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	Tier 2	PA; SP; OCH
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hydrochloride</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>Iutetium lu 177 dotatate</i>)	Tier 3	PA; SP
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (<i>sodium iodide-131</i>)	Tier 3	OCH
<i>strontium-89 chloride intravenous solution 1 mcilml</i>	Tier 1	
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML) (<i>radium-223 dichloride</i>)	Tier 3	SP
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP; OCH
Antineoplastic - Selective Estrogen Receptor Degradars (SERDs) - Drugs for Cancer		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 1	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hcl</i>)	Tier 3	PA; SP; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	Tier 2	OCH
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Tier 1	PA; SP; OCH
Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 2	PA; SP; OCH

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Tier 1	SP
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 1	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (<i>irinotecan liposomal</i>)	Tier 3	PA; SP
<i>topotecan intravenous recon soln 4 mg</i>	Tier 1	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 1	SP
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	Tier 3	PA; SP
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>vincristine sulfate</i> (Vincasar Pfs Intravenous Solution 1 Mg/ML, 2 Mg/2 ML)	Tier 1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 1	SP
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 1	SP
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
<i>doxorubicin hcl</i> (Adriamycin Intravenous Recon Soln 50 Mg)	Tier 1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	SP
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 1	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 1	SP
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	PA; SP
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 1	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	Tier 3	SP
Antineoplastic Antibiotic - Others - Drugs for Cancer		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	SP
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (<i>mitomycin</i>)	Tier 3	PA; SP
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 1	SP
<i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)</i>	Tier 1	SP
<i>mitomycin</i> (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 1	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (<i>streptozocin</i>)	Tier 3	SP
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (<i>trabectedin</i>)	Tier 3	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (<i>lurbinectedin</i>)	Tier 3	PA; SP
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (<i>avelumab</i>)	Tier 3	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (<i>durvalumab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	Tier 3	PA; SP
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (<i>dostarlimab-gxly</i>)	Tier 3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	Tier 3	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (<i>cemiplimab-rwlc</i>)	Tier 3	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (<i>toripalimab-tpzi</i>)	Tier 3	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (<i>nivolumab</i>)	Tier 3	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (<i>retifanlimab-dlwr</i>)	Tier 3	PA; SP
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (<i>tagraxofusp-erzs</i>)	Tier 3	PA; SP
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 3	PA; SP
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 3	PA; SP
Antineoplastic-CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 3	PA; SP
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 3	PA; SP
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 3	PA; SP
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 3	PA; SP
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (<i>decitabine/cedazuridine</i>)	Tier 2	PA; SP; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 3	PA; SP
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
TRODELVY INTRAVENOUS RECON SOLN 180 MG (<i>sacituzumab govitecan-hziy</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PIGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	Tier 3	PA; SP
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (<i>elranatamab-bcmm</i>)	Tier 3	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (<i>teclistamab-cqyv</i>)	Tier 3	PA; SP
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (<i>blinatumomab</i>)	Tier 3	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (<i>blinatumomab</i>)	Tier 3	PA; SP
Bone Marrow Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
COSELA INTRAVENOUS RECON SOLN 300 MG (<i>trilaciclib dihydrochloride</i>)	Tier 3	PA; SP
Cardiac Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (<i>pertuzumab</i>)	Tier 3	PA; SP
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (<i>cetuximab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (<i>necitumumab</i>)	Tier 3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (<i>panitumumab</i>)	Tier 3	PA; SP
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 3	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (<i>trastuzumab</i>)	Tier 3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	Tier 3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-anns</i>)	Tier 2	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (<i>margetuximab-cmkb</i>)	Tier 3	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	Tier 2	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	Tier 3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	Tier 3	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	Tier 2	PA; SP
Fluorouracil and Related Rescue Agents - Drugs for Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (<i>uridine triacetate</i>)	Tier 2	SP; OCH; QL (24 EA per 14 days)
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (<i>tebentafusp-tebn</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 3	SP
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (<i>levoleucovorin</i>)	Tier 3	SP
<i>leucovorin calcium injection recon soln 100 mg, 50 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 1	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 1	SP
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 3	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (<i>levoleucovorin</i>)	Tier 3	SP
<i>leucovorin calcium injection recon soln 100 mg, 50 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 1	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 1	SP
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (<i>sodium thiosulfate</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Tissue Protective Agents for Tx of Cancer Chemotherapy Extravasation - Drugs for Cancer		
TOTECT INTRAVENOUS RECON SOLN 500 MG (<i>dexrazoxane hcl</i>)	Tier 3	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
ETHYOL INTRAVENOUS RECON SOLN 500 MG (<i>amifostine crystalline</i>)	Tier 3	SP
<i>mesna intravenous solution 100 mg/ml</i>	Tier 1	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Tier 3	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluole.water</i>)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
Antiseptic - Others - Antiseptics and Disinfectants		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics and Disinfectants		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiseptic - Phenol Derivatives - Antiseptics and Disinfectants		
<i>phenol liquid</i>	Tier 3	
Biologicals		
Immune Globulin - Anthrax		
ANTHRASIL (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 60 UNIT (<i>anthrax immune globulin (human)</i>)	Tier 3	
Vaccine Viral - Chikungunya Virus (CHIKV)		
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML (<i>chikungunya vaccine, live/preservative free</i>)	Tier 3	
Vaccine Viral - Ebola		
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (<i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i>)	Tier 3	
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref a and blpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND NO HISTORY OF AREXVY
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG (<i>respiratory syncytial virus vaccine, antigen 2 of 2</i>)	Tier 3	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref protein, mrnal/pf</i>)	Tier 3	SP
Biologicals - Biological Agents		
Allergenic Extract Others - Biological Agents		
<i>aller ext-american cockroach injection solution 1:20</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allergen ext-german cockroach injection solution 1 :20</i>	Tier 3	
<i>allergenic ext, mixed feathers injection solution 1:20</i>	Tier 3	
<i>allergenic extract-cockroach injection solution 1:20</i>	Tier 3	
<i>allergenic extract-fire ant injection solution 1:10 , 1:20</i>	Tier 3	
<i>allergenic extract-mosquito injection solution 1:100</i>	Tier 3	
CANDIN INTRADERMAL ALLERGEN FDA STANDARD (<i>candida albicans skin test</i>)	Tier 3	
Allergenic Extracts - Cat Hair/Dander Extracts - Biological Agents		
<i>cat hair std allergenic ext injection solution 10,000 baulml</i>	Tier 3	
Allergenic Extracts - Cow Hair/Dander Extracts - Biological Agents		
<i>allergen ext-cattle epithelium injection solution 1:20</i>	Tier 3	
Allergenic Extracts - Crop Pollen - Biological Agents		
<i>allergen ext-crop pollen-corn injection solution 1:20</i>	Tier 3	
<i>allergenic extract-alfalfa injection solution 1:20</i>	Tier 1	
Allergenic Extracts - Dog Hair/Dander Extracts - Biological Agents		
<i>allergenic ext-dog epithelium injection solution 1:10 , 1:20</i>	Tier 3	
Allergenic Extracts - Grass Pollen - Biological Agents		
<i>all.xt,kblue-june grass pollen injection solution 100,000 baulml</i>	Tier 3	
<i>allerg ex,grass pollen-bermuda injection solution 10,000 baulml</i>	Tier 3	
<i>allerg ex,grass pollen-orchard injection solution 100,000 baulml</i>	Tier 3	
<i>allerg ex-grass pollen-johnson injection solution 1:20</i>	Tier 3	
<i>allerg ext,grass pollen-redtop injection solution 100,000 baulml</i>	Tier 3	
<i>allerg ext-grass,perennial rye injection solution 100,000 baulml</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allerg xt,grass pollen-timothy injection solution 100,000 baulml</i>	Tier 3	
<i>allerg xt,grass-meadow fescue injection solution 100,000 baulml</i>	Tier 3	
<i>allergen xt-grass pollen-bahia injection solution 1:20</i>	Tier 3	
<i>allergen xt-grass pollen-brome injection solution 1:20</i>	Tier 3	
<i>allergen xt-grass pollen-quack injection solution 1:10</i>	Tier 3	
<i>allergenic ext-grass pollen injection solution 100,000 baulml</i>	Tier 1	
GRASTEK SUBLINGUAL TABLET 2,800 BAU (<i>allergenic extract,grass pollen-timothy,standard</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernallryelkentucky/timothy, std.</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (<i>grass pollen-orchard/sweet vernallryelkentucky/timothy, std.</i>)	Tier 3	PA
<i>std grass pollen-sweet vernal injection solution 100,000 baulml</i>	Tier 3	
Allergenic Extracts - Horse Hair/Dander Extracts - Biological Agents		
<i>allergenic ex-horse epithelium injection solution 1 :10, 1:20</i>	Tier 3	
Allergenic Extracts - Hymenoptera Venom Derived - Biological Agents		
<i>aller ex-venom-mix vespид prot subcutaneous recon soln 1,650 mcg</i>	Tier 3	
<i>aller ex-venom-mix vespид prot subcutaneous recon soln 3,900 mcg</i>	Tier 1	
<i>aller ex-venom-wht hornet prot injection recon soln 550 mcg</i>	Tier 1	
<i>aller ex-venom-ylw hornet prot injection recon soln 550 mcg</i>	Tier 3	
<i>allergen ext-venom-honey bee injection recon soln 550 mcg</i>	Tier 3	
<i>allergen ex-venom-wasp protein injection recon soln 550 mcg</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>yellow jacket venom injection recon soln 550 mcg</i>	Tier 3	
Allergenic Extracts - Mite Extracts - Biological Agents		
<i>allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml</i>	Tier 3	
<i>allergen xt-mite,d.pteronyssin injection solution 10,000 unit/ml</i>	Tier 3	
<i>allergenic ext-mite, d farinae injection solution 10,000 unit/ml</i>	Tier 3	
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (<i>allergenic extract, mite-d.farinae-d.pteronyssinus,standard</i>)	Tier 2	PA
Allergenic Extracts - Mold Extracts - Biological Agents		
<i>aller ext-alternaria alternata injection solution 1:20</i>	Tier 3	
<i>aller ext-alternaria alternata injection solution 36,000 unit/ml</i>	Tier 1	
<i>allerg ext-acremonium strictum injection solution 53,000 unit/ml</i>	Tier 3	
<i>allerg ext-penicillium notatum injection solution 1:20 , 31,000 unit/ml</i>	Tier 1	
<i>allergen ext-aspergillus fumig injection solution 1:20</i>	Tier 1	
<i>allergen ext-aspergillus fumig injection solution 8,000 unit/ml</i>	Tier 3	
<i>allergen ext-aureoba.pullulans injection solution 1:20 , 51,000 unit/ml</i>	Tier 1	
<i>allergen ext-botrytis cinerea injection solution 1:20 , 43,000 unit/ml</i>	Tier 3	
<i>allergen ext-c.cladosporioides injection solution 1:20 , 64,000 unit/ml</i>	Tier 3	
<i>allergen ext-candida albicans injection solution 1:1000</i>	Tier 3	
<i>allergen extract-s. cerevisiae injection solution 1:20</i>	Tier 1	
<i>allergen ext-t. mentagrophytes injection solution 1:20</i>	Tier 3	
<i>allergenic ext-mucor plumbeus injection solution 1:20 , 30,000 unit/ml</i>	Tier 3	
<i>allergenic extract-corn smut injection solution 1:20</i>	Tier 3	
<i>allergenic xt-epicoccum nigrum injection solution 1:20</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allergenic xt-epicoccum nigrum injection solution 27,000 unit/ml</i>	Tier 3	
Allergenic Extracts - Rabbit Hair/Dander Extracts - Biological Agents		
<i>allergen ext-rabbit epithelium injection solution 1:10 , 1:20</i>	Tier 3	
Allergenic Extracts - Rodent Hair/Dander Extracts - Biological Agents		
<i>allergenic extract-guinea pig injection solution 1:20</i>	Tier 1	
<i>allergenic xt-mouse epithelium injection solution 1:20</i>	Tier 3	
Allergenic Extracts - Weed Pollen - Biological Agents		
<i>all ext-weed pol-sheep sorrel injection solution 1 :20</i>	Tier 3	
<i>all xt-weed pol-russian thistl injection solution 1:20</i>	Tier 3	
<i>aller ext-spiny pigweed pollen injection solution 1:20</i>	Tier 3	
<i>aller ext-weed pollen-kochia injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-cocklebur injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-goldenrod injection solution 1:20</i>	Tier 3	
<i>aller xt-weed pollen-sagebrush injection solution 1:20</i>	Tier 3	
<i>aller xt-weed poll-yellow dock injection solution 1:20</i>	Tier 3	
<i>allerg ext-tall ragweed pollen injection solution 1:20</i>	Tier 3	
<i>allerg ext-weed pollen-mugwort injection solution 1:20</i>	Tier 3	
<i>allerg ex-weed pol-rgh pigweed injection solution 1:20</i>	Tier 3	
<i>allerg xt-sheep sor,yellw dock injection solution 1:20</i>	Tier 3	
<i>allerg xt-weed poll-dog fennel injection solution 1 :20</i>	Tier 3	
<i>allergen ext-english plantain injection solution 1:20</i>	Tier 3	
<i>allergenic ext-mixed ragweed injection solution 1:20</i>	Tier 3	
<i>allergenic ext-mixed ragweed injection solution 100 unit/ml</i>	Tier 1	
<i>allergenic extract-weed pollen injection solution 1:20</i>	Tier 1	
<i>allergen-weed-lambsquarters injection solution 1:20</i>	Tier 3	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (<i>allergenic extract-weed pollen-short ragweed</i>)	Tier 2	PA
<i>weed pollen-carelessweed injection solution 1:40</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>weed pollen-short ragweed injection solution 1:20</i>	Tier 3	
<i>weed pollen-true marsh elder injection solution 1:20</i>	Tier 3	
<i>weed pollen-western ragweed injection solution 1:20</i>	Tier 3	
Allergenic Extracts- Tree Pollen - Biological Agents		
<i>all ext-cal pepper tree pollen injection solution 1 :20</i>	Tier 3	
<i>aller ext-tree poll,red cedar injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,am elm injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,bayberry injection solution 1:20</i>	Tier 3	
<i>aller ext-tree pollen,mesquite injection solution 1:20</i>	Tier 3	
<i>aller xt-shagbark hickory poll injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pol,e.cottonwood injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,box elder injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,hackberry injection solution 1 :20</i>	Tier 3	
<i>aller xt-tree pollen,red birch injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen,white ash injection solution 1:20</i>	Tier 3	
<i>aller xt-tree pollen-melaleuca injection solution 1:20</i>	Tier 3	
<i>allerg ext-black walnut pollen injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-acacia injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-alder injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree pollen-red oak injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree poll-jun, west injection solution 1:20</i>	Tier 3	
<i>allerg ext-tree poll-red maple injection solution 1:20</i>	Tier 3	
<i>allerg xt-tree poll-elm, cedar injection solution 1:20</i>	Tier 3	
<i>allerg xt-white birch pollen injection solution 1:20</i>	Tier 3	
<i>allerg xt-white pine pollen injection solution 1:20</i>	Tier 3	
<i>allergen ext-amer beech pollen injection solution 1:20</i>	Tier 3	
<i>allergen ext-olive tree pollen injection solution 1:20</i>	Tier 3	
<i>allergen ext-tree pollen,pecan injection solution 1:20</i>	Tier 3	
<i>allergen xt tree pol-aust pine injection solution 1:20</i>	Tier 3	
<i>allergen xt-am.sycamore pollen injection solution 1:20</i>	Tier 3	
<i>allergen xt-queen palm pollen injection solution 1 :20</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allergen xt-virginia live oak injection solution 1:20</i>	Tier 3	
<i>allergenic ext-tree pollen injection solution 1:20</i>	Tier 1	
<i>allergn ext-mount.cedar pollen injection solution 1:20</i>	Tier 3	
<i>allergn xt-red mulberry pollen injection solution 1:20</i>	Tier 3	
<i>allergn xt-wht mulberry pollen injection solution 1:20</i>	Tier 3	
<i>tree pollen-arizona cypress injection solution 1:20</i>	Tier 3	
<i>tree pollen-bald cypress injection solution 1:20</i>	Tier 3	
<i>tree pollen-privet injection solution 1:20</i>	Tier 3	
<i>tree pollen-sweet gum injection solution 1:20</i>	Tier 3	
Anthrax Monoclonal Antibody - Biological Agents		
RAXIBACUMAB (NAT'L STOCKPILE) INTRAVENOUS SOLUTION 50 MG/ML (<i>raxibacumab</i>)	Tier 3	
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (<i>centruroides (scorpion) polyvalent antivenom</i>)	Tier 3	
Antivenoms - Snake Antivenoms - Biological Agents		
ANAVIP INJECTION RECON SOLN (<i>antivenin,crotalidae (equine)</i>)	Tier 3	
<i>antivenin, micrurus fulvius injection recon soln</i>	Tier 3	
CROFAB INJECTION RECON SOLN (<i>antivenin,crotalidae fab(ovin)</i>)	Tier 3	
Antivenoms - Spider Antivenoms - Biological Agents		
<i>antivenin latrodectus mactans injection recon soln 6,000 unit</i>	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>nirsevimab-alip</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	Tier 3	PA; SP
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML (<i>vilobelimab</i>)	Tier 3	PA; SP
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (<i>pemivibart</i>)	Tier 3	PA; SP
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED (<i>chemical allergens</i>)	Tier 3	
Clostridioides (Clostridium) difficile Monoclonal Antibody - Biological Agents		
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML (<i>bezlotoxumab</i>)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccinelpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccinelpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 3	SP
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (<i>hepatitis a virus vaccine</i> /pf)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine</i> /pf)	Tier 3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (<i>hepatitis a virus vaccine</i> /pf)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmbldiphth,pertus(acell),tet,polio vaccine</i> /pf)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng</i> /pf)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng</i> /pf)	Tier 3	
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant</i> /pf)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant</i> /pf)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant</i> /pf)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoforms, m, l/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	
Immune Globulin - Botulinum neurotoxin a/b, human - Biological Agents		
BABYBIG INTRAVENOUS RECON SOLN 100 MG (<i>botulism immune globulin, human</i>)	Tier 3	
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune globulin (human)</i>)	Tier 3	SP
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (<i>immune globulin, gamma (igg)-stwk human</i>)	Tier 3	PA; SP
ASCENIV INTRAVENOUS SOLUTION 10 % (<i>immune globulin, gamma (igg)-slra human</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIVIGAM INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>)	Tier 3	PA; SP
CNJ-016 (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 50,000 UNIT (<i>vaccinia immune globulin human</i>)	Tier 3	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (<i>immune globulin,gamma(igg)-hipp human/maltose</i>)	Tier 3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>)	Tier 3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamma (igg)/sorbitolliga 0 to 50 mcg/ml</i>)	Tier 3	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	Tier 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>)	Tier 2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (<i>immune globulin,gamm(igg)/glycinelglucoseliga 0 to 50 mcg/ml</i>)	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycineliga average 46 mcg/ml</i>)	Tier 3	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (<i>immune globulin,gamm(igg)/sorbitollglycinliga 0 to 50 mcg/ml</i>)	Tier 2	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/glycineliga 0 to 50 mcg/ml</i>)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycineliga average 46 mcg/ml</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/prolineliga 0 to 50 mcg/ml</i>)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/prolineliga 0 to 50 mcg/ml</i>)	Tier 3	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i>)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	Tier 3	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamm(igg)/maltoseliga greater than 50 mcg/ml</i>)	Tier 2	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma(igg)-ifas human/lycine</i>)	Tier 2	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/prolineliga 0 to 50 mcg/ml</i>)	Tier 2	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)-klhw human</i>)	Tier 3	PA; SP
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (<i>hepatitis b immune globulin/maltose</i>)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	Tier 3	
Immune Globulin - Rabies - Biological Agents		
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (<i>rabies immune globulin/pf</i>)	Tier 3	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin/pf</i>)	Tier 3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin/pf</i>)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (<i>rho(d) immune globulin</i>)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (<i>rho(d) immune globulin/maltose</i>)	Tier 3	SP
Immune Globulin - Tetanus - Biological Agents		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML (<i>tetanus immune globulin/pf</i>)	Tier 3	SP
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (<i>varicella-zoster immune globulin/maltose</i>)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte immune globulin,antithymocyte (equine)</i>)	Tier 2	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (<i>anti-thymocyte globulin,rabbit</i>)	Tier 2	SP
Immune Serums - Botulinum Antitoxins - Biological Agents		
<i>botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit</i>	Tier 1	
Live Vaccine and Live Virus Formulations - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (<i>smallpox vaccine, live</i>)	Tier 3	
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Tier 3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (<i>dengue tetravalent vaccine, live, vero cell/pf</i>)	Tier 3	
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (<i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i>)	Tier 3	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML (<i>chikungunya vaccine, live/preservative free</i>)	Tier 3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	Tier 3	SP
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	Tier 3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	Tier 3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG (<i>bcg live</i>)	Tier 3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 2	PA; SP
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccinelpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccinelpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5- 8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccinelpf</i>)	Tier 3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccinelpf</i>)	Tier 3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG- 10 LF/0.5 ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccinelpf</i>)	Tier 3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG- 25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmbldiph,pertus(acell),tet,polio vaccinelpf</i>)	Tier 3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU -10 MCG/0.5ML (<i>diphtheria,pertussis(acell),tetanus,polio/haemophilus blpf</i>)	Tier 3	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML (<i>diphther,pertus(acel),tetanus,polio vacc,component 1 of 2/pf</i>)	Tier 3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccinelpf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/lpf</i>)	Tier 3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/lpf</i>)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/lpf</i>)	Tier 3	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/lpf</i>)	Tier 3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/lpf</i>)	Tier 3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/lpf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf</i>)	Tier 3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	Tier 3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live,attenuated</i>)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS AND AGE 11 TO 17 YEARS|\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS AND AGE 18 TO 23 YEARS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS AND AGE 11 TO 17 YEARS|\$0 COPAY IF QUANTITY IS 1, FILL OF 1 IN 365 DAYS AND AGE 18 TO 23 YEARS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS AND AGE 11 TO 17 YEARS|\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS AND AGE 18 TO 23 YEARS
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (<i>meningococcal a diphtheria-conj vaccine component 2 of 2/pf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (<i>meningococcal c,y,w-135,dip-conj vaccine component 1 of 2/pf</i>)	Tier 3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (<i>meningococ a,c,y,w-135,tt compln. mening b,fhbp rec complpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 18-25 YEARS
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML (<i>meningococcal vacc a,c,y, w-135, conj tet tox component/pf</i>)	Tier 3	
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND AGE 10 TO 25 YEARS
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis b (a05 & b01), (fhbp), rec component</i>)	Tier 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 10 TO 25 YEARS
Vaccine Bacterial - Other - Vaccines		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Tier 3	
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (<i>anthrax vaccine adsorbed</i>)	Tier 3	
CYFENDUS (NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (<i>anthrax vaccine adsorbed, adjuvanted</i>)	Tier 3	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acellular),tetanus/hepb/polio/hib conj-mengl/pf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/lpf)</i>	Tier 3	
Vaccine Viral - Adenovirus - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (drlec)</i>	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.3, AND 12 YEARS OF AGE OR OLDER
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.3, AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.25 AND AGE 6 MONTHS TO 11 YEARS
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>covid vacc 2023-24 xbb.1.5, recombladjuvant-matrix/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (<i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.3 AND AGE 5-11 YEARS
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (<i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.3 AND AGE 6 MONTHS TO 4 YEARS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
Vaccine Viral - Dengue - Vaccines		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (<i>dengue tetravalent vaccine, live, vero celllpf</i>)	Tier 3	
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valentlpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9 TO 45 YEARS
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valentlpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9 TO 45 YEARS
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza vaccine quadrivalent 2023-24 (65 yr up)lmf59c.1lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quad 2023-2024(6 month and older)cell derived/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (<i>influenza virus vaccine quadrival split 2023-24(65 yr up)/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
Vaccine Viral - Japanese Encephalitis - Vaccines		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (<i>japanese encephalitis vaccine/lpf</i>)	Tier 3	
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/lpf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	Tier 3	SP
Vaccine Viral - Mpox - Vaccines		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 <i>(smallpox and mpox vaccine, live, nonreplicating/pf)</i>	Tier 3	
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	Tier 3	SP
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML <i>(poliomyelitis vaccine, killed)</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Rabies - Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT <i>(rabies vaccine, human diploid cell/pf)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>)	Tier 3	
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	Tier 3	
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	Tier 3	SP
Vaccine Viral - Smallpox - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (<i>smallpox vaccine, live</i>)	Tier 3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (<i>smallpox and mpox vaccine, live, nonreplicating/pf</i>)	Tier 3	
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec,clas01b adjuvant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 50 YEARS OF AGE OR OLDER
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (<i>varicella-zoster virus glycoprotein e,rec,component 2 of 2</i>)	Tier 3	SP
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Yellow Fever - Vaccines		
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	Tier 3	
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	Tier 3	SP
Vaccine Viral- Tick-borne Encephalitis - Vaccines		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML (<i>tick-borne encephalitis vaccine</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Therapy Agents		
Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	Tier 3	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	Tier 3	PA; SP
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan/tadalafil</i>)	Tier 3	PA; SP
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	Tier 2	PA; SP
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	Tier 3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>labetalol in dextrose,iso-osm intravenous solution 1 mg/ml</i>	Tier 3	
<i>labetalol in nacl (iso-osmot) intravenous solution 1 mg/ml</i>	Tier 3	
<i>labetalol intravenous solution 5 mg/ml</i>	Tier 1	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomilchlorthalidone</i>)	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	Tier 1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (<i>nitroglycerin</i>)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
Antianginal and Anti-Ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 3	PA
Antianginal and Anti-Ischemic Agents, Non-hemodynamic - Drugs for Angina		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	
<i>procainamide intravenous syringe 100 mg/ml</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	Tier 1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	Tier 1	
<i>lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol intravenous solution 150 mg/10 ml (15 mg/ml)</i>	Tier 3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)</i>	Tier 1	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	Tier 1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>bretylum tosylate injection solution 50 mg/ml</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) (<i>amiodarone in dextrose, iso-osmotic</i>)	Tier 3	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antiarrhythmic Others - Drugs for Abnormal Heart Rhythms		
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (<i>evinacumab-dgnb</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (<i>atorvastatin calcium</i>)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral capsule 20 mg</i>	\$0	EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0	EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0	EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic - PCSK9 Inhibitor, small interfering RNA (siRNA) - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (<i>inclisiran sodium</i>)	Tier 3	PA
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (<i>inclisiran sodium</i>)	Tier 3	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs for Cholesterol		
PHOSPHALINE ORAL CAPSULE 900 MG (<i>phosphatidylcholine</i>)	Tier 3	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML (<i>phosphatidylcholine</i>)	Tier 3	
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs for Cholesterol		
COQMAX OMEGA ORAL CAPSULE 174-50-115-250 MG, 348-500-100 MG (<i>omega-3 fatty acids/dhalepalfish oil/coenzyme q-10</i>)	Tier 3	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 1,200 (144-216) MG, 300-1,000 MG (<i>omega-3 fatty acids/docosahexaenoic acidlepalfish oil</i>)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG (<i>omega-3 fatty acids/fish oil</i>)	Tier 1	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG (<i>omega-3 fatty acids/docosahexaenoic acidlepalfish oil</i>)	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 500-115-30-64 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
krill-om-3-dha-epa-phospho-ast oral capsule 600-125-32.5-60 mg	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methioninelinositolcholine/folic acid)	Tier 3	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dhalepalfish oil/krill/lutein/zeaxanth)	Tier 3	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dhalepalfish oil/krill oil)	Tier 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dhalepalfish oil/krill/lutein/zeaxanth)	Tier 3	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG (krill oil/omega-3 fatty acids/dhalepalphospholipids/laxaxan)	Tier 3	
omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg	Tier 3	
omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg	Tier 1	
OMEGA MONOPURE DHA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acidlepalfish oil)	Tier 3	
OMEGA MONOPURE EPA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910-1,300 MG (omega-3 fatty acids/leicosapentaenoic acid (epa)/fish oil)	Tier 3	
OMEGA MONOPURE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dhalepalpalfish oil)	Tier 3	
OMEGA-3 2100 ORAL CAPSULE 1,050 MG(300 MG -675 MG-75 MG) (omega-3 fatty acids/dhalepalpalfish oil)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	Tier 1	
omega-3 fatty acids-fish oil oral capsule 360-1,200 mg	Tier 1	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dhalepalphospholipids/astaxan)	Tier 1	
omega-3s-dha-epa-fish oil oral capsule 720-1,200 mg	Tier 3	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OMEGAPURE PRM ORAL CAPSULE 590-195-245-800 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OMEGAPURE-600 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OMEGAPURE-780 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OMEGAPURE-900 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 3	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/lepa)	Tier 3	
SUPERIOR OMEGA3 WITH VIT D ORAL CAPSULE 1,250 MG-1,375 MG-25 MCG (omega-3/dhalepal/other omega-3s/fish oil/vitamin d3)	Tier 3	
TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	Tier 2	PA; SP
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol intravenous solution 1 mg/ml</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol intravenous solution 150 mg/10 ml (15 mg/ml)</i>	Tier 3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 1	PA; SP
<i>icatibant acetate</i> (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 1	PA; SP
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl in 0.9% nacl intravenous solution 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem in dextrose 5 % intravenous solution 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (<i>diltiazem hcl</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg)	Tier 1	
diltiazem hcl (Tiadylt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)	Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 3	PA; SP
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML) (nicardipine in dextrose, iso-osmotic)	Tier 3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML) (nicardipine in sodium chloride, iso-osmotic)	Tier 3	SP
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML (clevidipine butyrate)	Tier 3	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine maleate)	Tier 3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	Tier 1	PA
nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml	Tier 1	
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	Tier 1	
nicardipine intravenous solution 25 mg/10 ml	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicardipine intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Inotropes - Phosphodiesterase Inhibitors - Drugs for the Heart		
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	Tier 1	
<i>milrinone intravenous solution 1 mg/ml</i>	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Tier 3	PA; SP
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	Tier 3	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	Tier 1	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	Tier 1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetic - Beta-Adrenergic Agonists - Drugs for Serious Allergic Reaction		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	Tier 1	
<i>isoproterenol in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml)</i>	Tier 1	
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
AKOVAZ INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML) (<i>ephedrine sulfate</i>)	Tier 3	
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML (<i>phenylephrine hcl</i>)	Tier 3	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	Tier 1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	Tier 1	
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	Tier 1	
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	Tier 1	SP
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; SP
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (<i>ephedrine sulfate</i>)	Tier 3	SP
EMERPHED INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML) (<i>ephedrine sulfate</i>)	Tier 3	
EMERPHED INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML) (<i>ephedrine sulfate</i>)	Tier 1	
<i>ephedrine sulfate intravenous solution 5 mg/ml, 50 mg/ml</i>	Tier 1	
<i>ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 15 mg/3 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)</i>	Tier 1	
<i>epinephrine bitart in nacl,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)</i>	Tier 1	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	Tier 1	
<i>epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)</i>	Tier 1	
<i>epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	Tier 1	
<i>epinephrine hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 mcg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epinephrine in 0.9 % sod chlor intravenous solution 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	Tier 1	
<i>epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)</i>	Tier 1	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine intravenous solution 0.1 mg/ml</i>	Tier 1	
IMMPHENTIV INTRAVENOUS SOLUTION 0.1 MG/ML (<i>phenylephrine hcl</i>)	Tier 3	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norepinephrine bitart in water intravenous solution 2 mg/ml</i>	Tier 1	
<i>norepinephrine bitart in water intravenous syringe 4 mg/50 ml (80 mcg/ml)</i>	Tier 1	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	Tier 1	
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)</i>	Tier 1	
<i>norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 32 mg/250 ml (128 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl in 0.9% nacl intravenous solution 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 200 mg/250 ml (800 mcg/ml), 25 mg/250 ml (100 mcg/ml), 300 mg/250 ml (1,200 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 5 mg/50 ml (100 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	Tier 1	
<i>phenylephrine in sterile water intravenous syringe 60 mg/50 ml (1,200 mcg/ml)</i>	Tier 1	
<i>racepineph in sod chl,iso (pf) injection syringe 1 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REZIPRES INTRAVENOUS SOLUTION 4.7 MG/ML (<i>ephedrine hcl</i>)	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML) (<i>digoxin</i>)	Tier 2	
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML) (<i>digoxin</i>)	Tier 3	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	Tier 2	PA
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) (<i>digoxin</i>)	Tier 3	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML) (<i>nitroprusside sodium in 0.9 % sodium chloride</i>)	Tier 3	
<i>nitroprusside in 0.9 % nacl intravenous solution 20 mg/100 ml (0.2 mg/ml), 50 mg/100 ml (0.5 mg/ml)</i>	Tier 1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Arginine Vasopressin V1a/V2 Receptor Antagonists - Drugs for High Blood Pressure		
<i>conivaptan in 5 % dextrose intravenous solution 20 mg/100 ml</i>	Tier 1	
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML (<i>conivaptan hcl/dextrose 5 % in water</i>)	Tier 3	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 1	PA; SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (<i>furosemide</i>)	Tier 3	
<i>furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>furosemide injection solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Osmotic - Drugs for High Blood Pressure		
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	Tier 1	
<i>mannitol 25 % intravenous solution 25 %</i>	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>mannitol</i>)	Tier 3	
UREAPRO ORAL POWDER 15 GRAM/SCOOP (<i>urea</i>)	Tier 3	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
<i>tolvaptan oral tablet 15 mg</i>	Tier 1	SP; QL (30 EA per 365 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolvaptan oral tablet 30 mg</i>	Tier 1	SP; QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 2	QL (2 EA per 1 day)
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (<i>ethyl alcohol</i>)	Tier 3	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (<i>atropine sulfate</i>)	Tier 3	
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine injection solution 0.4 mg/ml</i>	Tier 1	
<i>atropine injection syringe 0.1 mg/ml</i>	Tier 1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (<i>selexipag</i>)	Tier 2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	Tier 2	PA; SP
Patent Ductus Arteriosus (PDA) Treatment Agents , NSAID-type - Drugs for the Heart		
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	Tier 1	
Patent Ductus Arteriosus (PDA) Treatment Agents, Prostaglandin-type - Drugs for the Heart		
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML (<i>alprostadi</i>)	Tier 3	
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 1	PA; SP
<i>phentolamine injection recon soln 5 mg</i>	Tier 1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
<i>metirosine oral capsule 250 mg</i>	Tier 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>Ianadelumab-flyo</i>)	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (<i>Ianadelumab-flyo</i>)	Tier 3	PA; SP
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (<i>ecallantide</i>)	Tier 3	PA; SP
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 1	PA; SP
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (<i>treprostinil diolamine</i>)	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (<i>treprostinil diolamine</i>)	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (<i>treprostinil diolamine</i>)	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 2	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Tier 3	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil</i> nebulizer and accessories)	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i> nebulizer accessories)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil</i> nebulizer and accessories)	Tier 3	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 3	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 2	PA; SP
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	Tier 2	PA; SP
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	Tier 3	PA; SP
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 1	PA; SP
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Scclerosing Agents - Drugs for the Heart		
ASCLERA INTRAVENOUS SOLUTION 0.5 % (10 MG/2 ML), 1 % (20 MG/2 ML) (<i>polidocanol</i>)	Tier 3	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	Tier 1	
<i>sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml)</i>	Tier 1	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML) (<i>sodium tetradecyl sulfate</i>)	Tier 3	
<i>sodium tetradecyl sulfate</i> (Sotradecol Intravenous Solution 3 % (30 Mg/MI))	Tier 1	
VARITHENA INTRAVENOUS FOAM 1 % (<i>polidocanol</i>)	Tier 3	
Vasodilator Combinations - Drugs for High Blood Pressure		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	Tier 2	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam injection solution 5 mg/ml</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (680 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG <i>(perampanel)</i>	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG <i>(perampanel)</i>	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (120 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG (<i>perampanel</i>)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	Tier 1	
<i>phenobarbital sodium injection solution 65 mg/ml</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
SEZABY INTRAVENOUS RECON SOLN 100 MG (<i>phenobarbital sodium</i>)	Tier 3	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	Tier 2	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide intravenous solution 200 mg/20 ml</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	Tier 3	PA
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (<i>lacosamide</i>)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 3	PA; SP
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 1	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA; SP
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA; SP
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA; SP
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML (fosphenytoin sodium)	Tier 2	
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 1	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML (<i>brivaracetam</i>)	Tier 2	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	QL (2 EA per 1 day)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml</i>	Tier 1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (<i>zonisamide</i>)	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	QL (80 ML per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rufinamide oral tablet 200 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 3	PA; SP
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Tier 3	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) (<i>cenobamate</i>)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) (<i>cenobamate</i>)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (<i>cenobamate</i>)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	Tier 3	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (<i>dextromethorphan hbrlbupropion hcl</i>)	Tier 3	PA
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (<i>brexanolone</i>)	Tier 3	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	Tier 2	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	Tier 3	PA; SP
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (<i>levomilnacipran hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- SSRI and Atypical Antipsych, Dopamine, Serotonin Antagon - Drugs for Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (<i>carbidopallevodopa</i>)	Tier 3	PA; SP
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopallevodopa</i>)	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa (Sinemet IR/CR) within the past 120 days; QL (10 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	Tier 3	PA; SP
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine injection solution 1 mg/ml</i>	Tier 1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	Tier 3	PA; SP
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 1	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	Tier 3	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (<i>iloperidone</i>)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (<i>paliperidone palmitate</i>)	Tier 2	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (<i>paliperidone palmitate</i>)	Tier 2	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (<i>paliperidone palmitate</i>)	Tier 2	SP; QL (0.75 ML per 21 days)

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (<i>risperidone</i>)	Tier 3	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (<i>risperidone</i>)	Tier 3	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (<i>risperidone</i>)	Tier 3	SP; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (<i>risperidone</i>)	Tier 3	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (<i>risperidone</i>)	Tier 3	SP; QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>limateperone tosylate</i>)	Tier 3	ST: Requires prior prescription Vraylar within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	Tier 3	QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (<i>loxapine</i>)	Tier 2	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (<i>quetiapine fumarate</i>)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Tier 2	SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (<i>olanzapine pamoate</i>)	Tier 2	SP; QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (<i>aripiprazole</i>)	Tier 3	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (<i>aripiprazole</i>)	Tier 3	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 2	SP; QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (<i>aripiprazole lauroxil, submicronized</i>)	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (<i>aripiprazole lauroxil</i>)	Tier 2	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (<i>aripiprazole lauroxil</i>)	Tier 2	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (<i>aripiprazole lauroxil</i>)	Tier 2	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (<i>aripiprazole lauroxil</i>)	Tier 2	SP; QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (<i>brexipiprazole</i>)	Tier 2	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (<i>serdexmethylphenidate chlorid/dexmethylphenidate hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (<i>methylphenidate</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (<i>methylphenidate</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (240 ML per 30 days)
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	ST: Requires prior prescription for Methylphenidate or Relexxii within the past 120 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (<i>methylphenidate hcl</i>)	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (<i>viloxazine hcl</i>)	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (<i>viloxazine hcl</i>)	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (<i>viloxazine hcl</i>)	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG (<i>remimazolam besylate</i>)	Tier 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam injection solution 5 mg/ml</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>lorazepam injection syringe 2 mg/ml</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	Tier 1	
<i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>midazolam in nacl, iso-osmotic intravenous syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml</i>	Tier 1	
<i>midazolam in nacl,iso-osmo(pf) intravenous syringe 25 mg/25 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>midazolam intravenous syringe 125 mg/25 ml (5 mg/ml), 150 mg/30 ml (5 mg/ml), 40 mg/8 ml (5 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>carbamazepine</i> (Eptol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)

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

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

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

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 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CNS and Respiratory Stimulant - Drugs for the Nervous System		
<i>doxapram intravenous solution 20 mg/ml</i>	Tier 1	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (240 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, Relexxii, or Vyvanse within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine oral tablet 200 mg</i>	Tier 1	
<i>caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (<i>bremelanotide acetate</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypnotics - Melatonin - Single Agents - Drugs for Insomnia		
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	Tier 3	
KIDS MELATONIN ORAL TABLET,CHEWABLE 1 MG (<i>melatonin</i>)	Tier 1	
<i>melatonin oral capsule 10 mg</i>	Tier 3	
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 3	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	Tier 3	
<i>melatonin oral lozenge 5 mg</i>	Tier 3	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
<i>melatonin oral tablet,chewable 1 mg, 2.5 mg</i>	Tier 1	
<i>melatonin oral tablet,chewable 5 mg</i>	Tier 1	
<i>melatonin oral tablet,disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>	Tier 1	
<i>melatonin oral tablet,disintegrating 5 mg</i>	Tier 3	
<i>melatonin sublingual tablet 10 mg</i>	Tier 1	
MELATONINMAX ORAL TABLET,CHEWABLE 10 MG (<i>melatonin</i>)	Tier 1	
Hypnotics - Melatonin Combinations - Drugs for Insomnia		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (<i>calcium phosphate, tribasic/melatonin</i>)	Tier 3	
COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (<i>vit b/folic acid/calcium/soy xt/black cohosh xt/melatonin</i>)	Tier 1	
KIDS SLEEP CALM ORAL TABLET,CHEWABLE 0.5-25-12.5 MG (<i>melatonin/theanine/lemon balm/chamomile flower/lavender</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIDS SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 0.5 MG-45 MG- 12.5 MCG-3.75MG (<i>melatonin/ascorbic acid/vitamin d3/zinc citrate/elderberry</i>)	Tier 1	
<i>melatonin-pyridoxal phos (b6) oral tablet,disintegrating 2.5 mg- 338 mcg</i>	Tier 1	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet 10-5.5 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet,disintegrating 3-50 mg</i>	Tier 1	
RELAX NIGHT CALM ORAL TABLET,CHEWABLE 1.5-12.5-50-0.5 MG (<i>melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt</i>)	Tier 1	
REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (<i>melatonin/gamma-aminobutyric acid/valerian</i>)	Tier 3	
SLEEP CALM ORAL TABLET,CHEWABLE 3-50-12.5 MG (<i>melatonin/theanine/lemon balm/chamomile flower/lavender</i>)	Tier 1	
SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 3 MG-45 MG-12.5 MCG-3.75 MG (<i>melatonin/ascorbic acid/vitamin d3/zinc citrate/elderberry</i>)	Tier 1	
SLEEP OPTIMIZER ORAL CAPSULE 0.15-50-150-200 MG (<i>melatonin/gabaltryptophan/valerian root/hops/lemon balm</i>)	Tier 3	
SLEEP SUPPORT (MELATONIN-HERB) ORAL TABLET, CHEWABLE DISPERSIBLE 1.5-22 MG-MCG (<i>melatonin/herbal complex no.233</i>)	Tier 1	
SLEEP3 ORAL TABLET, IR AND ER, BIPHASIC 10-200-50 MG (<i>melatonin/theanine/valerian rt/lemon balm/chamomile/lavender</i>)	Tier 1	
SLOWMAG MG CALM-SLEEP ORAL TABLET,DELAYED RELEASE (DR/EC) 1-71.5 MG (<i>melatonin/magnesium citrate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (<i>melatonin/mag carbonate, glycinat/pot biclgabalglycine/lemon</i>)	Tier 3	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (<i>melatonin/gabal5-htp/theanine/magnesium citrate, oxidelherbs</i>)	Tier 3	
SUPERIOR SLEEP ORAL CAPSULE 5-50-50 MG (<i>melatonin/5-htp/tryptophan/theanine/magnesium/vit b6/herbal</i>)	Tier 3	
UNISOM SIMPLE SLUMBERS ORAL TABLET, CHEWABLE 2.5 MG (<i>melatonin/passion flower/lemon balm</i>)	Tier 3	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	Tier 3	PA; SP
<i>tasimelteon oral capsule 20 mg</i>	Tier 1	PA; SP
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (<i>zavegepant hcl</i>)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (<i>dihydroergotamine mesylate</i>)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (<i>celecoxib</i>)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 2	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (<i>deutetrabenazine</i>)	Tier 2	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (<i>sodium oxybate</i>)	Tier 3	PA; SP
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 1	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Tier 3	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Tier 3	PA; SP
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
AMYTAL INJECTION RECON SOLN 500 MG (<i>amobarbital sodium</i>)	Tier 1	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	Tier 1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>phenobarbital sodium injection solution 130 mg/ml</i>	Tier 1	
<i>phenobarbital sodium injection solution 65 mg/ml</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>lorazepam injection syringe 2 mg/ml</i>	Tier 1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	Tier 3	QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
<i>dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i>	Tier 1	
<i>dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i>	Tier 1	
<i>dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)</i>	Tier 3	
<i>dexmedetomidine intravenous solution 100 mcg/ml</i>	Tier 1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	Tier 3	PA
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML), 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML) (<i>dexmedetomidine hcl in 0.9 % sodium chloride</i>)	Tier 3	
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML (<i>buprenorphine</i>)	Tier 3	SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (<i>buprenorphine</i>)	Tier 3	PA; SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG (<i>naltrexone microspheres</i>)	Tier 3	SP
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>alum, ammonium (bulk) powder</i>	Tier 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>balsam peru (bulk) liquid</i>	Tier 3	
<i>benzoin (bulk) topical tincture</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
<i>glutathione (bulk) powder 100 %</i>	Tier 3	
<i>guaiacol liquid</i>	Tier 3	
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 3	
<i>hydroxyethyl methacrylate, bulk liquid 96 %</i>	Tier 3	
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (<i>troche base no.247</i>)	Tier 3	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (<i>dimethyl sulfoxide</i>)	Tier 3	
Chemicals - Fixed Oils		
<i>olive oil oil</i>	Tier 1	
Chemicals - Solvents		
<i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>	Tier 3	DD
MURI-LUBE OIL (<i>mineral oil, light sterile</i>)	Tier 3	
<i>sesame oil oil</i>	Tier 3	
<i>sodium succinate powder</i>	Tier 3	
Pharmaceutical Adjuvant - Anticorrosive Agents		
<i>butylated hydroxytoluene powder</i>	Tier 3	
Pharmaceutical Adjuvant - Capsule Excipients		
CAPSUBLEND-H POWDER (<i>cellulose silica gellmannitol magnesium stearate</i>)	Tier 3	
Pharmaceutical Adjuvant - Coloring Agents		
<i>methylene blue (bulk-solid) powder</i>	Tier 3	
Pharmaceutical Adjuvant - External Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL (<i>vehicle gel for anacaulase-bcdb</i>)	Tier 3	
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate liquid</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #1 ORAL CAPSULE (<i>gelatin capsules (empty)</i>)	Tier 3	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (<i>hypromellose capsules (empty)</i>)	Tier 3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Liquid Vehicles Other		
PCCA SUSPENDIT ANHYDROUS TOPICAL LIQUID (<i>liquid base no.261</i>)	Tier 3	
Pharmaceutical Adjuvant - Oral Thickening Agents		
GELMIX ORAL POWDER (<i>maltodextrin/carob</i>)	Tier 3	
GELMIX ORAL POWDER IN PACKET (<i>maltodextrin/carob</i>)	Tier 3	
PURATHICK ORAL POWDER (<i>maltodextrin/tara gum</i>)	Tier 3	
PURATHICK ORAL POWDER IN PACKET (<i>maltodextrin/tara gum</i>)	Tier 3	
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (<i>xanthan gum</i>)	Tier 3	
THICK AND EASY ORAL POWDER (<i>starch</i>)	Tier 3	
THICK AND EASY ORAL POWDER IN PACKET (<i>starch</i>)	Tier 3	
Pharmaceutical Adjuvant - Oral Vehicles		
MX-SOL SF ORAL LIQUID (<i>compounding vehicle sugar-free no.9</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sorbitol solution 70 %</i>	Tier 3	
SYRPALTA VEHICLE ORAL SYRUP (<i>compounding vehicle syrup no.15</i>)	Tier 3	
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (<i>compound vehicle suspension sugar-free no.24</i>)	Tier 3	
Pharmaceutical Adjuvant - Parenteral Vehicles		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION (<i>water for inj.,bacteriostatic/methylparaben/propylparaben</i>)	Tier 1	
DILUENT FOR ELITEK 1 ML(1.5MG) INTRAVENOUS SOLUTION (<i>diluent for rasburicase (poloxamer 188)</i>)	Tier 3	
DILUENT FOR ELITEK 5ML(7.5MG) INTRAVENOUS SOLUTION (<i>diluent for rasburicase (poloxamer 188)</i>)	Tier 3	
DILUENT FOR IXEMPRA (15 MG) INTRAVENOUS SOLUTION 8 ML (<i>diluent for ixabepilone (castor oil/alcohol)</i>)	Tier 3	
DILUENT FOR IXEMPRA (45 MG) INTRAVENOUS SOLUTION 23.5 ML (<i>diluent for ixabepilone (castor oil/alcohol)</i>)	Tier 3	
DILUENT FOR LEFAMULIN(XENLETA) INTRAVENOUS SOLUTION (<i>diluent for lefamulin(10mm citrate buffered 0.9 % sod chlor)</i>)	Tier 3	
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (<i>diluent for treprostinil (glycine)</i>)	Tier 3	SP
<i>diluent for treprostinil (gly) intravenous solution</i>	Tier 1	
Pharmaceutical Adjuvant - Preservatives		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
Pharmaceutical Adjuvant - Surfactants		
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION (<i>stabilizer for blinatumomab</i>)	Tier 3	
<i>polysorbate 80 solution</i>	Tier 3	
Pharmaceutical Adjuvant - Suspending Agents		
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i>	Tier 3	
METHOCEL E 4 M POWDER (<i>hypromellose</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Tableting		
<i>cellulose (bulk) powder</i>	Tier 3	
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (<i>troche base no.247</i>)	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION (<i>vaccine adjuvant system, as01elpf, component vial 1 of 2</i>)	Tier 3	
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (<i>vaccine adjuvant system, as01blpf, component vial 1 of 2</i>)	Tier 3	SP
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (<i>cholera vaccine buffer component</i>)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	Tier 3	PA; SP
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (<i>aducanumab-avwa</i>)	Tier 3	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (<i>lecanemab-irmb</i>)	Tier 3	PA; SP
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (<i>donepezil hcl</i>)	Tier 3	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (<i>memantine hclldonepezil hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hclldonepezil hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic acid/citric acid/potassium bitartrate</i>)	\$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	\$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrellethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
levonorgestrellethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiollethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrellethinyl estradiol and ethinyl estradiol)	\$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrellethinyl estradiol and ethinyl estradiol)	\$0	CT; EHB
levonorgestrellethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0	CT; EHB
levonorgestrellethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiollethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrellethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiollethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
levonorgestrellethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrellethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
levonorgestrellethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrellethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrellethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	\$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0	CT; EHB
levonorgestrellethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiolferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiolferrous fumarate (Gem mily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiolferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiolferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiolferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
levonorgestrellethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (<i>levonorgestrel/ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> liron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>ethynodiol diacetate-ethinyl estradiol</i> (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>ethynodiol diacetate-ethinyl estradiol</i> (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol</i> ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)liron (7)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienna Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet, Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	\$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Emzahn Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Lyleq Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Lyza Oral Tablet 0.35 Mg)	\$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	\$0	CT; EHB
norethindrone (contraceptive) oral tablet 0.35 mg	\$0	CT; EHB
OPILL ORAL TABLET 0.075 MG (norgestrel)	\$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (drospirenone)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
Contraceptive Oral - Quadruphasic - Birth Control Pills		
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerateldienogest</i>)	\$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol</i> (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone-ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol</i> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	CT; EHB
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	CT; EHB
<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>	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (<i>levonorgestrellethinyl estradiol</i>)	\$0	CT; EHB
<i>norelgestrominlethinyl estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
<i>norelgestrominlethinyl estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (<i>segesterone acetatelethinyl estradiol</i>)	\$0	CT; EHB
<i>etonogestrellethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrellethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	CT; EHB
<i>etonogestrellethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
Dermatological		
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Tier 3	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (<i>clascoterone</i>)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ACIOXIAY TOPICAL CREAM 15-4 % (<i>azelaic acid/niacinamide</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (<i>clindamycin/niacinamide</i>)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin base in ethanol</i> (Ery Pads Topical Swab 2 %)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
DEOXIA TOPICAL LOTION 1-4 % (<i>clindamycin/niacinamide</i>)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/lurea</i>)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 % (1 % base) -3.75 %, 1.2-2.5 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRAXACE TOPICAL SUSPENSION 2-8 % (<i>salicylic acid/sulfacetamide sodium</i>)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (<i>salicylic acid/sulfacetamide sodium</i>)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (<i>salicylic acid/sulfacetamide sodium</i>)	Tier 3	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (<i>benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 % (1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 % (<i>clindamycin phosphate/benzoyl peroxide</i>)	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 % (<i>benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (<i>sulfacetamide sodium/sulfur/lavobenzene/octinoxate/octyl sal</i>)	Tier 3	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	PA
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (<i>tretinoin/clindamycin phosphate/spironolactone/niacinamide</i>)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (<i>tretinoin/hyaluronate sodium/niacinamide</i>)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (<i>tretinoin/hyaluronate sodium/niacinamide</i>)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (<i>tretinoin/spironolactone/niacinamide</i>)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (<i>tretinoin/spironolactone/niacinamide</i>)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (<i>trifarotene</i>)	Tier 3	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (<i>tazarotene/niacinamide</i>)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (<i>tazarotene/niacinamide</i>)	Tier 3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (<i>tretinoin microspheres</i>)	Tier 3	Age (Max 39 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Acne Therapy Topical Combinations Other - Drugs for the Skin		
DIMOXIA TOPICAL GEL 5-4 % (<i>spironolactone/niacinamide</i>)	Tier 3	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (<i>halobetasol propionate/tazarotene</i>)	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	Tier 2	PA; SP
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 2	PA; SP
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (<i>spesolimab-sbzo</i>)	Tier 3	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	Tier 3	PA; SP
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Tier 3	PA; SP
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	Tier 3	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	Tier 3	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (<i>secukinumab</i>)	Tier 3	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 3	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 3	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 3	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) (<i>secukinumab</i>)	Tier 3	PA; SP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (<i>brodalumab</i>)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 2	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 2	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (<i>ixekizumab</i>)	Tier 2	PA; SP
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Tier 3	PA; SP
OPZELURA TOPICAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	Tier 2	PA; SP
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 2	PA; SP
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 2	
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (<i>silver</i>)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (<i>mupirocin</i>)	Tier 3	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (<i>mupirocin/lidocaine</i>)	Tier 3	
NORMLGEL AG TOPICAL GEL 0.11 % (<i>silver carbonate</i>)	Tier 3	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (<i>ozenoxacin</i>)	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin		
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (<i>ketoconazole/iodoquinol/hydrocortisone</i>)	Tier 3	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide/lemollient comb no.65</i>)	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide</i>)	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 2	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nystatin</i> (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (<i>butenafine hcl</i>)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (<i>fluconazole/libuprofen/itraconazole/terbinafine hcl</i>)	Tier 3	
EXODERM TOPICAL LOTION 25-1 % (<i>sodium thiosulfate/salicylic acid</i>)	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/lurea</i>)	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (<i>econazole nitrate/niacinamide</i>)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (<i>ketoconazole/niacinamide</i>)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (<i>ciclopirox olamine/salicylic acid</i>)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (<i>econazole nitrate</i>)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (<i>ketoconazole/skin cleanser combination no.28</i>)	Tier 3	
<i>luliconazole topical cream 1 %</i>	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (<i>hydrocortisoneliodoquinol</i>)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (<i>ciclopirox olamine/clobetasol propionate</i>)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (<i>ciclopirox olamine/clobetasol propionate/salicylic acid</i>)	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (<i>ketconazole/hydrocortisone</i>)	Tier 3	
Dermatological - Antifungals Other - Drugs for the Skin		
<i>triacetin liquid 100 %</i>	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	Tier 2	PA; SP
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalignant Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % (<i>tirbanibulin</i>)	Tier 2	QL (5 EA per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (<i>alitretinoin</i>)	Tier 3	SP; QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
<i>bexarotene topical gel 1 %</i>	Tier 1	PA; SP
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>	Tier 1	SP
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOOXIA TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
SORILUX TOPICAL FOAM 0.005 % (<i>calcipotriene</i>)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (<i>tazarotene</i>)	Tier 3	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (<i>tapinarof</i>)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (<i>anthralin micronized</i>)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 2	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) (<i>apremilast</i>)	Tier 2	PA; SP
Dermatological - Antiseborrheic - Drugs for the Skin		
MICURADERM TOPICAL EMULSION (<i>emollient combination no.43</i>)	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEXION NS TOPICAL SHAMPOO 9.8 % (<i>sulfacetamide sodium</i>)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (<i>selenium sulfide</i>)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (<i>anacaulase-bcdb</i>)	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (<i>mafenide acetate</i>)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
NUJU TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
NUJU TOPICAL CREAM 0.1 % (<i>tacrolimus in vehicle base no.238</i>)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (<i>tacrolimus/hyaluronate sodium/niacinamide</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIANUJO TOPICAL OINTMENT 0.1-4 % (<i>tacrolimus/niacinamide</i>)	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
Dermatological - Depigmenting Agents - Drugs for the Skin		
<i>hydroquinone topical cream 4 %</i>	Tier 1	
KAXM TOPICAL EMULSION 4 % (<i>hydroquinone</i>)	Tier 3	
KEXM TOPICAL EMULSION 6 % (<i>hydroquinone</i>)	Tier 3	
KUTEA TOPICAL EMULSION 8 % (<i>hydroquinone</i>)	Tier 3	
KUXM TOPICAL EMULSION 8 % (<i>hydroquinone</i>)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (<i>hydroquinone/hyaluronate sodium</i>)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (<i>hydroquinone/hydrocortisone</i>)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 (<i>hydroquinone/sunscreens</i> (<i>oxybenzone/octinoxate</i>))	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (<i>hydroquinone/ascorbic acid</i>)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (<i>hydroquinone/ascorbic acid/vit e acetate (d-alpha</i> <i>tocoph)</i>)	Tier 3	
PROOXIA TOPICAL CREAM 10-4 % (<i>lactic</i> <i>acid/niacinamide</i>)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (<i>fluocinolone</i> <i>acetonide/tretinoin/hydroquinone</i>)	Tier 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
Dermatological - Emollient Combinations - Drugs for the Skin		
<i>ceramides 1,3,6-ii topical cream</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERAVE DAILY MOISTURIZING TOPICAL LOTION (<i>ceramides 1,3,6-ii</i>)	Tier 3	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (<i>ceramides 1,3,6-ii/niacinamide</i>)	Tier 3	
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE (<i>ceramides 1,3,6-ii/niacinamide/hyaluronic acid</i>)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (<i>ceramides (1,3,6-ii)/salicylic acid/niacinamide</i>)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (<i>ceramides (1,3,6-ii)/salicylic acid/niacinamide</i>)	Tier 3	
CERAVE SA TOPICAL LOTION (<i>salicylic acid/ceramides 1,3,6-ii</i>)	Tier 3	
CERAVE TOPICAL CLEANSER (<i>ceramides 1,3,6-ii</i>)	Tier 3	
CERAVE TOPICAL CREAM (<i>ceramides 1,3,6-ii</i>)	Tier 3	
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION (<i>ceramides 1,3,6-ii</i>)	Tier 1	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
ADVANCED SKIN CARE TOPICAL LOTION (<i>glycerin/mineral oil/dimethicone/petrolatum,white</i>)	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (<i>emol53/e.water/na mgfs/naphos/nacl/hypochlorous acid/nahypocl</i>)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (<i>emollient combination no.47/emollient combination no.60</i>)	Tier 3	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (<i>lanolin/mineral oil</i>)	Tier 1	
EUCERIN ADVANCED REPAIR TOPICAL CREAM (<i>emollient combination no.119</i>)	Tier 3	
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (<i>emollient combination no.110</i>)	Tier 3	
GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (<i>emollient combination no.120</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYGIENIC CLEANSING LOTION TOPICAL LOTION (<i>mineral oil/lanolin oil/propylene glycol</i>)	Tier 3	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (<i>emollient combination no.110</i>)	Tier 1	
MICURADERM TOPICAL EMULSION (<i>emollient combination no.43</i>)	Tier 3	
MOISTURIZING CREAM TOPICAL CREAM (<i>glycerin/dimethicone/petrolatum,white/water</i>)	Tier 1	
MOITURIZING LOTION TOPICAL LOTION (<i>vit e acetate (d-alpha tocoph)/glycerin/dimethicone/water</i>)	Tier 1	
ORGANIC NIPPLE BALM TOPICAL OINTMENT (<i>sunflower/olive/beeswax/coconut/sheabutter/marigold/largan</i>)	Tier 1	
PRESERA TOPICAL FOAM (<i>emollient combination no.80</i>)	Tier 3	
ULTRA MOISTURE TOPICAL LOTION (<i>emollient combination no.40</i>)	Tier 1	
<i>vitamin e-safflower oil topical oil</i>	Tier 1	
<i>vitamin e-vitamins a and d topical cream</i>	Tier 1	
XCLAIR TOPICAL CREAM (<i>hyaluronate sodium/vit elemollient no.12/allantoin/sheatree</i>)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
<i>glycerin topical liquid</i>	Tier 1	
<i>glycerin topical solution 99.5 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (<i>keratin</i>)	Tier 3	
KERASTAT TOPICAL GEL 5 % (<i>keratin</i>)	Tier 3	
LANOLIN (HPA) TOPICAL CREAM 100 % (<i>modified lanolin</i>)	Tier 3	
PURELAN TOPICAL CREAM (<i>lanolin</i>)	Tier 3	
RADIAGEL TOPICAL GEL (<i>emollient base</i>)	Tier 3	
<i>urea topical cream 10 %, 20 %</i>	Tier 1	
<i>urea topical lotion 10 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 3	PA
Dermatological - Eyelid Cleansers - Drugs for the Skin		
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (<i>eyelid cleanser combination no.8</i>)	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (<i>eyelid cleanser combination no.10</i>)	Tier 1	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (<i>eyelid cleanser combination no.11</i>)	Tier 3	
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (<i>eyelid cleanser combination no.12</i>)	Tier 3	
Dermatological - Glucocorticoid - Drugs for the Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (<i>flurandrenolide</i>)	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TOPICAL CREAM 0.025 % (<i>flurandrenolide</i>)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (<i>halcinonide</i>)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 % (<i>halcinonide</i>)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANDEL TOPICAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (<i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i>)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (<i>betamethasone dipropionate</i>)	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
TEXACORT TOPICAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (<i>triamcinolone acetonide/pentoxifylline</i>)	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (<i>clobetasol propionate/levocetirizine dihydrochloride</i>)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (<i>clobetasol propionate/niacinamide</i>)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (<i>clobetasol propionate/niacinamide</i>)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (<i>clobetasol propionate/niacinamide</i>)	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (<i>clobetasol propionate/calcipotriene</i>)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (<i>desoximetasone/niacinamide</i>)	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (<i>fluocinolone acetonide/niacinamide</i>)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (<i>hydrocortisone acetate/aloe vera</i>)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (<i>clobetasol propionate/skin cleanser combination no.28</i>)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (<i>imiquimod/levocetirizine dihydrochloride/niacinamide</i>)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (<i>imiquimod/tretinoin/levocetirizine dihydrochloride</i>)	Tier 3	
Dermatological - Insect Repellents - Drugs for the Skin		
BULLFROG MOSQUITO COAST TOPICAL AEROSOL,SPRAY 20 %- SPF 30 (<i>aminoprop ethyloxybenzone/octinoxate/octocrylene/octyl salic</i>)	Tier 3	
CUTTER ALL FAMILY TOPICAL AEROSOL,SPRAY 7 % (<i>diethyltoluamide</i>)	Tier 3	
CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 % (<i>diethyltoluamide</i>)	Tier 3	
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (<i>diethyltoluamide</i>)	Tier 1	
CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 % (<i>diethyltoluamide</i>)	Tier 3	
CUTTER SKINSATIONS TOPICAL SPRAY, NON-AEROSOL 7 % (<i>diethyltoluamide</i>)	Tier 1	
OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 % (<i>diethyltoluamide</i>)	Tier 1	
OFF DEEP WOODS TOPICAL TOWELETTE 25 % (<i>diethyltoluamide</i>)	Tier 3	
RANGER READY REPELLENT TOPICAL SPRAY WITH PUMP 20 % (<i>icaridin</i>)	Tier 1	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 % (<i>diethyltoluamide</i>)	Tier 3	
REPEL TOPICAL TOWELETTE 30 % (<i>diethyltoluamide</i>)	Tier 3	
SAWYER CONTROLLED RELEASE TOPICAL LOTION,EXTENDED RELEASE 20 % (<i>diethyltoluamide</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
METDRAY TOPICAL GEL 17-2 % (<i>salicylic acidlibuprofen</i>)	Tier 3	
NENDRUX TOPICAL GEL 40-5 % (<i>salicylic acidlidocaine</i>)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (<i>lactic acidlurea</i>)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (<i>urealemollient combination no.65</i>)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (<i>salicylic acidlurea</i>)	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (<i>urea</i>)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (<i>urea</i>)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % (<i>salicylic acid</i>)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (<i>salicylic acid</i>)	Tier 3	
SALVAX TOPICAL FOAM 6 % (<i>salicylic acid</i>)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (<i>trichloroacetic acid</i>)	Tier 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (<i>salicylic acid</i>)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (<i>urea</i>)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (<i>urea</i>)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (<i>urea</i>)	Tier 1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (<i>salicylic acid</i>)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (<i>cantharidin</i>)	Tier 3	PA
Dermatological - Keratoplastic Tar Products - Drugs for the Skin		
<i>coal tar topical solution 20 %</i>	Tier 3	
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver extract (beef-pork)</i>)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (<i>lidocaine/tetracaine/benzocaine</i>)	Tier 3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (<i>sirolimus</i>)	Tier 3	PA; SP
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (<i>baclofen</i>)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>gabapentin</i>)	Tier 3	
<i>sodium chloride topical solution 0.9 %</i>	Tier 1	
Dermatological - NSAID Combinations - Drugs for the Skin		
ROAOXIA TOPICAL GEL 3-2-4 % (<i>diclofenac sodium/hyaluronate sodium/niacinamide</i>)	Tier 3	
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine patches within the past 120 days; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
Dermatological - Pigmenting, Melanocyte-Stimulating Hormone Analog - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	Tier 3	PA; SP
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (<i>protectives combination no.2/ceramides 1,3,6-ii</i>)	Tier 1	
RECEO TOPICAL GEL (<i>polydimethylsiloxanes/silicon dioxide</i>)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (<i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i>)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
<i>benzoin (bulk) topical tincture</i>	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (<i>zinc oxide</i>)	Tier 1	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (<i>petrolatum,white</i>)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (<i>ivermectin/metronidazole</i>)	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (<i>ivermectin/metronidazole/niacinamide</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (<i>brimonidine tartrate/ivermectin/metronidazole/niacinamide</i>)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (<i>brimonidine tartrate</i>)	Tier 3	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (<i>metronidazole/mupirocin</i>)	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % (<i>ivermectin</i>)	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (<i>sulfacetamide sodium/sulfur/lavobenzon/octinoxate/octyl sal</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Soap and/or Cleanser Combinations - Drugs for the Skin		
CETAPHIL DAILY FACIAL CLEANSER TOPICAL CLEANSER (<i>skin cleanser combination no.44</i>)	Tier 3	
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (<i>skin cleanser combination no.42</i>)	Tier 3	
GENTLE SKIN CLEANSER TOPICAL CLEANSER (<i>skin cleanser combination no.43</i>)	Tier 1	
GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (<i>skin cleanser combination no.10</i>)	Tier 1	
Dermatological - Sunscreens - Drugs for the Skin		
CERAVE AM TOPICAL LOTION 30 SPF (<i>homosalate/meradimate/octinoxate/octocrylene/zinc oxide</i>)	Tier 3	
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (<i>thrombin(hum plas)/fibrinogenlaprotinin,synlcalcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogenlaprotinin,synlcalcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogenlaprotinin,synlcalcium chloride</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine</i> (Dermacinx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine hcl/racepinephrine hcl/tetracaine hcl)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine hcl/racepinephrine hcl/tetracaine hcl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (lidocaine hcl/epinephrine bitartrate/tetracaine hcl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (lidocaine hcl/epinephrine bitartrate/tetracaine hcl)	Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (lidocaine hcl)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine hcl)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 3	
REGENECARE TOPICAL GEL 2 % (lidocaine hcl/collagen)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 3	
lidocaine (Tridacaine Ii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (<i>benzocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (<i>ketamine hcl</i>)	Tier 3	
Dermatological Irritants-Counter-Irritant Combinations - Drugs for the Skin		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (<i>eucalyptus oillavender oilpine needle oilbeeswax</i>)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % (<i>capsaicin/skin cleanser</i>)	Tier 3	PA
WINTERGREEN OIL OIL (<i>methyl salicylate</i>)	Tier 1	
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (<i>human regenerative tissue matrix</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (<i>biotin/carbitol/lequisetum xtlethanol/hydroxypropyl chitol/msm</i>)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm), porcine derived, fenestrated</i>)	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm), porcine derived, fenestrated</i>)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
LICE-BEDBUG-MITE BEDDING AEROSOL, SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (<i>cultured skin substitute, human and bovine</i>)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (<i>porcine acellular small intestine submucosa, fenestrated</i>)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (<i>porcine acell submucosa, meshed</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluole.water</i>)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
SIMPLY SALINE WOUND WASH TOPICAL AEROSOL, SPRAY 0.9 % (<i>sodium chloride</i>)	Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (<i>sodium chloride irrigating solution/hypochlorous acid</i>)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (<i>silver/siliconelfoam bandage</i>)	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (<i>silver</i>)	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (<i>foam bandage</i>)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (<i>silver/foam bandage</i>)	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (<i>silver/calcium alginate</i>)	Tier 3	
KERAGEL TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 % (<i>honey</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (<i>alginate dressing/carboxymethylcellulose</i>)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (<i>honey/hydrocolloid dressing</i>)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET (<i>collagen, hydrolyzed/cod liver oil</i>)	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (<i>silver/calcium alginate</i>)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (<i>dressing, collagen/silver</i>)	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (<i>silver/calcium alginate</i>)	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (<i>silver/calcium alginate</i>)	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (<i>silver/siliconelfoam bandage</i>)	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (<i>silver</i>)	Tier 1	
SPECTRAGEL TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRATACTX TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRATAGRT TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRATAXRT TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (<i>honey</i>)	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (<i>gel dressing</i>)	Tier 3	
ZENPHOR TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (<i>birch bark extract</i>)	Tier 3	PA; SP
Diagnostic Agents		
Diagnostic Drugs - In Vivo Other		
KINEVAC INJECTION RECON SOLN 5 MCG (<i>sincalide</i>)	Tier 3	SP
<i>sincalide injection recon soln 5 mcg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	Tier 3	SP
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (<i>thyrotropin alfa</i>)	Tier 3	PA; SP
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
CERETEC INTRAVENOUS KIT 0.5 MG (<i>kit for prep tc-99mlexametazime</i>)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	OCH
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	OCH
Diagnostic Radiopharmaceuticals - Intra-abdominal and GI Imaging		
CERETEC INTRAVENOUS KIT 0.5 MG (<i>kit for prep tc-99mlexametazime</i>)	Tier 3	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (<i>papaverine hcl/phentolamine mesylate in water</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	Tier 3	
Erectile Dysfunction (ED) Drugs-5α-PGE Phosphodiesterase Type 5 Inhib - Drugs for Erectile Dysfunction		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	Tier 3	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>ildenafil oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
<i>ildenafil oral tablet, disintegrating 10 mg</i>	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
Eating Disorder Therapy - Drugs for Eating Disorders		
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl</i>)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
Specific Flush Solutions		
LANTIDRA RINSE BAG INTRAPORTAL SOLUTION (<i>rinse media solution for donislecel-jujn</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>acetylcarnitine oral capsule 500 mg</i>	Tier 3	
CARNITEX ORAL CAPSULE 340 MG (<i>levocarnitine tartrate</i>)	Tier 3	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (<i>levocarnitine tartrate</i>)	Tier 1	
L-CARNITINE ORAL CAPSULE 500 MG (<i>levocarnitine</i>)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine tartrate oral capsule 500 mg</i>	Tier 1	
Amino Acid-Amino Acid Combinations, Oral - Drugs for Nutrition		
XYMOBOLX ORAL POWDER (<i>amino acids</i>)	Tier 3	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
<i>arginine (l-arginine) oral capsule 500 mg</i>	Tier 1	
<i>arginine hcl (l-arginine) oral tablet 1,000 mg</i>	Tier 1	
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 3	PA; SP
<i>glutamine oral powder 100 %</i>	Tier 1	
L-CARNOSINE ORAL CAPSULE 500 MG (<i>carnosine</i>)	Tier 1	
L-GLUTAMINE ORAL CAPSULE 750 MG (<i>glutamine</i>)	Tier 1	
L-GLUTAMINE ORAL TABLET 1,000 MG (<i>glutamine</i>)	Tier 1	
<i>lysine hcl oral capsule 500 mg</i>	Tier 1	
<i>lysine hcl oral tablet 500 mg</i>	Tier 1	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (<i>arginine oxoglurate</i>)	Tier 3	
<i>taurine oral capsule 1,000 mg</i>	Tier 1	
B-Complex Vitamin Combinations - Drugs for Nutrition		
B ACTIV ORAL CAPSULE 680 MCG DFE (<i>vitamin b complex/methyltetrahydrofolate glucosamine</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
BALANCED B-50 COMPLEX (FOLIC) ORAL TABLET 50 MCG (<i>vitamin b complex/folic acid</i>)	Tier 3	
<i>b-complex with vitamin c oral tablet</i>	Tier 1	
COMPLETE LIVER CLEANSE ORAL CAPSULE 16.7 MG-66.7 MCG-110 MG (<i>vitamin b complex/vit c/folic acid/lamino acid/herbal no.351</i>)	Tier 3	
FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (<i>vitamin b complex/folic acid/ascorbic acid/biotin</i>)	Tier 3	
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (<i>b complc/folic acid/zinc sulfat/cupric sulfat/vitamin e ac</i>)	Tier 3	
MYNEPHRON ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
NEPHRO VITAMINS ORAL TABLET 0.8 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	Tier 1	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (<i>vit b complex and vit c no.24/ferrous fumarat/folic acid</i>)	Tier 3	
NEPHRO-VITE ORAL TABLET 0.8 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	Tier 1	
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (<i>vitamin b complex/folic acid/choline bitartrat/inositol</i>)	Tier 1	
TM-VITE RX ORAL TABLET 1,000 MCG (<i>vitamin b complex and vitamin c combination no.22/folic acid</i>)	Tier 3	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (<i>vit b complex/folic acid/choline bitartrat/inositol/herbs</i>)	Tier 1	
<i>vit b comp-folic-choline-inosi oral capsule 400 mcg-25 mg- 100 mg</i>	Tier 1	
<i>vit b comp-folic-choline-inosi oral tablet extended release 400 mcg-10 mg- 10 mg</i>	Tier 1	
WESCAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl</i> , <i>riboflavin</i> , <i>niacinamide</i> , <i>dexpanthenol</i> , <i>pyridoxine</i>)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl</i> , <i>riboflavin</i> , <i>niacinamide</i> , <i>dexpanthenol</i> , <i>pyridoxine</i>)	Tier 1	
<i>vitamin b complex oral capsule</i>	Tier 1	
<i>vitamin b complex oral tablet</i>	Tier 1	
<i>vitamin b complex oral tablet,disintegrating</i>	Tier 1	
Bioflavonoid Combinations - Drugs for Nutrition		
ACTIFLOVIT ORAL TABLET 200-100 MG (<i>bioflavonoid, lemon</i> / <i>vitamin b comp and c</i>)	Tier 1	
<i>ascorbate calcium-bioflavonoid oral tablet 500-250 mg</i>	Tier 1	
BIO C 1:1 ORAL CAPSULE 500-500 MG (<i>ascorbic acid</i> / <i>bioflavonoids</i>)	Tier 3	
DIOVASC ORAL CAPSULE 500 MG (<i>hesperidin</i> / <i>diosmin</i>)	Tier 3	
LIPO-FLAVONOID ORAL TABLET 500 MG (<i>inositol</i> / <i>choline bitart</i> / <i>bioflavonoid,lemon</i> / <i>vit b complex c</i>)	Tier 3	
Dextrose and Lactated Ringer's Solutions - Drugs for Nutrition		
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	Tier 1	
Dextrose and Sodium Chloride Solutions - Drugs for Nutrition		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	Tier 1	
Dextrose Solutions - Drugs for Nutrition		
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	Tier 1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	Tier 1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	Tier 1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	Tier 1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	Tier 1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	Tier 1	
Dextrose Solutions, Concentrated - Drugs for Nutrition		
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	Tier 1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	Tier 1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	Tier 1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	Tier 1	
Dietary Product - Infant Formulas - Drugs for Nutrition		
ADVANTAGE WITH IRON NON-GMO ORAL POWDER 2.07-5.6 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 1	
CALCILO XD ORAL POWDER 2.2-5.6-10.2 GRAM/100 KCAL (<i>infant formula, special metabolic with iron</i>)	Tier 3	
CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G (<i>infant formula, special metabolic, urea cycle disorder</i>)	Tier 3	
ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.8 GRAM/100 KCAL (<i>infant form. iron, lactose free/dhalarachidonic acid (ara)</i>)	Tier 3	
ENFAMIL A.R. ORAL POWDER 2.5-5.1-11.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL ENSPIRE OPTIMUM NONGMO ORAL POWDER 2.1-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL GENTLEASE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL HUMAN MILK FORTIFIER ORAL LIQUID 0.42 GRAM- 7.5 KCAL/5 ML, 0.56 GRAM- 7.5 KCAL/5 ML (<i>infant formula with iron, human milk fortifier</i>)	Tier 3	
ENFAMIL INFANT ORAL LIQUID 2-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL INFANT ORAL POWDER 2-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEURO ENFACARE NON-GMO ORAL LIQUID 2.8-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENFAMIL NEURO ENFACARE NON-GMO ORAL POWDER 2.8-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL LIQUID 2.3-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER 2.3-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER IN PACKET 2.3-5.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEURO SENSITIVE NONGMO ORAL POWDER 2.2-5.3-10.9 GRAM/100 KCAL (<i>infant form.iron, lact.reduced/dhalarachidonic acid (ara)</i>)	Tier 3	
ENFAMIL NEUROPRO NON-GMO ORAL LIQUID 2.1-5.3-11.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL NEUROPRO NON-GMO ORAL POWDER 2.1-5.3-11.3 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
ENFAMIL PROSOBEE ORAL LIQUID 2.5-5.3 GRAM/100 KCAL (<i>infant formula,soy,iron,lac-free/dhalarachidonic acid (ara)</i>)	Tier 3	
ENFAMIL REGULINE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (<i>infant formula w-iron/dhalaralpolydextrose/gos</i>)	Tier 3	
FORTINI INFANT ORAL LIQUID 2.6-5.4-10.1 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (<i>inf form, glutaric aciduria i</i>)	Tier 3	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL (<i>infant formula, special metabolic, iron, methionine-free</i>)	Tier 3	
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (<i>infant formula,spec. metabolic,isovaleric acidemia with iron</i>)	Tier 3	
KETONEX-1 ORAL POWDER 15-480 G-KCAL (<i>infant formula with iron,spec.metabolic,maple syrup urine dx</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRAMIGEN DHA-ARA ORAL LIQUID 2.8-5.3-10.3 GRAM/100 KCAL (<i>infant formula with iron, special metabolic, lactose free</i>)	Tier 3	
NUTRAMIGEN TODDLER ENFLORA-LGG ORAL POWDER 2.5-4.3 GRAM/100 KCAL (<i>infant formula, iron, spec. metabol, lactose freell.rhamnosus gg</i>)	Tier 3	
NUTRAMIGEN WITH PROBIOTIC LGG ORAL POWDER 2.8-5.3-10.3 GRAM/100 KCAL (<i>infant formula, iron, spec. metabol, lactose freell.rhamnosus gg</i>)	Tier 3	
PEPTICATE ORAL POWDER 2.4-4.7-12.5 GRAM/100 KCAL, 2.4-5.2-10.5 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
PFD TODDLER ORAL POWDER 530 KCAL/100 GRAM (<i>infant formula, special metabolic with iron</i>)	Tier 1	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (<i>infant formula for pku, iron, no.2</i>)	Tier 3	
PREGESTIMIL ORAL POWDER 2.8-5.6-10.2 GRAM/100 KCAL (<i>infant formula with iron, special metabolic, lactose free</i>)	Tier 3	
PRO-PHREE ORAL POWDER 5.5-12.7 GRAM/100 KCAL (<i>infant formula, special metabolic with iron</i>)	Tier 3	
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G (<i>infant formula, spec. metabolic, propionic acidemia, with iron</i>)	Tier 3	
PURE BLISS NON-GMO ORAL POWDER 2.07-5.6 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SENSITIVITY WITH IRON ORAL POWDER 2.14-5.4-11.1 GRAM/100 KCAL (<i>infant form. iron, lact. reduced/dhalarachidonic acid (ara)</i>)	Tier 3	
SIMILAC 360 TOTAL CARE ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SIMILAC 360 TOTAL CARE ORAL POWDER 2.07-5.6-10.5 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SIMILAC 360 TOTAL CARE SENSITV ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC 360 TOTAL CARE SENSITV ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC ADVANCE KOSHER ORAL LIQUID 2.15-5.4-10.7 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC ALIMENTUM ORAL POWDER 2.75-5.54-10.2 GRAM/100 KCAL (<i>infant form. iron, lactose freeldhalarachidonic acid (ara)</i>)	Tier 3	
SIMILAC EXPERT CARE ALIMENTUM ORAL SUSPENSION 2.75-5.54-10.2 GRAM/100 KCAL (<i>infant form. iron, lactose freeldhalarachidonic acid (ara)</i>)	Tier 3	
SIMILAC FOR SPIT-UP ORAL POWDER 2.1-5.4-11 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC NEOSURE ORAL POWDER 2.8-5.5 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC ORGANIC A2 MILK NO-GMO ORAL POWDER 2.07 GRAM-5.63 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC ORGANIC NON-GMO ORAL POWDER 2.07 GRAM-5.63 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL POWDER 2.07-5.6-10.5 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	
SIMILAC PRO-TOTAL CMFT NON-GMO ORAL LIQUID 2.32-5.4-10.7 GRAM/100 KCAL (<i>infant formula with ironldocosahexaenoic acidlarachidonic ac</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PRO-TOTAL CMFT NON-GMO ORAL POWDER 2.32-5.4-10.7 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SIMILAC SENSITIVE FUSS-GAS ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
SIMILAC SPECIAL CARE 30 ORAL SUSPENSION 3-6.61 GRAM/100 KCAL (<i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i>)	Tier 3	
TODDLER BEGINNINGS ORAL POWDER 2.6-5.3 GRAM/100 KCAL (<i>infant formula with iron/soyldhalarachidonic acid</i>)	Tier 1	
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL (<i>infant formula, special metabolic, tyrosinemia, with iron</i>)	Tier 3	
Dietary Product - Sweeteners - Drugs for Nutrition		
DANDLELION KISSES ORAL DROPS 24 % (<i>sucrose</i>)	Tier 3	
<i>saccharin powder</i>	Tier 3	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (<i>diluent,insulin aspart combination no.1</i>)	Tier 3	
STERILE DILUENT FOR HUMALOG INJECTION SOLUTION (<i>diluent for insulin lispro and regular insulin</i>)	Tier 3	
Diluents - Others - Drugs for Nutrition		
<i>diluent for artesunate intravenous solution</i>	Tier 1	
DILUENT FOR BICNU INTRAVENOUS SOLUTION (<i>diluent for carmustine (ethanol)</i>)	Tier 1	SP
<i>diluent for decitabine intravenous solution</i>	Tier 1	SP
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE (<i>diluent for leuprolide (polyglactin)</i>)	Tier 3	SP
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (<i>diluent for romidepsin (propylene glycol)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML (<i>diluent for cabazitaxel (ethanol)</i>)	Tier 3	SP
<i>diluent for melphalan intravenous solution 10 ml</i>	Tier 1	SP
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE (<i>diluent for coagulation factor vlla (histidine)</i>)	Tier 3	SP
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION (<i>diluent for naltrexone microspheres (carboxymethylcellulose)</i>)	Tier 3	SP
DILUENT FOR ZILRETTA INTRA-ARTICULAR SOLUTION (<i>diluent for triamcinolone acetonide er (carboxymethyl)</i>)	Tier 3	
<i>diluent, carmustine (ethanol) intravenous solution</i>	Tier 1	SP
<i>diluent, dexrazoxane (sod lac) intravenous solution</i>	Tier 1	
<i>diluent, romidepsin (prop gly) intravenous solution 2.2 ml</i>	Tier 1	SP
<i>diluent, voretigene neparvovec subretinal solution</i>	Tier 3	SP
<i>diluent,temsirolimus (ethanol) intravenous solution</i>	Tier 1	SP
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (<i>diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)</i>)	Tier 3	
STERILE WATER DILUENT-CABLIVI INJECTION SYRINGE 1 ML (<i>diluent for caplacizumab-yhdp (sterile water)</i>)	Tier 3	SP
Diluents - Sodium Chloride - Drugs for Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION (<i>water for inj.,bacteriostatic</i>)	Tier 1	
<i>water for injection,sterile</i> (Sterile Water For Injection Injection Solution)	Tier 1	
<i>water for inject, bacteriostat injection solution</i>	Tier 1	
<i>water for injection, sterile injection solution</i>	Tier 1	
<i>water for injection, sterile injection syringe</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ACTHIB INTRAMUSCULAR SOLUTION 0.4 % (<i>diluent for haemophilus b vaccine (tetanus conj)(0.4 % nacl)</i>)	Tier 3	
DILUENT FOR HIBERIX INTRAMUSCULAR SOLUTION 0.9 % (<i>diluent for haemophilus b vaccine (tetanus-conj)(0.9 % nacl)</i>)	Tier 3	
DILUENT FOR HIBERIX INTRAMUSCULAR SYRINGE 0.9 % (<i>diluent for haemophilus b vaccine (tetanus-conj)(0.9 % nacl)</i>)	Tier 3	
DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE (<i>diluent for rabies vaccine, human diploid (sterile water)</i>)	Tier 3	
DILUENT FOR MENHIBRIX INTRAMUSCULAR SOLUTION 0.9 % (<i>diluent for meningo c,y/haemophilus b conj vacc (0.9 % nacl)</i>)	Tier 3	
DILUENT FOR PRIORIX SUBCUTANEOUS SYRINGE (<i>diluent for measles,mumps,and rubella vacc (sterile water)</i>)	Tier 3	
DILUENT FOR RABAERT INTRAMUSCULAR SYRINGE (<i>diluent for rabies vaccine, pcec (sterile water)</i>)	Tier 3	
DILUENT FOR ROTARIX ORAL SYRINGE (<i>diluent for oral live rotavirus vaccine (calcium carbonate)</i>)	Tier 3	
DILUENT FOR YF-VAX (1 DOSE) SUBCUTANEOUS SOLUTION 0.9 % (<i>diluent for live yellow fever vacc,sd(0.9 % sodium chloride)</i>)	Tier 3	
DILUENT FOR YF-VAX (5 DOSE) SUBCUTANEOUS SOLUTION 0.9 % (<i>diluent for live yellow fever vacc,md(0.9 % sodium chloride)</i>)	Tier 3	
<i>diluent,yellw fev vac,0.4%nacl subcutaneous syringe 0.4 %</i>	Tier 1	
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION (<i>diluent no.1 for live virus vaccines (sterile water)</i>)	Tier 3	
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SYRINGE (<i>diluent no.1 for live virus vaccines (sterile water)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (<i>sodium zirconium cyclosilicate</i>)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiomer calcium sorbitex</i>)	Tier 3	PA
Geriatric Vitamins - Drugs for Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (<i>vitamin b complex/zinc sulfatelmanganese sulfate</i>)	Tier 3	
Intraventricular Electrolyte Flush Solutions - Drugs for Nutrition		
<i>intraventricular electrolytes1 intraventricular solution</i>	Tier 3	
Irrigation Solutions - Drugs for Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (<i>sodium chloridelpot chloridelmag sull sod phos,dbl/pot phos,mb</i>)	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Bicarbonate Producing or Containing Agents - Drugs for Nutrition		
RENACARB ORAL TABLET, DELAYED RELEASE (DR/EC) 260-470 MG (<i>magnesium carbonate/sodium bicarbonate</i>)	Tier 1	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	Tier 1	
<i>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml</i>	Tier 1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	Tier 1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)</i>	Tier 1	SP
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	Tier 1	
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M) (<i>tromethamine</i>)	Tier 3	
<i>tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)</i>	Tier 1	
Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Tier 1	
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	Tier 1	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	Tier 1	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	Tier 1	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml</i>	Tier 1	
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml, 1 gram/110 ml, 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml</i>	Tier 1	
<i>calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)</i>	Tier 1	
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	Tier 1	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (<i>calcium combination no.35/vitamin d3/magnesium malate</i>)	Tier 3	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (<i>hydroxyapatite</i>)	Tier 3	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
Minerals and Electrolytes - Calcium Replacement Combinations - Drugs for Nutrition		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (<i>calcium/vit d3/magnesium oxide/ascorbate callvit k2/minerals</i>)	Tier 3	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (<i>calcium/vit d3/magnesium oxide/vit clvit k2/minerals</i>)	Tier 3	
<i>calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg- 1.67 mcg-5 mg</i>	Tier 1	
<i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>	Tier 1	
<i>calcium 26-vit d3-magnesium 15 oral capsule 167 mg calcium- 1.67 mcg-83 mg</i>	Tier 3	
<i>calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg</i>	Tier 1	
<i>calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg -20 mg/15 ml</i>	Tier 1	
<i>calcium phos-d3-magnesium-zinc oral tablet,chewable 100 mg-25 mcg- 17 mg-1.67 mg</i>	Tier 1	
<i>calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg</i>	Tier 1	
<i>calcium-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg</i>	Tier 3	
<i>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALTRATE-D3 PLUS MINERALS ORAL TABLET 600 MG-20 MCG- 50 MG-1 MG (<i>calcium carb/d3/mag oxidelcupric sulflmang sulflzinc oxide</i>)	Tier 3	
CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (<i>calcium carb/d3/mag oxidelcupric sulflmang sulflzinc oxide</i>)	Tier 3	
MYLK ORAL CAPSULE 200 MG-6.25 MCG -50 MG (<i>calcium no.43/vitamin d3/mag oxidelomega-3/dhalepalfish oil</i>)	Tier 3	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (<i>calcium malatel/magnesium amino acid chelate, malate</i>)	Tier 3	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (<i>hydroxyapatitel/vitamin d3/vitamin k2/choline/silicon</i>)	Tier 3	
OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (<i>hydroxyapatitel/vitamin d3/choline/silicon</i>)	Tier 3	
OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (<i>calcium no.39/vit d3/magnesium/foleat/vit k1/vit k2/minerals</i>)	Tier 3	
ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (<i>calcium/vit d3/magnesium oxidelcollagen/vit c/vit k2/mineral</i>)	Tier 3	
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (<i>calcium/vit d2/magnesium oxidelascorbate calcium/vit k2/min</i>)	Tier 3	
Minerals and Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs for Nutrition		
ALIVE CALCIUM-VITAMIN D3 ORAL TABLET,CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (<i>calcium phosphate, tribasic/vitamin d3/herbal complex no.293</i>)	Tier 3	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	Tier 3	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet,chewable 500 mg-12.5 mcg (500 unit)</i>	Tier 1	
<i>calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)</i>	Tier 1	
CALTRATE 600 PLUS D ORAL TABLET,CHEWABLE 600 MG-20 MCG (800 UNIT) (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 3	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
UPCAL D ORAL POWDER IN PACKET 500 MG-12.5 MCG /5 GRAM (<i>calcium citrate/cholecalciferol (vitamin d3)</i>)	Tier 3	
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (<i>calcium phosphate, tribasic/cholecalciferol (vitamin d3)</i>)	Tier 1	
Minerals and Electrolytes - Electrolytes and Dextrose - Drugs for Nutrition		
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	Tier 1	
ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19-8-3 MG/10 ML (<i>chemo therapy diluent,e-lytes and dextrose, buffered no.1/pf</i>)	Tier 3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>electrolyte-mb solution/dextrose 5 % in water</i>)	Tier 3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>electrolyte-p solution/dextrose 5 % in water</i>)	Tier 3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-m solution/dextrose 5 % in water</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>electrolyte-r solution/dextrose 5 % in water</i>)	Tier 3	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML (<i>sodium iodide</i>)	Tier 1	
LUGOLS ORAL SOLUTION 5 % (<i>potassium iodideliodine</i>)	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (<i>potassium iodideliodine</i>)	Tier 1	
XYMODINE ORAL CAPSULE 7,500-5,000 MCG (<i>potassium iodideliodine</i>)	Tier 3	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST: Requires prior prescription for Velporo AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
FERGON ORAL TABLET 225 MG (27 MG IRON) (<i>ferrous gluconate</i>)	Tier 1	
FERRETT'S IPS ORAL CAPSULE 18 MG (<i>iron succinyl-protein complex</i>)	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron)	Tier 1	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	Tier 1	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 3	
INFED INJECTION SOLUTION 50 MG/ML (iron dextran complex)	Tier 3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML (ferric carboxymaltose)	Tier 1	SP
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML (ferric carboxymaltose)	Tier 3	SP
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
iron bisglycinate chelate oral capsule 28 mg iron	Tier 3	
iron bisglycinate chelate oral capsule 29 mg iron	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML (ferric derisomaltose)	Tier 3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron, carbonylascorbic acid/cyanocobalamin/folic acid)	Tier 3	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
polysaccharide iron complex oral capsule 150 mg iron	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)	Tier 3	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (ferrous sulfate)	Tier 1	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML (<i>iron sucrose complex</i>)	Tier 3	
Minerals and Electrolytes - Iron Combinations - Drugs for Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (<i>ferrous sulfat/folic acid</i>)	Tier 3	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG (<i>iron asp glylascorbic acid/folate no.1/vit b12/zinc/succinic</i>)	Tier 3	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (<i>iron bisgly,aspart,fumarate/vit c/folate/b12/biotin/cupric</i>)	Tier 3	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (<i>iron bis-glycinate chelatelasorbic acid/folic acid/vit b12</i>)	Tier 3	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (<i>ferrous fumaratelasorbic acid/cyanocobalamin/folic acid</i>)	Tier 1	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (<i>ferrous fumaratelasorbic acid/cyanocobalamin</i>)	Tier 3	
HEMATRON-AF ORAL TABLET 150 MG-1,700 MCG DFE-500 MG (<i>iron,carbonyllevomefolate calcium/vit c/vit e/b12/b7/copper</i>)	Tier 3	
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (<i>iron fumarate,polysac cplex/folic acid/vitb comp with c no.9</i>)	Tier 1	
IRON FOLATE-F ORAL CAPSULE 125-1-40-3 MG (<i>iron fumarate,polysac compl/folic acid/vitamin c/niacinamide</i>)	Tier 1	
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	Tier 1	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (<i>iron carb,glycinatelfolate/b12/mag ascorbate/biotin/zinc</i>)	Tier 3	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (<i>iron polysaccharide complex/ascorbic acid/vitamin b complex</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TULIVITE ORAL TABLET 35 MG IRON- 1 MG (<i>ferrous sulfate/folic acid</i>)	Tier 3	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (<i>iron bisglycinate/c/methylfolate/b12/acidoph,plantlinulin</i>)	Tier 3	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG (<i>iron,carbonylascorbic acid</i>)	Tier 3	
Minerals and Electrolytes - Magnesium - Drugs for Nutrition		
LC-655 ORAL CAPSULE 118 MG MAGNESIUM (<i>magnesium glycinate</i>)	Tier 3	
MAGMIND ORAL CAPSULE 48 MG MAGNESIUM (667 MG) (<i>magnesium l-threonate</i>)	Tier 3	
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	Tier 1	
<i>magnesium chloride oral tablet 64 mg magnesium</i>	Tier 1	
<i>magnesium citrate oral capsule 100 mg</i>	Tier 1	
<i>magnesium citrate oral tablet,chewable 83.3 mg</i>	Tier 1	
<i>magnesium citrate,mag oxide oral capsule 250 mg</i>	Tier 3	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (<i>magnesium carb,citrate,oxide</i>)	Tier 3	
<i>magnesium glycinate oral capsule 100 mg magnesium</i>	Tier 1	
<i>magnesium oral tablet 200 mg</i>	Tier 1	
<i>magnesium oxide oral capsule 400 mg magnesium</i>	Tier 3	
<i>magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet,chewable 200 mg magnesium</i>	Tier 1	
<i>magnesium sulfate in 0.9 %nacl intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml</i>	Tier 1	
<i>magnesium sulfate in 0.9 %nacl intravenous solution 10 gram/250 ml (40 mg/ml)</i>	Tier 1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 2 gram/100 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	Tier 1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	Tier 1	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	Tier 1	SP
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	Tier 1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	Tier 1	
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (<i>magnesium amino acid chelate, magnesium malate</i>)	Tier 3	
OPTIMAG NEURO ORAL CAPSULE 66.7 MG (<i>magnesium amino acid chelate, malate, threonate</i>)	Tier 3	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (<i>magnesium amino acid chelate, malate, threonate</i>)	Tier 3	
SLOWMAG MUSCLE RECOVERY ORAL TABLET,CHEWABLE 85 MG (<i>magnesium citrate</i>)	Tier 3	
Minerals and Electrolytes - Magnesium Combinations - Drugs for Nutrition		
<i>magnesium citrate-lemon balm oral tablet,chewable 66.6-25 mg</i>	Tier 1	
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (<i>magnesium malate/potassium citrate/taurine/pyridoxal</i>)	Tier 3	
Minerals and Electrolytes - Manganese - Drugs for Nutrition		
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	Tier 1	
Minerals and Electrolytes - Multiple Minerals - Drugs for Nutrition		
MINREX ORAL CAPSULE 25-100 MG (<i>minerals/potassium glycinate/betaine hydrochloride</i>)	Tier 3	
Minerals and Electrolytes - Oral Electrolytes - Drugs for Nutrition		
BIOLYTE ORAL LIQUID (<i>electrolytes/dextrose/multivitamin/ginger/milk thistle</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (<i>sodium chloridelpotassium chloridelsodium citratelricelwhey</i>)	Tier 1	
CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (<i>sodium chloridelpotassium chloridelsodium citratelrice syrup</i>)	Tier 3	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (<i>sodium chloridelpotassium chloridelsodium citratelrice syrup</i>)	Tier 1	
<i>electrolytes-dextrose oral packet</i>	Tier 1	
<i>electrolytes-dextrose oral solution</i>	Tier 1	
ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (<i>sodium/potassium/chlorideldextrose</i>)	Tier 3	
HYDRALYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	
HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (<i>electrolytes/dextrose/ascorbic acidlelderberry fruit</i>)	Tier 3	
KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (<i>electrolytes/dextr/vit clvit d3/turmeric rt xt/elderberry fr</i>)	Tier 3	
ORALYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (<i>sodium/potassium/chlorideldextrose</i>)	Tier 3	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	
Minerals and Electrolytes - Parenteral Electrolyte Combinations - Drugs for Nutrition		
<i>electrolyte-148 intravenous parenteral solution</i>	Tier 1	
<i>electrolyte-a intravenous parenteral solution</i>	Tier 1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	Tier 3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-s solution</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-r solution</i>)	Tier 3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	Tier 3	
NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML (<i>sodium/potassium/magnesium/calcium/chloride/acetate/gluconate</i>)	Tier 3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-148 solution</i>)	Tier 3	SP
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (<i>electrolyte-a solution</i>)	Tier 3	SP
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML (<i>sodium/potassium/magnesium/calcium/chloride/acetate</i>)	Tier 3	
Minerals and Electrolytes - Phosphate - Drugs for Nutrition		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML (<i>sodium glycerophosphate</i>)	Tier 1	
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (<i>sodium phosphate/potassium phosphates, monobasic and dibasic</i>)	Tier 1	
<i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml</i>	Tier 1	
<i>potassium phosphate m-l-d-basic intravenous solution 3 mmol/ml</i>	Tier 1	
<i>potassium phosphate m-l-d-basic intravenous solution 3 mmol/ml (4.7 meq/ml)</i>	Tier 1	
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	Tier 1	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (<i>sodium phosphate, dibasic/pot phos, monob/sod phosphate mono</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Potassium Combinations - Drugs for Nutrition		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	
Minerals and Electrolytes - Potassium for Injection - Drugs for Nutrition		
<i>potassium acetate intravenous solution 2 meq/ml</i>	Tier 1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l), 40 meq/500 ml (80 meq/l)</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)</i>	Tier 1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	Tier 1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	Tier 1	
<i>potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	Tier 1	
<i>potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml), 100 meq/50 ml</i>	Tier 1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 1	
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet, Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M15 Oral Tablet, Er Particles/Crystals 15 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet, Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium citrate oral capsule 99 mg</i>	Tier 3	
<i>potassium gluconate oral tablet 595 mg (99 mg)</i>	Tier 1	
Minerals and Electrolytes - Sodium Chloride, Oral - Drugs for Nutrition		
<i>sodium chloride oral solution 234 mg/ml (4 meq/ml)</i>	Tier 1	
<i>sodium chloride tablet, soluble 1,000 mg</i>	Tier 1	
Minerals and Electrolytes - Trace Mineral Combinations - Drugs for Nutrition		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML (<i>trace elements comb no.1</i>)	Tier 1	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML (<i>zinc sulfat/cupric sulfat/manganese sulf/chromic chloride</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG -25MCG-1.5MG/ML (<i>zinc sulfatelicupric sulfatelmanganese sulfchromic chloride</i>)	Tier 1	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-25 MCG-1 MG/ML (<i>zinc sulfatelicupric sulfatelmanganese sulfchromic chloride</i>)	Tier 1	
MULTRYIS INTRAVENOUS SOLUTION 1,000MCG-60MCG- 3 MCG-6 MCG/ML (<i>zinc sulfatelicupric sulfatelmanganese sulfatelselenium</i>)	Tier 3	
PEDITRACE INTRAVENOUS SOLUTION 521-53.7-3.6 MCG/ML (<i>zinc,copper,manganese chl/sod selen/sod fluoridelpot iodide</i>)	Tier 1	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-30 MCG-0.5 MG/ML (<i>zinc sulfatelicupric sulfatelmanganese sulfchromic chloride</i>)	Tier 1	
TRALEMENT INTRAVENOUS SOLUTION 3 MG-0.3 MG-55 MCG-60 MCG/ML (<i>zinc sulfatelicupric sulfatelmanganese sulfatelselenium</i>)	Tier 3	
Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition		
<i>chromium chloride intravenous solution 4 mcg/ml</i>	Tier 1	
<i>chromium picolinate oral tablet 200 mcg</i>	Tier 1	
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML (<i>cupric chloride</i>)	Tier 1	
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	Tier 1	
SELENIOUS ACID INTRAVENOUS SOLUTION 60 MCG/ML (<i>selenium</i>)	Tier 1	
<i>selenium intravenous solution 40 mcg/ml</i>	Tier 1	
<i>selenium intravenous solution 6 mcg/ml</i>	Tier 1	
<i>selenium oral tablet 50 mcg</i>	Tier 1	
Minerals and Electrolytes - Zinc - Drugs for Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (<i>zinc citrate, zinc oxide</i>)	Tier 3	
PEPCIX ORAL TABLET,CHEWABLE 16 MG (<i>polaprezinc (zinc carnosine)</i>)	Tier 3	
<i>zinc chloride intravenous solution 1 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zinc citrate oral tablet, chewable 11 mg, 16.7 mg</i>	Tier 3	
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	
<i>zinc glycinate oral capsule 20 mg</i>	Tier 1	
<i>zinc glycinate oral capsule 30 mg</i>	Tier 3	
<i>zinc glycinate oral tablet, chewable 7.5 mg</i>	Tier 1	
<i>zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>zinc sulfate intravenous solution 3 mg/ml</i>	Tier 1	
<i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i>	Tier 1	
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Tier 1	
Minerals and Electrolytes - Zinc Combinations - Drugs for Nutrition		
<i>ascorbic acid-zinc oxide oral capsule 90-50 mg</i>	Tier 1	
<i>vit c-zinc cit, gluc-echin purp oral lozenge 100-23-20 mg</i>	Tier 1	
ZINC BALANCE ORAL CAPSULE 15-1 MG (<i>zinc methionine sulfat/copper gluconate</i>)	Tier 3	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (<i>multivit-calc-min/ferrous fumarat/folic acid/vit k1/lutein</i>)	Tier 3	
ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 170 MCG DFE (<i>multivit with minerals/methyltetrahydrofolate glucosamine</i>)	Tier 3	
ACTIVNUTRIENTS CHEWABLE ORAL TABLET, CHEWABLE 0.75 MG- 85 MCG DFE (<i>multivitamin-minerals no.98/ferric glycinatelm-hydrofolate</i>)	Tier 3	
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (<i>multivit with minerals/methyltetrahydrofolate glucosalvit k2</i>)	Tier 3	
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 170 MCG DFE (<i>multivit with minliron bis-glylmethyltetrahydrofolate gluc</i>)	Tier 3	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE 72.25 MCG DFE- 22.5 MG (<i>multivit-minlfolate no.11/milk thistle seed extract/herbs</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (<i>multivit with minerals/leucovorin calc,m-folate glucosamine</i>)	Tier 3	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (<i>vit c,e,zinc,copper 11/omega-3/dhalepalfish/lutein/zeaxanth</i>)	Tier 1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (<i>multivitamin with minerals/folic acid/lycopenellutein</i>)	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i>)	Tier 1	
ALIVE DAILY ENERGY ORAL TABLET 18 MG IRON- 240 MCG-40 MCG (<i>multivit-min/iron/folic/k1/resveratrollutein/herbal no.293</i>)	Tier 3	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (<i>multivit with minerals/folic acid/lutein/herbal comp no.329</i>)	Tier 3	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (<i>multivit-min/folic acid/k1/resveratrollutein/herbal no.293</i>)	Tier 3	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (<i>multivitamin-minerals/folic/vitamin k/herbal no.332</i>)	Tier 3	
ALIVE MAX3 POTENCY ORAL TABLET 133.3 MCG DFE-40 MCG (<i>multivitamin-min/methyltetrahydrofolate/vit k/herbal no.335</i>)	Tier 3	
ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET,CHEWABLE 120 MCG-150 MCG -50 MG (<i>multivit with minerals/folic/lutein/herbal complex no.293</i>)	Tier 3	
ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (<i>multivit with minerals/folic/vit k/lutein/herbal complex 293</i>)	Tier 3	
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (<i>multivit-min/methyltetrahydrofolate/vit k/herbal no.328</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (<i>multivit with minerals/folic/vit klutein/herbal complex 293</i>)	Tier 3	
ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (<i>multivit with minerals/folic acid/herbal complex no.293</i>)	Tier 3	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (<i>multivit-min/methyltetrahydrofolate/vit klherbal no.330</i>)	Tier 3	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (<i>multivitamin-min/methyltetrahydrofolate/vitamin klherbal 334</i>)	Tier 3	
ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (<i>multivit with minerals/folic acid/herbal complex no.293</i>)	Tier 3	
ALIVE PREMIUM MEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (<i>multivit with minerals/folic acid/herbal complex no.293</i>)	Tier 3	
ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (<i>multivitamin,minerals no.45/folic acid/dhalherbal no.293</i>)	Tier 3	
ALIVE PREMIUM WOMEN'S 50 PLUS ORAL TABLET,CHEWABLE 80 MCG-166.7 MCG-66.7 MG (<i>multivit with minerals/folic/lutein/herbal complex no.293</i>)	Tier 3	
ALIVE PREMIUM WOMEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (<i>multivit with minerals/folic acid/herbal complex no.293</i>)	Tier 3	
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG (<i>multivit with minerals/folic/vit klutein/herbal complex 293</i>)	Tier 3	
ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (<i>multivit with minerals/folic/lutein/herbal complex no.293</i>)	Tier 3	
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (<i>multivit,calcium,minerals/iron/folic acid/vit klherb no.293</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (<i>multivit with minerals/folic acid/herbal complex no.293</i>)	Tier 3	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (<i>multivit-minliron/methyltetrahydrofolatelvit k/herb 333</i>)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (<i>beta-carotene/ascorbic acid/vite ac/selenium yeast</i>)	Tier 3	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE 166.6-83.3-33.3 MG (<i>multivit-min/yeast/astragalus root xtlginger root xtlherbs</i>)	Tier 3	
BOOSTNOW IMMUNE SUPPORT ORAL POWDER 499.99-249.99 MG/SCOOP (<i>multivit-min/yeast/astragalus root xtlginger root xtlherbs</i>)	Tier 3	
CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (<i>multivitamin with minerals/iron,carbonyl/folic acid/vit k1</i>)	Tier 3	
CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200-15-150-125 MCG (<i>multivitamin-mineralfolic acid/phytonadionellycopenellutein</i>)	Tier 3	
CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (<i>multivitamin-mineralfolic acid/phytonadionellycopenellutein</i>)	Tier 3	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (<i>multivitamin with minerals/iron/folic acid/vitamin klutein</i>)	Tier 3	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (<i>multivitamin with minerals/ferrous gluconate</i>)	Tier 1	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (<i>multivitamin with minerals/folic acid/lycopenellutein</i>)	Tier 1	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG-250 MCG (<i>multivitamin with minerals/folic acid/lycopenellutein</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (<i>multivitamin with minerals/folic acid/llycopenellutein</i>)	Tier 1	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (<i>mv with minerals no.102liron carbonyl,fumarate/folic acidha</i>)	Tier 3	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (<i>multivitamin with minerals/folic acid/llycopenellutein</i>)	Tier 1	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (<i>multivitamin with minerals/lb. coagulans/lb. subtilislinulin</i>)	Tier 3	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
DAYAVITE ORAL TABLET 1-75-10 MG (<i>multivitamin with minerals no.90/folic acid/lalalcoq10</i>)	Tier 3	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (<i>multivitamin-minerals no.73lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (<i>multivitamin with minerals no.89lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (<i>multivitamin with minerals no.89lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (<i>multivitamin with minerals no.86lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (<i>multivitamin with minerals no.89lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON-1 MG (<i>multivitamin with minerals no.86lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (<i>multivitamin with minerals no.86lferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals no.86lferrous fumarate/folic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG <i>(multivitamin with minerals no.86/folic acid)</i>	Tier 3	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG <i>(multivitamin with minerals no.86/folic acid)</i>	Tier 3	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG <i>(multivitamin with minerals no.86/ferrous fumarate/folic acid)</i>	Tier 3	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG <i>(multivitamin with minerals no.86/folic acid)</i>	Tier 3	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG <i>(multivitamin with minerals no.86/ferrous fumarate/folic acid)</i>	Tier 3	
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG <i>(multivitamin with minerals no.86/folic acid)</i>	Tier 3	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON- 500 MCG <i>(multivitamin with minerals no.89/ferrous fumarate/folic acid)</i>	Tier 3	
DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG <i>(multivitamin with minerals/folic acid)</i>	Tier 1	
DIATROL ORAL TABLET 1,700 MCG DFE- 90 MCG <i>(multivitamin with min no.105/levomefolate calcium/vit k1)</i>	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG <i>(multivitamin with minerals no.69/iron,carbonyl/folic acid)</i>	Tier 3	
ESTROVEN MENOPAUSE ORAL TABLET 400 MCG-40 MG- 40 MG-100 MG <i>(multivitamin, min/folic acid/black cohosh/lisoflavones/jujube)</i>	Tier 3	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG <i>(beta-carotene(a) w-c and ellutein/minerals)</i>	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG- 45 MG-17.4MG <i>(beta-carotene/ascorbic acid/vite ac/zinc oxide/cupric oxide)</i>	Tier 1	
FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG <i>(multivit-min 96/iron,carbonyl/folic/omega- 3/dhalepalfish oil)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (<i>multivit with min no.83liron bis-glycinatelfolate no.10</i>)	Tier 1	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (<i>multivit-min 96liron,carbonylfoliclomega-3ldhalepalfish oil</i>)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>mv-mins no.74lferrous fumarateliron ps cplxlfolic acid</i>)	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (<i>multivit with minerals no.81lfolic acidlvit k1lubidecarenone</i>)	Tier 3	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (<i>multivit with minerals no.82lfolic acidlvit k1lubidecarenone</i>)	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (<i>multivitamin with mineralslfolic acidlbiotin</i>)	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (<i>multivitamin with mineralslfolic acidlbiotin</i>)	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG (<i>multivitamin with minerals no.88lfolic acid</i>)	Tier 3	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (<i>multivit with min no.83liron bis-glycinatelfolate no.10</i>)	Tier 1	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (<i>multivitamin with mineralslferrous gluconate</i>)	Tier 1	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (<i>multivitamin with min no.103llevomefolate calciumlinulin</i>)	Tier 3	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (<i>multivitamin-minerallfolic acidlphytonadionellycopenellutein</i>)	Tier 1	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (<i>multivitamin with mineralslfolic acidlvitamin k1llycopene</i>)	Tier 1	
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with mineralslfolic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG (<i>multivitamin with minerals/folic acid/vitamin k1/lycopene</i>)	Tier 1	
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (<i>multivit-mins no.85/iron/folic acid/dhallactobacillus casei</i>)	Tier 3	
MULTIA DAILY MULTIVITAMIN ORAL CAPSULE 4.5 MG IRON- 500 MCG (<i>mv-mn/iron,carbonyl/folic/om3/fish/lycopene/lutein/zeaxanthin</i>)	Tier 3	
MULTITOL-M ORAL TABLET 2,040 MCG DFE (<i>multivitamin with minerals no.106/levomefolate calcium</i>)	Tier 3	
<i>multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg</i>	Tier 1	
<i>multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg- 300 mcg</i>	Tier 1	
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (<i>multivitamin with minerals/iron/folic acid/vitamin k/lutein</i>)	Tier 1	
<i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>	Tier 3	
<i>multivit-min-ferrous gluconate oral liquid 12 mg iron/15 ml</i>	Tier 1	
MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (<i>vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc</i>)	Tier 3	
MVW MODULATR FORM MINI MULTIVT ORAL CAPSULE 3,000 MCG-200MG -18.75 MCG (<i>vitamin a/ascorbic acid/vitamin d3/vit e mixed/vit k1/zinc</i>)	Tier 3	
NEOVITE ORAL TABLET 1-100-1 MG (<i>multivit-minerals no.67/folic acid/alpha lipoic acid/lutein</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (<i>levomefolate calclniacinamidelpopper/zinc/selenium/chromium</i>)	Tier 1	
NUMAQUA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (<i>multivitamin with minerals/folic acid/lutein/zeaxanthin</i>)	Tier 3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>)	Tier 3	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (<i>multivitamin,calcium,minerals/folic acid/vitamin d3/lycopene</i>)	Tier 3	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (<i>multivitamin,calcium,minerals/folic acid/vitamin k1/lycopene</i>)	Tier 1	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (<i>multivitamin with minerals/ferrous sulfate</i>)	Tier 1	
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (<i>multivitamin/ferrous sulfate</i>)	Tier 3	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (<i>multivit with minerals/folic acid/calcium carbonate/vit k1</i>)	Tier 1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i>)	Tier 1	
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (<i>multivitamin with minerals/folic acid/lycopene</i>)	Tier 3	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (<i>multivitamin,calcium,minerals/folic acid/vitamin k1/lycopene</i>)	Tier 3	
ONE-A-DAY TRIPLE IMMUNE SUPPRT ORAL TABLET 400-370 MCG (<i>multivitamin with minerals/folic acid/lycopene</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (<i>multivitamin with minerals/folic acid</i>)	Tier 3	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (<i>multivitamin with minerals/ferrous fumarate/folic acid</i>)	Tier 3	
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (<i>multivitamin-minerals/folic acid/co q10/lycopenellutein</i>)	Tier 1	
PHLEXY-VITS ORAL POWDER IN PACKET 15 MG- 700 MCG (<i>multivitamin with minerals/ferrous sulfate/folic acid</i>)	Tier 3	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarate/folic acid no.1/dha</i>)	Tier 1	
PRENATAL GUMMIES (DHA-EPA) ORAL TABLET,CHEWABLE 180 MCG-32.5MG- 25 MG-7.5 MG (<i>mv-min no.104/folic acid/lm-3/dhalepal/other om-3s/fish oil</i>)	Tier 1	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (<i>multivitamin-minerals/folic acid/vit kllutein/zeaxanthin</i>)	Tier 3	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (<i>multivit with min no.83/iron bis-glycinat/folate no.10</i>)	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (<i>multivitamin with minerals/iron succinyl-protein/folic acid</i>)	Tier 3	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG- 300 MCG- 250 MCG (<i>multivitamin with minerals/folic acid/lycopenellutein</i>)	Tier 1	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (<i>multivitamin-mineralfolic acid/phytonadionellycopenellutein</i>)	Tier 1	
SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (<i>multivits with calcium and minerals/iron/folic acid/lycopene</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (<i>multivitamin with minerals/iron/folic acid/vitamin k/lutein</i>)	Tier 1	
SUPERIOR MEN'S MULTI ORAL TABLET 400 MCG DFE-30 MCG-30 MG (<i>multivit-min/levomefolate calcl2/saw palm/ginkgo leaf/herbs</i>)	Tier 3	
SUPERIOR WOMEN'S MULTI ORAL TABLET 2.5 MG IRON-400 MCG DFE-30 MCG (<i>multivit-min/iron glyllevomefolate calcl2/ginkgo leaf/herbs</i>)	Tier 3	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (<i>multivitamin/ferrous sulfat/folic acid</i>)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fumliron ps cplx/folic acl/omega-3/dhalepa</i>)	Tier 1	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarat/folic acid</i>)	Tier 1	
THERA-VITE MAX-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivits with calcium and minerals/iron fumarat/folic acid</i>)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (<i>vitamin b complex/vit c/selenium/lutein/zeaxanthin/herb 253</i>)	Tier 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (<i>vit c/vit el/zinc/copper/selen/lutein/zeaxanthin/glutathione</i>)	Tier 3	
VITAJOY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
VITREXYL ORAL TABLET 1,000 MCG (<i>multivitamin with minerals no.86/folic acid</i>)	Tier 3	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals no.86/ferrous fumarat/folic acid</i>)	Tier 3	
VITRUM 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (<i>multivitamin with minerals/folic acid/lycopenellutein</i>)	Tier 1	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (<i>multivit with min no.83/iron bis-glycinat/folate no.10</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fumiron ps cplx/folic aclomega-3ldhalepa</i>)	Tier 1	
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (<i>multivitamin,calcium,minerals/folic acid/phytonadione(vit k)</i>)	Tier 1	
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (<i>multivitamin with minerals/folic acid/collagen, hydrolyzed</i>)	Tier 3	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG (<i>multivitamin with minerals/folic acid</i>)	Tier 1	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG (<i>multivitamin-minerals/iron fumifolic acid/calcium carb/vit k</i>)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1dha</i>)	Tier 1	
Multivitamins - Drugs for Nutrition		
ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (<i>vitamin alcholecalciferol (vit d3)/vit elvit k1/zinc ascorb</i>)	Tier 3	
ALTRIXA ORAL TABLET 1,000 MCG (<i>multivitamin combination no.61/folic acid</i>)	Tier 3	
CENTRUM ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarat/folic acid</i>)	Tier 1	
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarat/folic acid</i>)	Tier 1	
CENTURY ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarat/folic acid</i>)	Tier 1	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarat/folic acid</i>)	Tier 1	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (<i>multivitamin with folic acid</i>)	Tier 1	
DAVIMET-M ORAL TABLET,CHEWABLE 1,700 MCG DFE (<i>multivitamin combination no.35/levomefolate calcium</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgllmethyfolateldocusateldha)	Tier 3	
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin alcholecalciferol (vit d3)/vit elvit k1/zinc ascorb)	Tier 3	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumaratelfolic acid)	Tier 1	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
INFUVITE ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (multivitamin infusion adult no.4,vit k,component vial 1 of 2)	Tier 3	
INFUVITE ADULT (VIAL 2) INTRAVENOUS SOLUTION 600 MCG-60 MCG- 5 MCG/5 ML (multivitamin infusion adult no.4,vit k,component vial 2 of 2)	Tier 3	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML (multivitamin infusion, adult no.4 with vitamin k)	Tier 3	
M.V.I. ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (multivitamin infusion adult no.1,vit k,component vial 1 of 2)	Tier 3	
multivitamin oral tablet	Tier 1	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgllmethyfolateldocusateldha)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyllevomefolateldha)	Tier 3	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 1	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/foleate no.1/dha</i>)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (<i>multivitamin no.45/iron fumarate/folate comb no.6/dha</i>)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (<i>multivitamin no.46/iron fumarate/folate comb. no.6/dha</i>)	Tier 3	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarate/folic acid</i>)	Tier 1	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarate/folic acid</i>)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (<i>multivitamin/ferrous fumarate/folic acid</i>)	Tier 1	
TAB-A-VITE ORAL TABLET 400 MCG (<i>multivitamin with folic acid</i>)	Tier 1	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusatel/dha</i>)	Tier 1	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (<i>multivitamin with folic acid</i>)	Tier 1	
VITLIPID N ADULT INTRAVENOUS SOLUTION 990 MCG-5 MCG- 9.1 MG/10 ML (<i>fat emulsions/vitamin a palmitate/vitamin d2/vit elvit k1</i>)	Tier 1	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/foleate no.1/dha</i>)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/foleate no.1/dha</i>)	Tier 1	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs for Nutrition		
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (<i>inf form, glutaric aciduria i</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (<i>nutritional therapy, glutaric aciduria type 1</i>)	Tier 3	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs for Nutrition		
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (<i>infant formula,spec. metabolic,isovaleric acidemia with iron</i>)	Tier 3	
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (<i>nutritional therapy for isovaleric acidemia with iron</i>)	Tier 3	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (<i>triheptanoin</i>)	Tier 3	PA; SP
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (<i>medium chain triglycerides</i>)	Tier 3	
<i>medium chain triglycerides oral oil 14 gram-130 kcal/15 ml</i>	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 3	PA; SP
<i>ribose oral powder 10 kcal /2 gram (scoop)</i>	Tier 1	
Nutritional Product - Methionine-Free Specific Formulation - Drugs for Nutrition		
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (<i>nutritional therapy, metabolic disorder, methionine-free</i>)	Tier 1	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL (<i>infant formula, special metabolic, iron, methionine-free</i>)	Tier 3	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (<i>nutritional therapy, metabolic disorder, methionine-free</i>)	Tier 3	
Nutritional Product - MSUD Specific Formulation - Drugs for Nutrition		
KETONEX-1 ORAL POWDER 15-480 G-KCAL (<i>infant formula with iron,spec.metabolic,maple syrup urine dx</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (<i>nutritional therapy for msud with iron</i>)	Tier 3	
VILACTIN AA PLUS 15 PE ORAL POWDER IN PACKET 37.6 GRAM-375 KCAL/100 GRAM (<i>nutritional therapy for msud with iron</i>)	Tier 3	
Nutritional Product - Nutritional Therapy - Drugs for Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (<i>nutritional therapy for impaired digestive function</i>)	Tier 3	
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (<i>nutritional tx. glucose intolerance,lactose-free,soy/fiber</i>)	Tier 3	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (<i>nutritional therapy for impaired digestive function</i>)	Tier 3	
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM- KCAL/ML (<i>nutritional therapy, compromised immune system, regular</i>)	Tier 3	
ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (<i>nut.tx.compromised immune system, reg-maltodextrin-fructose</i>)	Tier 3	
GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM- KCAL/ML (<i>nutritional tx. glucose intolerance,lactose- free,soy/fiber</i>)	Tier 3	
GLUCERNA HUNGER SMART ORAL LIQUID (<i>nutritional therapy, glucose intolerance,lactose-free,soy</i>)	Tier 3	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (<i>nutritional therapy, glucose intolerance,soy</i>)	Tier 3	
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (<i>inf form, glutaric aciduria i</i>)	Tier 3	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (<i>nutritional therapy, glutaric aciduria type 1</i>)	Tier 3	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (<i>nutritional therapy, compromised immune system, regular</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (<i>nutritional therapy, impaired renal function,lactose-reduced</i>)	Tier 3	
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL, 26 GRAM-230 KCAL (<i>nutritional therapy for impaired digestive function</i>)	Tier 3	
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (<i>nutritional therapy for impaired digestive function</i>)	Tier 3	
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (<i>nutritional supplement</i>)	Tier 3	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (<i>nutritional therapy, impaired renal function</i>)	Tier 3	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (<i>nutritional therapy, impaired renal function,lactose-free</i>)	Tier 3	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (<i>nutritional therapy, impaired renal function,lactose-free</i>)	Tier 3	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (<i>nutritional therapy, impaired renal function,lactose-reduced</i>)	Tier 3	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (<i>nut.tx.impaired digest fxn/fiber</i>)	Tier 3	
Nutritional Product - Parenteral and other Amino Acids - Drugs for Nutrition		
AMINOPROTECT INTRAVENOUS SOLUTION 25-25 MG/ML (<i>arginine hcl/lysine hcl in sterile water for injection</i>)	Tier 3	
<i>arginine-lysine in 0.9 % nacl intravenous solution 25-25 mg/ml</i>	Tier 1	
Nutritional Product - Phenylketonuria (PKU) Specific Formulation - Drugs for Nutrition		
GLYACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (<i>nutritional therapy for pku no.64</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (<i>nutritional therapy for phenylketonuria (pku), no.38</i>)	Tier 3	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (<i>infant formula for pku, iron, no.2</i>)	Tier 3	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (<i>nutritional therapy for phenylketonuria (pku) with iron no.1</i>)	Tier 3	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs for Nutrition		
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G (<i>infant formula,spec. metabolic, propionic acidemia,with iron</i>)	Tier 3	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (<i>nutritional therapy for propionic acidemia with iron</i>)	Tier 3	
Nutritional Product - Protein Replacements - Drugs for Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (<i>whey protein concentrate</i>)	Tier 3	
IGG 2000 CWP ORAL CAPSULE 500 MG (<i>whey protein concentrate</i>)	Tier 3	
IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (<i>whey protein concentrate</i>)	Tier 3	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (<i>whey protein concentrate</i>)	Tier 3	
LIQUACEL ORAL LIQUID 16-100 GRAM-KCAL/30 ML (<i>amino acids/protein hydrolysate</i>)	Tier 3	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (<i>whey protein isolate</i>)	Tier 3	
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (<i>whey protein concentrate</i>)	Tier 3	
PROSOURCE ORAL PACKET 7.5 GRAM (<i>calcium caseinate/whey</i>)	Tier 3	
<i>whey protein, conc-isolate oral powder 30 gram- 170 kcalscoop, 30 gram- 180 kcalscoop</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Tyrosinemia Specific Formulation - Drugs for Nutrition		
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL (<i>infant formula, special metabolic, tyrosinemia, with iron</i>)	Tier 3	
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (<i>nutritional therapy for tyrosinemia with iron</i>)	Tier 3	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs for Nutrition		
CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G (<i>infant formula, special metabolic, urea cycle disorder</i>)	Tier 3	
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (<i>nutritional therapy, urea cycle disorder</i>)	Tier 3	
EAA UCD ORAL POWDER IN PACKET 40 GRAM-310 KCAL/100 GRAM (<i>nutritional therapy, urea cycle disorder</i>)	Tier 1	
Parenteral Nutrition - Amino Acid and Dextrose Combinations - Drugs for Nutrition		
<i>aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml</i>	Tier 1	
<i>amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %</i>	Tier 1	
<i>amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution 3.5-10 %</i>	Tier 1	
<i>amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution 4-10 %</i>	Tier 1	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>amino acids 5 %/dextrose 15 % in water</i>)	Tier 3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (<i>amino acids 4.25 %/dextrose 10 % in water</i>)	Tier 3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (<i>amino acids 4.25 % in dextrose 5 % in water</i>)	Tier 3	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>amino acids 5 %/dextrose 20 % in water</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % (<i>amino acid 6 % in dextrose 5 % water</i>)	Tier 3	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % (<i>amino acids 8 % in dextrose 10% water</i>)	Tier 3	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % (<i>amino acids 8 % in dextrose 14% water</i>)	Tier 3	
Parenteral Nutrition - Amino Acid Solutions - Drugs for Nutrition		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>parenteral amino acid 10 % combination no.1</i>)	Tier 3	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>parenteral amino acid 15 % combination no.2</i>)	Tier 3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>parenteral amino acid 10% combination no.5 (pediatric)</i>)	Tier 3	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % (<i>parenteral amino acid 7 % combination no.1 (pediatric)</i>)	Tier 3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>parenteral amino acid 15% combination no.5</i>)	Tier 3	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (<i>cysteine hcl</i>)	Tier 3	SP
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>parenteral amino acid 15% combination no.6</i>)	Tier 3	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>parenteral amino acid 10% combination no.7</i>)	Tier 3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION (<i>parenteral amino acid 20 % combination no.1</i>)	Tier 3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>parenteral amino acid 10 % combination no.6</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>amino acids 10 %</i>)	Tier 3	
Parenteral Nutrition - Amino Acid, Dextrose, E-Lytes and Fat Emul Comb - Drugs for Nutrition		
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 % (<i>amino acid 3.31 % no.1/d9.8w/fat emulsions/electrolyte no.10</i>)	Tier 3	
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 % (<i>amino acid 2.36 % no.1/d7.5w/fat emulsions/electrolytes no.9</i>)	Tier 3	
Parenteral Nutrition - Intravenous Fat Emulsions - Drugs for Nutrition		
CLINOLIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions/olive oil/soybean oil/phospholipids,egg</i>)	Tier 3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (<i>fat emulsions</i>)	Tier 3	
NUTRILIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions</i>)	Tier 3	
OMEGAVEN INTRAVENOUS EMULSION 10 % (<i>fatty acids combo. no.6/fish oil/glycerin/phospholipids, egg</i>)	Tier 3	
SMOFLIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions/soybean oil/med chain trigllolive oil/fish oil</i>)	Tier 1	
Parenteral Nutrition-Amino Acid, Dextrose and Electrolytes Combination - Drugs for Nutrition		
<i>aa 2 % no1 ped-d10-calcium-hep intravenous parenteral solution 2 %-10 %- 2.33 meq/250 ml, 2 %-10 %- 3.75 meq/250 ml</i>	Tier 1	
<i>aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml, 3 %-10 %- 3.75 meq/250 ml</i>	Tier 1	
<i>aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution 4 %-10 %- 3.75 meq/250 ml</i>	Tier 1	
<i>aa 6% no.1 ped-d10-calcium-hep intravenous parenteral solution 6 %-10 %- 3.75 meq/250 ml</i>	Tier 1	
<i>aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml	Tier 1	
aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %-3.75 meq/250 ml	Tier 1	
amino acid 2.5% no.2(ped)-d10w intravenous parenteral solution 2.5-10 %	Tier 1	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % (amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w)	Tier 3	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%)	Tier 3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39)	Tier 3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (amino acids 5 %/dextrose 15 %/electrolytes)	Tier 3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %)	Tier 3	
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % (amino acid 8 % comb no.3/d10w/parenteral electrolytes no.37)	Tier 3	
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % (amino acid 8 % comb no.3/d14w/parenteral electrolytes no.37)	Tier 3	
Pediatric Vitamins - Drugs for Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
GUMMY DINOS ORAL TABLET,CHEWABLE (pediatric multivitamin no.76)	Tier 1	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUVITE PEDIATRIC (VIAL 1) INTRAVENOUS SOLUTION 400 UNIT-200 MCG/4 ML (<i>multivitamin infusion,pedi no.1,vit k,component vial 1 of 2</i>)	Tier 3	
INFUVITE PEDIATRIC (VIAL 2) INTRAVENOUS SOLUTION 140-20-1 MCG/ML (<i>multivitamin infusion,pedi no.1,vit k,component vial 2 of 2</i>)	Tier 3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML (<i>multivitamin infusion, pediatric no.1 with vitamin k</i>)	Tier 3	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg-400 unit/ml</i>	Tier 1	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG-10-MCG-5 MG/ML (<i>pediatric multivitamin no.197</i>)	Tier 1	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (<i>pediatric multivitamin no.171</i>)	Tier 3	
<i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>	Tier 1	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML (<i>fat emulsions/vitamin a palmitate/vitamin d2/vit elvit k1</i>)	Tier 1	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML (<i>fat emulsions/vitamin a palmitate/vitamin d2/vit elvit k1</i>)	Tier 1	
Pediatric Vitamins and Mineral Combinations - Drugs for Nutrition		
ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 75-15 MG (<i>pediatric multivit no.235/herbal no.293/bioflavonoids,cit</i>)	Tier 3	
ALIVE PREMIUM KIDS ORAL TABLET,CHEWABLE 66.5 MG (<i>pediatric multivitamin no.204/herbal complex no.293</i>)	Tier 3	
CHILDREN'S MULTIVIT (W LUTEIN) ORAL TABLET,CHEWABLE 50 MCG (<i>pediatric multivitamin no.233/lutein</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.209</i>)	Tier 1	
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.42</i>)	Tier 1	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL (<i>pediatric multivitamin no.193/lactobacillus rhamnosus gg</i>)	Tier 3	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL (<i>pediatric multivitamin no.210/bacillus subtilis/lutein</i>)	Tier 3	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON (<i>pediatric multivitamin no.227/ferrous sulfate</i>)	Tier 3	
FLINTSTONES IMMUNITY SUPPORT ORAL TABLET,CHEWABLE 10 MG IRON (<i>pediatric multivitamin no.239/ferrous sulfate</i>)	Tier 3	
FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON (<i>pediatric multivitamin no.226/ferrous sulfate</i>)	Tier 3	
GENADEK ORAL DROPS 19 MCG-500 MCG /ML (<i>pediatric multivitamin no.196/vitamin d3/vit k1</i>)	Tier 3	
HI-D DROP ORAL DROPS 76-1,000 MCG/ML (<i>pediatric multivitamin no.216/vitamin d3/vit k1</i>)	Tier 3	
INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML (<i>pediatric multivitamin no.207/ferrous sulfate</i>)	Tier 1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET,CHEWABLE 1.25 MG (<i>pediatric multivitamin no.200/bacillus coagulans</i>)	Tier 3	
KIDS MULTI ZERO ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.229</i>)	Tier 1	
KIDS MULTIVITAMIN-MINERALS ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.238</i>)	Tier 3	
LIVITA FOR CHILDREN ORAL LIQUID (<i>pediatric multivitamin no.245</i>)	Tier 3	
MVW MODULATR FORMLTN PEDIATRIC ORAL DROPS 2,000 MCG-150 MG-19 MCG/3 ML (<i>vitamin alascorbic acid/vitamin d3/vit e mixed/vit k1/zinc</i>)	Tier 3	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML (<i>pediatric multivitamin no.197/ferrous sulfate</i>)	Tier 1	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (<i>pediatric multivitamin no.160/ferrous sulfate</i>)	Tier 3	
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE (<i>pediatric multivitamin no.247/sodium fluoride</i>)	Tier 3	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins no.17 with sodium fluoride</i>)	Tier 1	
MULTI-VIT-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (<i>pediatric multivitamin no.228 with sodium fluoride</i>)	Tier 3	
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (<i>pediatric multivitamin no.219 with sodium fluoride</i>)	Tier 1	
POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (<i>pediatric multivitamin no.175 with fluoride</i>)	Tier 3	
POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML (<i>pediatric multivitamin no.220 with fluoride</i>)	Tier 3	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML (<i>pediatric multivitamin no.220 with fluoride</i>)	Tier 3	
POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (<i>pediatric multivitamin no.220/sodium fluoride/iron sulfate</i>)	Tier 3	
POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON (<i>pediatric multivitamin no.175 with fluoride and iron</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins and Minerals - Drugs for Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (<i>prenatal vit no.100</i> <i>liron sod edta,ps cplexifolic acidlomega3</i>)	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (<i>prenatal vit no.81</i> <i>/sod.feredetate-iron ps/folic acidlomega-3</i>)	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.83</i> <i>liron fumaratelfolate combo no.6</i> <i>dha</i>)	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (<i>prenatal vits no.81</i> <i>liron carbonyl,glucifolic acidldocusate</i>)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72</i> <i>liron carbony,glucifolic acidldocusateldha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73</i> <i>liron carbony,glucifolic acidldocusateldha</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vit no.76</i> <i>liron carbony,glucifolic acidldocusateldha</i>)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59</i> <i>liron carb,fuml/folic acidldocusateldha</i>)	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11</i> <i>ferrous fumaratelfolic acidlomega-3</i>)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52</i> <i>liron/folic acidlomega-3</i> <i>dha</i>)	Tier 3	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14</i> <i>ferrous fumaratelfolic acid</i>)	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins no.170</i> <i>ferrous fumaratelfolic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins no.170/ferrous fumarate/folic acid</i>)	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.170/ferrous fumarate/folic acid</i>)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (<i>prenatal vits 106/sod ferredetate-iron ps/folic acid/omega-3s</i>)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/liron carb,bisgllmethylfolate/docusateldha</i>)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (<i>prenatal vits with calcium no.65/liron polysacchar/folic acid</i>)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/liron/folic acid/docusate sodium</i>)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/liron,carb/docusatel/folic acid</i>)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusatel/folic ac</i>)	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (<i>prenatal vitamin no.55/liron fumarate,bisglycinatel/folic acid</i>)	Tier 3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG (<i>prenatal vitamins no.175/ferrous fumarate/folic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>)	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (<i>prenatal vit no.175/iron fuml/folic acid/dhalschiz. algal oil</i>)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (<i>prenatal vitamin comb no.86/iron ps cmplx/folic acid/dhalepa</i>)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (<i>prenatal vits with calcium no.87/iron bisgly/folic acid/dha</i>)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (<i>prenatal vitamin no.86/iron bis-glycinat/folic acid</i>)	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.53/iron fuml/folic acid/docusate calcium/dha</i>)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal vits no.83/iron,carbonyl,iron aspart.glyl/folic acid</i>)	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (<i>prenatal vit no.30/iron carbonyl,asp glycl/folic acid/omega-3</i>)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusatelomega-3</i>)	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha</i>)	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron,carbonyl/levomefolate calcium</i>)	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgllmethylfolateldocusateldha</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (<i>prenatal vitamins no.168iron/folic acid/omega-3/dhalepa</i>)	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (<i>prenatal vits,calcium no.66iron fum/folic acid/docusate/dha</i>)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (<i>prenatal vit with calcium no.40iron fumarate/folate no.1</i>)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (<i>prenatal vit no.19iron bg hcl, suc-prot/folic acid/omega-3</i>)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (<i>prenatal vit with calcium 53iron bis, s-plfolic acid/omega-3</i>)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (<i>prenatal vit 55iron bisgly hcl, suc-prot/folic acid/omega-3</i>)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (<i>prenatal vit with calcium 54iron bis, s-plfolic acid/omega-3</i>)	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (<i>prenatal vit no.174iron/folic acid/omega-3/dhalepalfish oil</i>)	Tier 3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG (<i>prenatal vitamins combination no.42/folic acid</i>)	Tier 1	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG (<i>prenatal vit no.71iron fum-sodium feredetate/folic acid/dha</i>)	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (<i>prenatal vits no.105iron amino acid chelate/folic acid/dha</i>)	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (<i>prenatal vits with calcium no.80iron fum/folic acid/dss/dha</i>)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69iron/folic acid/docusate/dha</i>)	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	Tier 3	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	Tier 1	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE (<i>prenatal vit no.173/iron bisglycinat/folate no.11</i>)	Tier 3	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (<i>prenatal vits no.151/iron fum/folic acid/omega3/dhalepalfish</i>)	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins no.159/ferrous fumarate/folic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (<i>prenatal vitamins no.36/ferrous fumarate/folate comb. no.6</i>)	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha</i>)	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vit no.128/iron polysaccharide complex/folic acid</i>)	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (<i>prenatal vitamins no.33/iron polysach complex/folic acid/dha</i>)	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamin no.13/iron polysaccharides/folate comb no.1</i>)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusat/dha</i>)	Tier 1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	Tier 3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG (<i>prenatal vit no.166iron/folic acid/omega-3/dhalepalfish oil</i>)	Tier 3	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (<i>prenatal vits no.102iron polysacch/folate no.1dha</i>)	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (<i>prenatal vits no.102iron polysacch/folate no.1docusateldha</i>)	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (<i>prenatal vit no.112iron phosph/folic acid/omega-3/dhalepa</i>)	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vit no.67iron polysaccharides/folate comb.no.1dha</i>)	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG (<i>prenatal vits with calcium no.10ferrous fumaratelfolic acid</i>)	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (<i>prenatal vits with calcium no.10ferrous fum/folic acid/dha</i>)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vits no.26iron polysaccharide cplex/folic acid/dha</i>)	Tier 3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (<i>prenatal vits no.25ferrous fumaratelfolate comb. no.6/dha</i>)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vits no.34iron,carb/folic acid/docusate sodium/dha</i>)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52iron/folic acid/omega-3/dha</i>)	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11ferrous fumaratelfolic acid/omega-3</i>)	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72ferrous fumaratelfolic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (<i>prenatal vitamins no.164/ferrous gluconate/folate combo no.6</i>)	Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (<i>prenatal vitamins no.167/folic acid/docosahexaenoic acid</i>)	Tier 3	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (<i>prenatal vitamins no.178/folic acid/omega3/dhalepalfish oil</i>)	Tier 1	
Ringer's and Lactated Ringer's Solutions - Drugs for Nutrition		
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
<i>ringer's intravenous parenteral solution</i>	Tier 1	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe, with swab cap</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
Sodium Chloride Solutions, Concentrated - Drugs for Nutrition		
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	Tier 1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	Tier 1	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride oral solution 234 mg/ml (4 meq/ml)</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
<i>sodium chloride 0.325 % intravenous syringe 0.325 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	Tier 1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	Tier 1	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	Tier 1	
Sterile Water for Injection - Drugs for Nutrition		
<i>water for injection, sterile intravenous parenteral solution</i>	Tier 1	
Vitamin C Combinations - Drugs for Nutrition		
EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG (<i>ascorbic acid/multivit with minerals/elderberry fruit</i>)	Tier 3	
SAMBUCUS ELDERBERRY VITAMIN C ORAL LOZENGE 250-12.5 MG (<i>ascorbic acid/lascorbate sodium/elderberry fruit</i>)	Tier 3	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (<i>ascorbic acid/multivit with minerals</i>)	Tier 1	
VITAMIN C POWDER BLEND ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (<i>ascorbic acid/multivit with minerals</i>)	Tier 1	
Vitamin D and Folic Acid Combinations - Drugs for Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
DERMACINRX DOTREM IN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
DERMACINRX FOLIXATE ORAL TABLET 125 MCG- 1,700 MCG DFE (<i>cholecalciferol (vit d3)/levomefolate calcium</i>)	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
DERMACINRX PUREFOLTIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 1	
OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (<i>cholecalciferol (vit d3)/folic acid</i>)	Tier 3	
Vitamin E Combinations - Drugs for Nutrition		
FAMIL-E ORAL CAPSULE 41-250-38 MG (<i>vitamin elvitamin e mixed/tocotrienol</i>)	Tier 3	
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (<i>vitamin elvitamin e mixed/tocotrienol</i>)	Tier 3	
Vitamins - A - Drugs for Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (<i>vitamin a palmitate</i>)	Tier 1	
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML (<i>vitamin a palmitate</i>)	Tier 3	
<i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>	Tier 1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
Vitamins - B Preparation Combinations - Drugs for Nutrition		
B COMPLEX-VITAMIN C ORAL TABLET,CHEWABLE 20 MG-5 MG- 2 MG-75 MCG (<i>niacin/calcium pantothen/b6/biotin/folic ac1b12linosit/vit c</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b12-methyltetrahydrofolate-b6 oral tablet, chewable 1,000mcg-680mcg dfe-1.5 mg, 5,000 mcg-1,360 mcg dfe-2.5 mg</i>	Tier 1	
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (<i>thiamine hcl/riboflavin/niacinamide/cyanocobalamin/papain</i>)	Tier 3	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 3	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (<i>mecobalamin/folate no.11/pyridoxal/vit b2/betaine</i>)	Tier 3	
NUFOLA ORAL CAPSULE 25 MG-3,500 MCG DFE-1 MG-300 MG (<i>pyridoxal phosphatellevomefolate calcium/mecobalamin/lala</i>)	Tier 3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (<i>folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger</i>)	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
<i>benfotiamine oral capsule 150 mg</i>	Tier 1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>thiamine in 0.9 % sod chloride intravenous solution 500 mg/100 ml</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 250 mg, 50 mg</i>	Tier 1	
Vitamins - B-12 and Folic Acid Combinations - Drugs for Nutrition		
CELEBRATE B-12 QUICK-MELT ORAL TABLET, DISINTEGRATING 1,000-200 MCG (<i>cyanocobalamin/mecobalamin/folic acid</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENOVO PLUS B12 ORAL CAPSULE 25,000 MCG DFE-2,000 MCG (<i>methyltetrahydrofolate calcium/mecobalamin</i>)	Tier 3	
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (<i>mecobalamin/levomefolate calcium/turmeric root extract</i>)	Tier 3	
<i>me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg</i>	Tier 1	
<i>vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (<i>hydroxocobalamin acetate/cobamamide</i>)	Tier 3	
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (<i>mecobalamin</i>)	Tier 3	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (<i>cyanocobalamin/cobamamide</i>)	Tier 1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 3	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet,chewable 1,500 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>	Tier 3	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 3,000 mcg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg</i>	Tier 1	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 3	
<i>cyanocobalamin (vitamin b-12)</i> (Dodex Injection Solution 1,000 Mcg/MI)	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral lozenge 1,000 mcg</i>	Tier 3	
<i>mecobalamin (vitamin b12) oral tablet, chewable 1,000 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral tablet, chewable 2,500 mcg, 5,000 mcg, 500 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral tablet, disintegrating 5,000 mcg</i>	Tier 1	
PHYSICIANS EZ USE B-12 INJECTION KIT 1,000 MCG/ML (<i>cyanocobalamin (vitamin b-12)</i>)	Tier 3	
VITAMIN B-12 ORAL TABLET 1,000 MCG (<i>cyanocobalamin (vitamin b-12)</i>)	Tier 1	
Vitamins - B-2, Riboflavin and Derivatives - Drugs for Nutrition		
<i>riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
<i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>	Tier 1	
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	Tier 3	
<i>niacin oral tablet 100 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 250 mg, 50 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
Vitamins - B-5, Pantothenic Acid and Derivatives - Drugs for Nutrition		
<i>calcium pantothenate oral capsule 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pantethine oral capsule 450 mg</i>	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral liquid 100 mg/2.5 ml</i>	Tier 3	
<i>pyridoxine (vitamin b6) oral tablet 10 mg</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Vitamins - Bioflavonoids - Drugs for Nutrition		
<i>quercetin oral capsule 500 mg</i>	Tier 3	
Vitamins - Biotin - Drugs for Nutrition		
<i>biotin oral capsule 10,000 mcg, 5 mg</i>	Tier 1	
<i>biotin oral tablet 1 mg</i>	Tier 3	
<i>biotin oral tablet 10 mg</i>	Tier 1	
<i>biotin oral tablet,chewable 2,500 mcg</i>	Tier 1	
<i>biotin oral tablet,chewable 5,000 mcg</i>	Tier 1	
<i>biotin oral tablet,disintegrating 10,000 mcg, 5,000 mcg</i>	Tier 1	
HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET,CHEWABLE 10,000 MCG (<i>biotin</i>)	Tier 1	
VITAJOY BIOTIN ORAL TABLET,CHEWABLE 2,500 MCG (<i>biotin</i>)	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (<i>ascorbic acid</i>)	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral capsule 1,000 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet,chewable 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 94 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (<i>ascorbic acid/minerals</i>)	Tier 3	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (<i>ascorbate calcium/ascorbyl palmitate</i>)	Tier 1	
LIQUID C ORAL LIQUID 500 MG/5 ML (<i>ascorbic acid</i>)	Tier 1	
VITAJOY DAILY C ORAL TABLET,CHEWABLE 125 MG (<i>ascorbic acid</i>)	Tier 1	
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (<i>ascorbic acid</i>)	Tier 1	
XCELLENT C ORAL CAPSULE 750-7.5 MG (<i>ascorbate calcium, magnesium, potassium/black pepper extract</i>)	Tier 3	
Vitamins - D and K Combinations - Drugs for Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (<i>cholecalciferol (vit d3)/vitamin k2</i>)	Tier 3	
DOSOKAP ORAL TABLET 137.5-200 MCG (<i>cholecalciferol (vit d3)/vitamin k2</i>)	Tier 3	
K2-D3 MAX ORAL CAPSULE 125 MCG (5,000 UNIT)-180 MCG (<i>cholecalciferol (vit d3)/vitamin k2</i>)	Tier 3	
K-RIGHT ORAL CAPSULE 50-500-1,500 MCG (<i>cholecalciferol (vit d3)/vitamin k1/mk4/mk7</i>)	Tier 3	
<i>vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops</i>	Tier 1	
<i>vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg</i>	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)</i>	Tier 3	
<i>cholecalciferol (vitamin d3) oral tablet,disintegrating 125 mcg (5,000 unit)</i>	Tier 3	
<i>cholecalciferol (vitamin d3) oral tablet,disintegrating 50 mcg (2,000 unit)</i>	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Tier 1	
OSTEO-VIT3 ORAL DROPS 1,250 MCG/3 ML (<i>cholecalciferol (vitamin d3)</i>)	Tier 3	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
Vitamins - E - Drugs for Nutrition		
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	Tier 1	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 3	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (<i>folic acid/thiamine/riboflavin/niacin/pyridoxine/b12/c/zinc</i>)	Tier 3	
<i>methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe</i>	Tier 1	
Vitamins - Folic Acid Combinations - Drugs for Nutrition		
FOLCYTEINE ORAL TABLET 1 MG-47 MG- 20 MCG-16 MG (<i>folic acid/calcium citrate/vitamin d3/mag citrate/a-cysteine</i>)	Tier 3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (<i>phytonadione (vit k1)</i>)	Tier 3	
MK-7 ORAL CAPSULE 180 MCG, 90 MCG (<i>vitamin k2</i>)	Tier 3	
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml, 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (<i>phytonadione (vit k1)</i>)	Tier 1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection Solution 10 Mg/ML)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin k2 (mk-4) oral tablet 100 mcg</i>	Tier 3	
<i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>	Tier 1	
<i>vitamin k2 oral drops 90 mcg/0.5 ml</i>	Tier 3	
Endocrine		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (<i>teplizumab-mzww</i>)	Tier 3	PA; SP; DD
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
INPEFA ORAL TABLET 200 MG (<i>sotagliflozin</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (<i>sotagliflozin</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	Tier 3	PA
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	Tier 1	
<i>carboprost tromethamine intramuscular syringe 250 mcg/ml</i>	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (<i>dinoprostone</i>)	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (<i>carboprost tromethamine</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREPIDIL VAGINAL GEL 0.5 MG/3 G (<i>dinoprostone</i>)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	Tier 3	PA; SP
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 3	PA; SP
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 3	DD; ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	DD
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (<i>glucagon hcl</i>)	Tier 1	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (4 EA per 1 FILL)
<i>glucagon hcl injection recon soln 1 mg</i>	Tier 1	DD; QL (4 EA per 1 FILL)
<i>glucose oral tablet, chewable 2 gram</i>	Tier 1	DD
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	DD
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (<i>dextrose/dextrin/maltose</i>)	Tier 3	DD
SWEET CHEEKS ORAL GEL IN SYRINGE 1.2 GRAM /3 ML (40 %) (<i>dextrose</i>)	Tier 3	DD
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine</i>)	Tier 3	PA; SP
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (<i>inotersen sodium</i>)	Tier 3	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (<i>eplontersen sodium</i>)	Tier 3	PA; SP
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (<i>vutrisiran sodium</i>)	Tier 3	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (<i>patisiran sodium, lipid complex</i>)	Tier 3	PA; SP
Androgen - Single Agents - Drugs for Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (<i>testosterone</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (<i>testosterone undecanoate</i>)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (<i>testosterone</i>)	Tier 3	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (<i>testosterone cypionate</i>)	Tier 3	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	Tier 3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (<i>testosterone enanthate</i>)	Tier 3	PA
Antidiuretic and Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (<i>desmopressin acetate</i>)	Tier 3	QL (3.8 GM per 30 days)
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG (<i>terlipressin acetate</i>)	Tier 3	
<i>vasopressin in 0.9 % sod chlor intravenous solution 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/50 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin in 0.9 % sod chlor intravenous syringe 2 unit/2 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous syringe 5 unit/5 ml (1 unit/ml)</i>	Tier 1	
<i>vasopressin intravenous solution 20 unit/ml</i>	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML (<i>vasopressin</i>)	Tier 3	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	DD; ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	Tier 2	PA; DD; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	PA; DD; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 3	PA; DD; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 3	PA; DD; QL (9 ML per 30 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 2	PA; SP; DD
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA; SP; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	Tier 2	DD; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin propanediol/saxagliptin hcl</i>)	Tier 3	DD; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	Tier 3	DD; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	DD; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphatemetformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphatemetformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphatemetformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptinmetformin hcl</i>)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (<i>insulin glargine,human recombinant analog/lixisenatide</i>)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (<i>insulin degludec/liraglutide</i>)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (<i>romosozumab-aqqg</i>)	Tier 3	PA; SP
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	Tier 3	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 2	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 1	PA; SP
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	Tier 1	ST: Requires prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, Risedronate Sodium within the past 120 days
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	Tier 1	ST: Requires prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, Risedronate Sodium within the past 120 days
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	Tier 1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml</i>	Tier 1	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (<i>etelcalcetide hydrochloride</i>)	Tier 3	PA; SP
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	Tier 1	
Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone/estradiol</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs for Women		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (<i>estradiol/progesterone</i>)	Tier 3	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol/progesterone</i>)	Tier 3	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (<i>estradiol/levonorgestrel</i>)	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
Estrogens - Drugs for Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg	Tier 1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	QL (37.5 GM per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (<i>estradiol</i>)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (<i>estradiol</i>)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
<i>estradiol</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)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>estrogens, esterified</i>)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (<i>estradiol</i>)	Tier 3	QL (1 EA per 7 days)
PREMARIN INJECTION RECON SOLN 25 MG (<i>estrogens, conjugated</i>)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	Tier 2	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	Tier 3	PA; SP
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (<i>betamethasone acetate and sodium phosphinorfluranelhfc 245fa</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone ace,sod phos-wtr injection suspension 7 mg/ml</i>	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	Tier 1	
Glucocorticoid-Anesthetic Combinations - Drugs for Inflammation		
LIDOCIDEX-I INJECTION SOLUTION 5-10 MG/1.5 ML (<i>dexamethasone sodium phosphatellidocaine hcl</i>)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
ACTIVE INJECTION KIT D (PF) INJECTION KIT 10 MG/ML (<i>dexamethasone sodium phosphatelpf</i>)	Tier 3	
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Tier 3	PA; SP
<i>betamethasone sod phosph-water injection solution 6 mg/ml</i>	Tier 1	
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 1	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 1	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML (<i>methylprednisolone acetate</i>)	Tier 3	
<i>dexamethasone ace-nacl,iso-osm injection suspension 8 mg/ml</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone sodium phosphate injection syringe 4 mg/ml	Tier 1	
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 3	
DOUBLEDEX (PF) INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate/pf)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 3	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (budesonide)	Tier 3	PA; SP
HEXATRIONE INJECTION SUSPENSION 20 MG/ML (triamcinolone hexacetonide)	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	Tier 3	SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	Tier 3	
MAS CARE-PAK (PF) INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate/pf)	Tier 3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norfluranel/hfc 245fa)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norfluranel/hfc 245fa)	Tier 3	
methylpred ac(pf)-nacl,iso-osm injection suspension 80 mg/ml	Tier 1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML (<i>triamcinolone acetonide</i>)	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML (<i>triamcinolone acetonide</i>)	Tier 3	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (<i>hydrocortisone sodium succinate/pf</i>)	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (<i>hydrocortisone sodium succinate</i>)	Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML (<i>methylprednisolone sodium succinate/pf</i>)	Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML (<i>methylprednisolone sodium succinate/pf</i>)	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM (<i>methylprednisolone sodium succinate</i>)	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG (<i>methylprednisolone sodium succinate</i>)	Tier 3	SP
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (<i>budesonide</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone acetone-0.9% nacl injection suspension 50 mg/ml</i>	Tier 1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG (<i>triamcinolone acetonide</i>)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 2	SP
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	Tier 3	PA; SP
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (<i>somatropin</i>)	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (<i>somatropin</i>)	Tier 2	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (<i>somatropin</i>)	Tier 3	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (<i>somatropin</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (<i>somatrogon-ghla</i>)	Tier 3	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 2	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (<i>somatropin</i>)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (<i>somatropin</i>)	Tier 3	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (<i>somatropin</i>)	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (<i>somatropin</i>)	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	Tier 2	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somapacitan-beco</i>)	Tier 2	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (<i>somatropin</i>)	Tier 3	PA; SP
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 2	DD; QL (30 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (<i>insulin regular, human</i>)	Tier 3	DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD; QL (24 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (<i>insulin regular, human in 0.9 % sodium chloride</i>)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	DD; ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	DD; QL (30 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Analogs - Long Acting - Drugs for Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 3	DD; ST: Requires prior prescription for Semglee (yfgn), Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin detemir</i>)	Tier 3	DD; ST: Requires prior prescription for Semglee (yfgn), Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Tier 3	DD; ST: Requires prior prescription for Semglee (yfgn), Toujeo, or Tresiba within the past 120 days; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-aglr</i>)	Tier 3	DD; ST: Requires prior prescription for Semglee (yfgn), Toujeo, or Tresiba within the past 120 days; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	DD; QL (40 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (<i>insulin aspart (niacinamide)/pump cartridge</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (niacinamide)</i>)	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 3	DD; ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 3	DD; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	DD
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (<i>metformin hcl</i>)	Tier 3	DD; ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 3	PA; SP
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	Tier 3	SP; QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 3	SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 3	SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (<i>histrelin acetate</i>)	Tier 3	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	Tier 3	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 3	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix</i> / <i>estradiol</i> / <i>norethindrone acetate</i>)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium</i> / <i>estradiol</i> / <i>norethindrone acetate</i>)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone dhea</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 1	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Oxytocic - Oxytocin and Analogs - Drugs for Women		
<i>oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml</i>	Tier 1	
<i>oxytocin in dextrose 5 % in Ir intravenous solution 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 1	
<i>oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 1	
<i>oxytocin injection solution 10 unit/ml</i>	Tier 3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	Tier 3	
Progestins - Drugs for Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 3	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	Tier 3	PA; SP
Renin-Angiotensin-Aldosterone System (RAAS) Hormones - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (<i>angiotensin ii acetate, human</i>)	Tier 3	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 1	PA; SP
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG (<i>octreotide acetate</i>)	Tier 3	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 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 3	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	Tier 3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspartate</i>)	Tier 3	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (<i>teprotumumab-trbw</i>)	Tier 3	PA; SP
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid,pork</i>)	Tier 3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 3	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
<i>liothyronine intravenous solution 10 mcg/ml</i>	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (<i>levothyroxine sodium</i>)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine intravenous recon soln 100 mcg</i>	Tier 1	
<i>levothyroxine intravenous recon soln 200 mcg, 500 mcg</i>	Tier 1	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	Tier 1	
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (<i>levothyroxine sodium</i>)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	PA
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase</i>)	Tier 3	
<i>bromelains oral tablet 500 mg</i>	Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase, human recombinant</i>)	Tier 3	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (<i>hyaluronidase, human recombinant</i>)	Tier 3	
FDB Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
CARBO-COMPOSITUM INJECTION SOLUTION (<i>homeopathic drugs</i>)	Tier 3	SP
CRALONIN ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
EYE ORAL TABLET, SOLUBLE (<i>homeopathic drugs</i>)	Tier 3	
LAMIOFLUR ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLANTAGO-HOMACCORD ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
POPULUS COMPOSITUM ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
PSORINOHEEL ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
RENEEL ORAL TABLET,SOLUBLE (<i>homeopathic drugs</i>)	Tier 3	
SABAL-HOMACCORD ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
VERTIGOHEEL ORAL DROPS (<i>homeopathic drugs</i>)	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE (<i>homeopathic drugs</i>)	Tier 3	
ZEEL INJECTION SOLUTION (<i>homeopathic drugs</i>)	Tier 3	SP
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		
VEOPOZ INJECTION SOLUTION 200 MG/ML (<i>pozelimab-bbfg</i>)	Tier 3	PA; SP
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (<i>fecal microbiota, live-jslm</i>)	Tier 3	PA; SP
VOWST ORAL CAPSULE (<i>fecal microbiota spores, live-brpk</i>)	Tier 2	PA; SP
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antacid - Calcium - Drugs for Ulcers and Stomach Acid		
PRELIEF ORAL TABLET 65 MG (<i>calcium glycerophosphate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antacid - Magnesium - Drugs for Ulcers and Stomach Acid		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
Antacid Combinations Other - Drugs for Ulcers and Stomach Acid		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (<i>calcium phosphate, tribasic/melatonin</i>)	Tier 3	
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (<i>crofelemer</i>)	Tier 2	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	Tier 2	PA; SP
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antidiarrheal GI Adsorbent-Intestinal Flora Modifiers Combinations - Drugs for Diarrhea		
ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL -100 MG (<i>lactobacillus acidophilus/pectin</i>)	Tier 3	
Antidiarrheal Miscellaneous Combinations - Drugs for Diarrhea		
BANATROL PLUS ORAL POWDER IN PACKET (<i>banana flakes/transgalactooligosaccharides</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2) Antagonists - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML) (<i>amisulpride</i>)	Tier 2	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML) (<i>amisulpride</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	Tier 1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>palonosetron intravenous solution 0.25 mg/2 ml</i>	Tier 3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	Tier 1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (<i>granisetron</i>)	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
SUSTOL SUBCUTANEOUS LIQUID, EXTENDED RELEASE SYRINGE 10 MG/0.4 ML (<i>granisetron</i>)	Tier 3	
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML (<i>aprepitant</i>)	Tier 3	
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML (<i>aprepitant</i>)	Tier 3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (<i>aprepitant</i>)	Tier 2	QL (3 EA per 21 days)
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML) (<i>fosaprepitant dimeglumine</i>)	Tier 3	SP
<i>fosaprepitant intravenous recon soln 150 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 3	QL (2 EA per 14 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG (<i>fosnetupitant chloride hcl/palonosetron hcl</i>)	Tier 3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML (<i>fosnetupitant chloride hcl/palonosetron hcl</i>)	Tier 3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 3	PA; SP
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
GASTRACID ORAL CAPSULE 100-350-300-20 MG (<i>pepsin/glutamic acid/betaine hcl/gentian root extract</i>)	Tier 3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200- 14,200- 24,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (<i>lipase/protease/amylase</i>)	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (<i>lactase</i>)	Tier 1	
<i>lactase oral tablet 3,000 unit, 9,000 unit</i>	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (<i>sacrosidase</i>)	Tier 3	PA; SP
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	Tier 1	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (<i>rabeprazole sodium</i>)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	Tier 1	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole intravenous recon soln 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Tier 3	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs for the Stomach		
<i>activated charcoal oral capsule 260 mg</i>	Tier 1	
<i>activated charcoal oral capsule 280 mg</i>	Tier 3	
BEANAID ORAL CAPSULE 300 UNIT (<i>alpha-d-galactosidase</i>)	Tier 1	
BEANO ORAL TABLET 400 UNIT (<i>alpha-d-galactosidase</i>)	Tier 3	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (<i>alpha-d-galactosidase</i>)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (<i>metoclopramide hcl</i>)	Tier 3	PA; SP
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
<i>atropine injection solution 0.4 mg/ml</i>	Tier 1	
<i>atropine injection syringe 0.1 mg/ml</i>	Tier 1	
<i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate injection solution 0.5 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (<i>glycopyrrolate</i>)	Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) in water injection syringe 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML (<i>glycopyrrolate/pf</i>)	Tier 3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML) (<i>glycopyrrolate/pf</i>)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (<i>dicyclomine hcl</i>)	Tier 3	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	Tier 1	
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (<i>omeprazole/clarithromycin/lamoxicillin trihydrate</i>)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (<i>omeprazole magnesium/lamoxicillin trihydrate/rifabutin</i>)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (<i>vonoprazan fumarate/lamoxicillin trihydrate</i>)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (<i>vonoprazan fumarate/lamoxicillin trihydrate/clarithromycin</i>)	Tier 3	PA
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 3	PA
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab</i>)	Tier 3	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (<i>mirikizumab-mrkz</i>)	Tier 3	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	Tier 3	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	Tier 3	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST: Requires prior prescription for Mesalamine within the past 120 days
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>budesonide rectal foam 2 mg/lactuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (<i>vedolizumab</i>)	Tier 3	PA; SP
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (<i>vedolizumab</i>)	Tier 3	PA; SP
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (<i>upadacitinib</i>)	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 2	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 2	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 3	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 2	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 2	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
<i>infliximab intravenous recon soln 100 mg</i>	Tier 1	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	Tier 3	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 3	PA; SP
Intestinal Flora Modifiers - Drugs for Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (<i>lactobacillus acidophilus,salivariuslb.bifidum/s.thermophil</i>)	Tier 3	
<i>acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg</i>	Tier 1	
<i>acidophilus-pectin, citrus oral tablet 25 million cell -100 mg</i>	Tier 1	
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (<i>lactobacillus combination no.9</i>)	Tier 1	
ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL) (<i>l.acidophilusll.caseill.lactisll.rhamnosuslb.lactislb.longum</i>)	Tier 3	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (<i>lactobacillus crispatusll. gasserill. jenseniill. rhamnosus</i>)	Tier 3	
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG (<i>l.crispatusll.gasserill.jenseniill.rhamnosuslbacteriophages</i>)	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL (<i>lactobacillus acidophilus,paracasei,plantarumlb.animalis</i>)	Tier 3	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (<i>bacillus coagulans</i>)	Tier 3	
<i>bacillus coagulan,subtilis-xos oral tablet,chewable 1 billion cell- 40 mg</i>	Tier 1	
BILAC ORAL CAPSULE 33 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	
BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (<i>lactobacillus acidophilus/lactobacillus caseill. rhamnosus</i>)	Tier 3	
BIOMEPRO ORAL LIQUID 100 BILLIION CELL/104 ML (<i>lactobacillus acidophilus/lactobacillus caseill. rhamnosus</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (<i>I. acidophilus/l. rhamnosus/lb. brevels. thermophilus</i>)	Tier 1	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (<i>I.acidophilus,casei,rhamnosus/lb.breve,longum</i>)	Tier 1	
CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE (<i>I. acidophilus/l. rhamnosus/levomefolate sodium/lactoferrin</i>)	Tier 3	
CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (<i>bacillus coagulans/fucosyllactose</i>)	Tier 3	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (<i>lactobacillus paracasei/lactobacillus rhamnosus</i>)	Tier 3	
CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (<i>lactobacillus rhamnosus gglbifidobacterium animalis (lactis)</i>)	Tier 3	
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (<i>I. rhamnosus/lb. animalis/dhalfucosyllactose/itamin d3</i>)	Tier 3	
CULTURELLE BABY PROBIOTIC-DHA ORAL DROPS 2.5 B CELL- 70 MG/0.5 ML (<i>lactobacillus rhamnosus gglbifidobacterium animalis/dha</i>)	Tier 3	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG, 12 BILLION CELL -200 MG (<i>lactobacillus rhamnosus gglinulin</i>)	Tier 3	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (<i>bacillus subtilis/inulin</i>)	Tier 3	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (<i>I. rhamnosus gglascorbic acid/zinc oxide/elderberry fruit</i>)	Tier 3	
CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (<i>I. rhamnosus/lascorbic acid/vitamin d3/zinc oxide/elderberry</i>)	Tier 3	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (<i>lactobacillus rhamnosus/bifidobac animalis/fucosyllactose/d3</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (<i>bacillus subtilislinulin</i>)	Tier 3	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (<i>I. rhamnosus gglascorbic acid/zinc oxide/elderberry fruit</i>)	Tier 3	
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (<i>lactobacillus rhamnosus gglfiber</i>)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (<i>lactobacillus rhamnosus gg</i>)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (<i>lactobacillus rhamnosus gg</i>)	Tier 3	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (<i>lactobacillus rhamnosus/bifido animalis/vit b6/vit b12</i>)	Tier 3	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (<i>lactobacillus rhamnosus gg</i>)	Tier 3	
CULTURELLE PRENATAL PROBIOTIC ORAL TABLET,CHEWABLE 12 BILLION CELL (<i>lactobacillus crispatusll. gasserill. jenseniill. rhamnosus</i>)	Tier 3	
CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (<i>bacillus coagulans/bacillus subtilislinulin/ascorbic acid</i>)	Tier 3	
CULTURELLE TOTAL BALANCE ORAL CAPSULE 11 BILLION CELL (<i>lactobacillus paracaseillactobacillus rhamnosus</i>)	Tier 3	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (<i>lactobacillus crispatusll. gasserill. jenseniill. rhamnosus</i>)	Tier 3	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (<i>lactobacillus paracasei,rhamnosuslb.animalis/ascorbic acid</i>)	Tier 1	
DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	Tier 1	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENFAMIL DUAL PROBIOTICS-VIT D ORAL DROPS 2.5BILLION CELL -10 MCG/6 DROPS (<i>lactobacillus rhamnosus/bifidobacterium animalis/vitamin d3</i>)	Tier 3	
ENVIVE ORAL CAPSULE 12 BILLION CELL (<i>l.acidoph,paracasei, b.lactis</i>)	Tier 3	
EVIVO WITH MCT OIL FEEDING TUBE LIQUID 0.04 GRAM (8 BILL CELL/0.5ML (<i>bifidobacterium infantis</i>))	Tier 3	
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL, 5 BILLION CELL (<i>lactobacillus reuterilactobacillus rhamnosus gg</i>)	Tier 3	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (<i>lactobacillus acidophilus/lactobacillus rhamnosus gg</i>)	Tier 3	
FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (<i>lactobacillus no.65/bifidobac no.7lb.subtilis/bacteriophages</i>)	Tier 3	
FLORASTOR ADVANCED ORAL CAPSULE 250-62.5-30 MG (<i>s.boulardiienzymes/gingerlpeppermint leaf/fennel</i>)	Tier 3	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (<i>saccharomyces boulardii</i>)	Tier 3	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (<i>saccharomyces boulardii</i>)	Tier 3	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (<i>saccharomyces boulardii/inulin</i>)	Tier 3	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (<i>saccharomyces boulardii/vitamin cl/vitamin d3/zinc gluconate</i>)	Tier 3	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (<i>lactobacillus reuterilbifidobacterium infantis/fos</i>)	Tier 3	
FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL-75 MG (<i>lactobacillus no.83/bifido animal,bifid,infantlinulin/lacacia</i>)	Tier 3	
FORTIFY OPTIMA ADVANCED CARE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 BILLION CELL-75 MG (<i>lactobacillus combo no.20lbifido no.9linulin/lacacia</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (<i>Lactobacillus acidophilus/b.animalis/b.bifidum/b.infantis</i>)	Tier 3	
FORTIFY OPTIMA WOMEN ADVANCED ORAL CAPSULE,DELAYED RELEASE(DR/EC) 90 BILLION CELL -75 MG (<i>Lactobacillus no.102/bifid anim,bifidll.lactislinulin/lacacia</i>)	Tier 3	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (<i>L.acidophilus,gasserilbifidobact animalis,bifidum,infantis</i>)	Tier 3	
FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (<i>Lactobacillus combo no.21/bifidobacterium combo no.7/linulin</i>)	Tier 3	
FORTIFY PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (<i>Lactobacillus combo no.51/bifido animalis, bifidumlinulin</i>)	Tier 3	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (<i>Lactobacillus combo no.32/bifidobacterium animalis/linulin</i>)	Tier 3	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL -50 MG (<i>Lactobacillus combo no.51/bifidobacterium animalislinulin</i>)	Tier 3	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (<i>Lactobacillus plantarum</i>)	Tier 3	
INFANT PROBIOTIC ORAL DROPS 1 BILLION CELL/0.5 ML (<i>bifidobacterium infantis</i>)	Tier 3	
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (<i>L.acidoph,paracasei,plantarum,rhamn-b.animalis,breve</i>)	Tier 3	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (<i>Lactobacillus caseill. rhamnosus/bifido no.4/gos</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS BABY PROBIOTIC ORAL POWDER 3 BILLION CELL- 600 MG/GRAM <i>(I.casei,rhamnosus/bifidobacterium breve,infantis,longum/gos)</i>	Tier 3	
JARRO-DOPHILUS DIGEST SURE ORAL TABLET 5 BILLION CELL- 188 MG <i>(I.acidophilus,plantarum,rhamnosus/b.animalis,breve/enzymes)</i>	Tier 3	
JARRO-DOPHILUS EPS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL, 50 BILLION CELL (<i>lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi</i>)	Tier 3	
JARRO-DOPHILUS GUT CALM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8 BILLION CELL (<i>lactobac. plantarum/s. boulardii/pediococcus acidilactici</i>)	Tier 3	
JARRO-DOPHILUS KIDS ORAL TABLET,CHEWABLE 500 MILLION CELL-50 MG <i>(I.acidophilus,plantarum/b.animalis,breve/fofslinulin)</i>	Tier 3	
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (<i>lactobacillus no.33/bifido animalis,longum/fofslinulin</i>)	Tier 3	
JARRO-DOPHILUS PRENATAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 6 BILLION CELL (<i>I. crispatus,gasseri,jensenii,rhamnosus/b. infantis</i>)	Tier 3	
JARRO-DOPHILUS ULTRA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL <i>(I.acidop,casei,helv,paracas,plant,rham,salb.anim,long,brev)</i>	Tier 3	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL <i>(lactobacillus crispatus/l. gasserill. jensenii/l. rhamnosus)</i>	Tier 3	
<i>I. acidophilus-b. coagulans oral tablet 35 million- 25 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral capsule 500 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>Lactobacillus acidophilus</i> bulgar oral tablet 1 million cell	Tier 1	
MAGE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 BILLION CELL -15 MG (<i>L. acidophilus, rhamnosus, bifidus animalis, B. subtilis, bacteriophages</i>)	Tier 3	
MVW COMPLETE FORM PROBIOTIC MINI ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 BILLION CELL -15 MG (<i>Lactobacillus bifidobacterium, Bifidobacterium bouvardii, Bifidobacterium subtilis, Thermobacterium phages</i>)	Tier 3	
NEWFLORA ORAL CAPSULE 10 BILLION CELL (<i>Lactobacillus acidophilus</i>)	Tier 1	
OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (<i>L. acidophilus, paracasei, plantarum, rhamnosus, salivarius, B. animalis, bifidus, longum, E. faecium</i>)	Tier 3	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (<i>L. acidophilus, casei, salivarius, B. animalis, Lactococcus lactis, E. faecium</i>)	Tier 3	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (<i>L. acidophilus, brevis, casei, salivarius, B. animalis, bifidus, Lactococcus lactis</i>)	Tier 3	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (<i>bifidobacterium animalis, bifidum, Lactococcus lactis</i>)	Tier 3	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (<i>L. acidophilus, casei, paracasei, plantarum, salivarius, B. animalis, bifidus, Lactococcus lactis</i>)	Tier 3	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (<i>Lactobacillus acidophilus, bifidobacterium animalis</i>)	Tier 3	
PREBIOMAX ORAL TABLET, CHEWABLE 1.4 GRAM (<i>xylooligosaccharides</i>)	Tier 3	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE, DELAYED RELEASE (DR/EC) 5 BILLION CELL (<i>Lactobacillus acidophilus, rhamnosus, bifidobacterium breve, longum</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (<i>lactobacillus acidophilus/lactobacillus rhamnosus gg</i>)	Tier 3	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	
PROBACAP ORAL CAPSULE 10 BILLION CELL (<i>lactobacillus acidophilus</i>)	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (<i>bacillus coagulans/inulin</i>)	Tier 3	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (<i>I. helveticus,rhamnosus/b. longum/zinc yeast/selenium yeast</i>)	Tier 3	
PROBIOFLEXX ORAL CAPSULE 500 MG (<i>lacto99/b.bifidum/l.lactis/s.boulls.therm/b.coag/enzyme/lherb</i>)	Tier 3	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (<i>lacto no.89/bifido no.9/l.lactis/s.thermophilus</i>)	Tier 3	
PROBIOMAX COMPLETE DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 BILLION CELL (<i>lacto no.89/bifido no.9/l.lactis/s.thermophilus</i>)	Tier 3	
PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (<i>lactobacillus acidophilus,plantarum/bifido animalis,longum</i>)	Tier 3	
PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (<i>lactobacillus acidophilus,plantarum/bifido animalis,longum</i>)	Tier 3	
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (<i>bacillus coagulans/hyperimmune egg</i>)	Tier 3	
PROBIOMAX LEAN DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL (<i>bifidobacterium animalis</i>)	Tier 3	
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (<i>I.acidophilus,plantarum/b.animalis,longum/s.boulardiill arch</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOMAX SB DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 35 BILLION CELL (<i>I.acidophilus/l.plantarum/lb.animalis/lb.longum/s.boulardii</i>)	Tier 3	
PROBIOMAX SERENITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 17.5 BILLION CELL (<i>lactobacillus paracasei</i>)	Tier 3	
PROBIONEXX ORAL CAPSULE 500 MG (<i>lacto99/lb.bifidum/l.lactis/s.boulls.thermlb.coag/enzyme/lherb</i>)	Tier 3	
PROBIOTIC (B. COAGULANS) ORAL TABLET, CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (<i>bacillus coagulans</i>)	Tier 1	
PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	Tier 1	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET, CHEWABLE 2 BILLION CELL- 5 MCG (<i>bacillus coagulans/cholecalciferol (vit d3)</i>)	Tier 1	
PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET, CHEWABLE 3 BILLION CELL (<i>lactobacillus no.66/bifidobacterium no.4/s.thermophilus</i>)	Tier 1	
PROBIOTIC COLON SUPPORT ORAL CAPSULE 1.5 BILLION CELL (<i>lactobacillus gasseril/bifidobacterium bifidum/bifido longum</i>)	Tier 1	
PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG (<i>lactobacillus paracasei,rhamnosus/lb.animalis/ascorbic acid</i>)	Tier 1	
PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG (<i>I.acidoph,bulgar,paracasei,rhamnosulb.animalis,longu mlinulin</i>)	Tier 1	
PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (<i>lactobacillus rhamnosus gglinulin</i>)	Tier 1	
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (<i>I.acidophilus/l.gasserill.rhamnosus/lb.bifidum/lb.longum</i>)	Tier 1	
PROBIOTIC DUO ORAL TABLET, CHEWABLE 1.5 BILLION CELL (<i>bacillus coagulans/bacillus subtilis</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (<i>bacillus coagulanslinulin</i>)	Tier 1	
PROBIOTIC ORAL CAPSULE 20 BILLION CELL (<i>lactobacillus combination no.10</i>)	Tier 1	
PROBIOTIC ORAL CAPSULE 3 BILLION CELL (<i>lactobacillus combination no.4</i>)	Tier 1	
PROBIOTIC PEARLS ACIDOPHILUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium longum</i>)	Tier 3	
PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (<i>lactobac acidophilus/lactobac plantarum/lactobac rhamnosus</i>)	Tier 3	
PROBIOTIC YEAST SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5.02 BILLION CELL (<i>lactobacillus crispatus/klyuveromyces marxianus</i>)	Tier 3	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (<i>bacillus coagulans,subtilis/vitamin clvit d3/zinc gluconate</i>)	Tier 3	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (<i>lactobacillus acidophilus</i>)	Tier 1	
REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (<i>lactobacillus reuterillactobacillus rhamnosus gg</i>)	Tier 3	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (<i>saccharomyces boulardii</i>)	Tier 1	
REVITAFLOL ORAL CAPSULE 10 BILLION CELL (<i>lactobacillus acidophilus</i>)	Tier 1	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Tier 1	
<i>saccharomyces boulardii-yeast oral capsule,delayered release(dr/ec) 5 billion cell- 200 mg</i>	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (<i>lactobacillus combination no.4</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (<i>bifidobacterium animlis/bifidobacterium infantis/s. thermoph</i>)	Tier 3	
SUPERIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (<i>lactobac.acidoph,plantar,rhamnlbifidobac.animal,breve, longum</i>)	Tier 3	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (<i>bifidobacterium animalis</i>)	Tier 3	
TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (<i>bacillus subtilis/cholecalciferol (vit d3)/inulin</i>)	Tier 3	
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (<i>lactobacillus rhamnosus gglbifidobacterium animalis (lactis)</i>)	Tier 3	
TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (<i>bacillus subtilislinulin/ascorbic acid</i>)	Tier 3	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL/GRAM (<i>lactobacillus rhamnosus/bifido bifidum,breve,infantis,longum</i>)	Tier 3	
ULTRAFLOA WOMEN'S ORAL CAPSULE 2 BILLION CELL (<i>lactobacillus reuterilactobacillus rhamnosus gg</i>)	Tier 3	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (<i>lactobacillus acidophilusll. plantarum/bifido no.7</i>)	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (<i>lactobacillus acidophilusll. plantarum/bifido no.7</i>)	Tier 3	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (<i>lactobacillus acidophilus/bifidobacterium animalis/vit d2</i>)	Tier 3	
UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (<i>lactobac no.21/bifidobac no.7/vit c/vit d3/vit b6/vit b12</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (<i>bacillus coagulans/bacillus subtilis/linulin/ascorbic acid</i>)	Tier 3	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (<i>lactobacillus combination no.51/bifidobacterium combo no.4</i>)	Tier 3	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (<i>l.acidophilus/l.gasserill.plantil.rhamlb.animalis/cranberry</i>)	Tier 3	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (<i>bacillus coagulans/bacillus subtilis/linulin/ascorbic acid</i>)	Tier 3	
VISBIOME ORAL DROPS 0.5 BILLION CELL/DROP (<i>lactobacillus no.2/bifidobacterium no.1/s.thermophilus</i>)	Tier 3	
WELLPRO-31 ORAL CAPSULE 31 BILLION CELL (<i>lactobacillus acidophilus/bifidobacterium animalis</i>)	Tier 3	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (<i>l. acidophilus/bacillus coagulans/folic acid/linulin</i>)	Tier 3	
YUM-YUM DOPHILUS ORAL TABLET,CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG (<i>l.acidophilus,plantarumlb.animalis,brevelfoslinulin</i>)	Tier 3	
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 3	PA
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (<i>palifermin</i>)	Tier 3	SP
Laxative - Bulk Forming - Drugs to Prevent Constipation		
BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (<i>wheat dextrin</i>)	Tier 3	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (<i>wheat dextrin</i>)	Tier 3	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (<i>wheat dextrin</i>)	Tier 3	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (<i>wheat dextrin</i>)	Tier 3	
BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM (<i>wheat dextrin</i>)	Tier 1	
CHILDRENS FIBER GUMMY BEAR ORAL TABLET,CHEWABLE 1.5 GRAM (<i>polydextrose</i>)	Tier 1	
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (<i>dextrin</i>)	Tier 1	
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (<i>psyllium husk</i>)	Tier 1	
EASY FIBER (WHEAT DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM-100 MG CALCIUM (<i>wheat dextrin/calcium carbonate</i>)	Tier 1	
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM (<i>dextrin</i>)	Tier 1	
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3 GRAM/11 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 3	
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
FIBER GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (<i>polydextrose/vitamin b complex</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBER GUMMIES ORAL TABLET,CHEWABLE 2 GRAM (<i>inulin</i>)	Tier 1	
FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (<i>wheat dextrin</i>)	Tier 1	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
FIBERWELL ORAL TABLET,CHEWABLE 2.5 GRAM (<i>polydextrose</i>)	Tier 3	
HYFIBER FOR KIDS ORAL LIQUID 6 GRAM/15 ML (<i>fructooligosaccharides/polydextrose</i>)	Tier 3	
KONSYL DAILY FIBER (STEVIA) ORAL POWDER IN PACKET 3.5 GRAM (<i>psyllium husk/sweetleaf</i>)	Tier 3	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (<i>psyllium husk</i>)	Tier 3	
NUTRISOURCE FIBER ORAL PACKET (<i>guar gum</i>)	Tier 1	
NUTRISOURCE FIBER ORAL POWDER (<i>guar gum</i>)	Tier 1	
PREBIOTIC FIBER (FOS) ORAL TABLET,CHEWABLE 2.5 GRAM (<i>fructooligosaccharides</i>)	Tier 1	
PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM (<i>inulin</i>)	Tier 1	
PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/ 3.8GRAM (SCOOP) (<i>fructooligosaccharides/inulin</i>)	Tier 3	
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	Tier 1	
<i>psyllium husk oral capsule 0.4 gram</i>	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (<i>psyllium husk</i>)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (<i>psyllium husk</i>)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 3	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
<i>sorbitol solution 70 %</i>	Tier 3	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (<i>peg 3350/sod sulflsod bicarb/sod chloridelpotassium chloride</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350/sod sulflsod bicarb/sod chloridelpotassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
<i>sodium chloride/sodium bicarbonatelpotassium chloridelpog</i> (Gavilyte-N Oral Recon Soln 420 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (<i>peg 3350/sodium sulfat/sod chlorid/kcl/ascorbate sod/vit c</i>)	\$0	EHB; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (<i>peg 3350/sodium sulfate,chlorid/potassium chlor/magnesium</i>)	\$0	EHB; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (<i>sodium sulfat/potassium chlorid/magnesium sulfat</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant - Drugs to Prevent Constipation		
SENOKOT KIDS ORAL TABLET,CHEWABLE 8.7 MG (<i>senna leaf extract</i>)	Tier 3	
SENOKOT ORAL TABLET,CHEWABLE 8.7 MG (<i>senna leaf extract</i>)	Tier 3	
SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (<i>senna leaf/herbal complex no.324</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (<i>sodium picosulfate/magnesium oxidelcitric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (<i>sodium picosulfate/magnesium oxidelcitric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 2	PA; SP
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
<i>glutamine oral powder 100 %</i>	Tier 1	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasterideltadalafil</i>)	Tier 3	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 2	PA; SP
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acidlgluconolactone/magnesium carbonate</i>)	Tier 3	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	Tier 3	
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (<i>tiopronin</i>)	Tier 2	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 1	SP
<i>tiopronin oral tablet, delayed release (drlec) 100 mg, 300 mg</i>	Tier 1	SP
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON 8 MG/ML (<i>mirabegron</i>)	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (<i>lumasiran sodium</i>)	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (<i>nedosiran sodium</i>)	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (<i>nedosiran sodium</i>)	Tier 3	PA; SP
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	Tier 2	PA; SP
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-5α Phosphodiesterase Type 5 Inhibitor - Drugs for the Prostate		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	Tier 3	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>)	Tier 1	
Urinary Alkalinizer - Citrates - Drugs for Infections		
CITRATABS ORAL TABLET EXTENDED RELEASE 7.5 MEQ (<i>magnesium citrate/potassium citrate</i>)	Tier 3	
LITHOLYTE ORAL POWDER IN PACKET 10 MEQ (<i>potassium citratemagnesium citrate/sodium bicarbonate</i>)	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml, 500-334 mg/5 ml</i>	Tier 1	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (<i>sodium/potassium/potassium citrate/sodium citrate/cit ac</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Analgesics - Drugs for Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	Tier 3	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (<i>plazomicin sulfate</i>)	Tier 3	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i>)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (<i>methenamine/methylene blue/benzoic acid/salicylate/hyoscyamine</i>)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (<i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i>)	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i>)	Tier 1	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (<i>oxybutynin chloride</i>)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 GM per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (<i>oxybutynin</i>)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (<i>colchicine</i>)	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (<i>rasburicase</i>)	Tier 3	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	Tier 3	PA; SP
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad/lallopurinol</i>)	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Agents		
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy		
ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT (<i>adamts13, recombinant-krhn</i>)	Tier 3	PA; SP
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	Tier 3	PA
PNH - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 2	PA; SP
PNH - Complement Factor D Inhibitors		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 3	PA; SP
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG (<i>caplacizumab-yhdp</i>)	Tier 3	PA; SP
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 3	PA; SP
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 2	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 3	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 3	PA; SP
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (<i>dextrose-water/sodium citratelcitric acid</i>)	Tier 3	
ACD-A SOLUTION (<i>citrate dextrose solution</i>)	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (<i>dextrose-water/sodium citratelcitric acid</i>)	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (<i>sodium chloridelsodium citrate</i>)	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 % (<i>sodium citrate dihydrate</i>)	Tier 3	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (<i>anti-inhibitor coagulant complex</i>)	Tier 3	SP
Antiporphyrria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (<i>hemin</i>)	Tier 3	SP
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	Tier 3	PA; SP
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>c1 esterase inhibitor, recombinant</i>)	Tier 3	PA; SP
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 3	PA; SP
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
APHEXDA SUBCUTANEOUS RECON SOLN 62 MG (<i>motixafortide acetate</i>)	Tier 3	PA; SP
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 1	PA; SP
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 3	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 3	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 3	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (<i>methoxy polyethylene glycol-epoetin beta</i>)	Tier 3	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 2	PA; SP
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (<i>human prothrombin complex concentrate (pcc)-lans</i>)	Tier 3	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (<i>human prothrombin complex concentrate (pcc), 4-factor</i>)	Tier 3	SP
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix</i>)	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>factor ix recombinant, fc fusion protein</i>)	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant</i>)	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix recombinant, albumin fusion protein</i>)	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant, threonine 148</i>)	Tier 3	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>)	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix (human) recombinant, pegylated</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant)	Tier 3	SP
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor viia (recombinant))	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor viia recombinant-jncw)	Tier 3	SP
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length, peg)	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor viii recomb,single-chn,b-dom truncated)	Tier 2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von willebrand factor,human)	Tier 3	SP
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl)	Tier 2	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (fviii) recombinant, fc fusion protein)	Tier 2	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-dom truncated peg-exe)	Tier 2	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von willebrand factor, human)	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-domain deleted peg-auc)	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length)	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length)	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor viii recombinant, b-domain truncated)	Tier 2	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>)	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii, recombinant porcine sequence</i>)	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii, human recombinant</i>)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (<i>antihemophilic factor, human/von willebrand factor,human</i>)	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 2	SP
XYNTHA INTRAVENOUS SOLUTION 2,000 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 3	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 2	SP
Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	Tier 3	PA; SP
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	Tier 3	SP
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (<i>factor xiii</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	Tier 3	SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	Tier 3	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-pbbk</i>)	Tier 3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>tbo-filgrastim</i>)	Tier 3	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>tbo-filgrastim</i>)	Tier 3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim</i>)	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim</i>)	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 2	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-ayow</i>)	Tier 3	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (<i>eflapgrastim-xnst</i>)	Tier 3	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-fpgk</i>)	Tier 3	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 3	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	Tier 3	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 2	PA; SP
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 3	PA; SP
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	Tier 1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (<i>fibrinogen</i>)	Tier 3	SP
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (<i>fibrinogen</i>)	Tier 3	
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	Tier 1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (<i>ferric subsulfate</i>)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (<i>microfibrillar collagen</i>)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (<i>microfibrillar collagen</i>)	Tier 3	
GELFILM IMPLANT FILM (<i>gelatin</i>)	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE (<i>gelatin sponge,absorbable</i>)	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (<i>ferric subsulfate</i>)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
SURGIFLO TOPICAL SYRINGE (<i>gelatin sponge,absorbable</i>)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (<i>thrombin(bov)/calcium chlorlcm/gel,porkldressing,hemostatic</i>)	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (<i>thrombin(bov)/calcium chlorlcm-cell sodldressing,hemostatic</i>)	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (<i>microfibrillar collagen</i>)	Tier 3	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT (<i>thrombin(human plasma derived)/gelatin matrix, bovine</i>)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine</i> <i>pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous syringe 20 unit/20 ml (1 unit/ml), 50 unit/50 ml (1 unit/ml)</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine</i> <i>pf</i>)	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine</i> <i>pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) in nacl (pf) intravenous syringe 20 unit/20 ml (1 unit/ml), 50 unit/50 ml (1 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml</i>	Tier 3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Human Albumin - Drugs for the Blood		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 % (<i>albumin human</i>)	Tier 3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>albumin human</i>)	Tier 3	
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	Tier 3	
<i>albumin, human 5 % intravenous parenteral solution 5 %</i>	Tier 3	
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 % (<i>albumin human-kjda</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 % (<i>albumin human-kjda</i>)	Tier 3	
ALBURX (HUMAN) 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (<i>albumin human</i>)	Tier 3	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>albumin human</i>)	Tier 3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (<i>albumin human</i>)	Tier 3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>albumin human</i>)	Tier 3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (<i>albumin human</i>)	Tier 3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>albumin human</i>)	Tier 3	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 1	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 1	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 1	SP; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 1	SP; QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1	SP; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 1	SP
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (60 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (<i>dalteparin sodium,porcine</i>)	Tier 2	SP; QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (<i>crizanlizumab-tmca</i>)	Tier 3	PA; SP
Plasma Expanders - Drugs for the Blood		
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	Tier 1	
HEXTEND INTRAVENOUS SOLUTION 6 % (<i>hetastarch/electrolyte solution,lactated</i>)	Tier 3	
LMD 10 % IN 0.9 % SODIUM CHLOR INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>dextran 40 in 0.9 % sodium chloride</i>)	Tier 3	
LMD 10 % IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>dextran 40 in dextrose 5 % in water</i>)	Tier 3	
Plasma Fractions - Drugs for the Blood		
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (<i>plasma human, blood group a</i>)	Tier 3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (<i>plasma human, blood group ab</i>)	Tier 3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (<i>plasma human, blood group b</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (<i>plasma human, blood group o</i>)	Tier 3	
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (<i>antithrombin iii, human recombinant</i>)	Tier 3	SP
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (<i>plasminogen, human-tvmh</i>)	Tier 3	PA; SP
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT (<i>antithrombin iii (human plasma derived)</i>)	Tier 3	
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 2	QL (2 EA per 1 day)
KENGREAL INTRAVENOUS RECON SOLN 50 MG (<i>cangrelor tetrasodium</i>)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (<i>tirofiban hcl monohydrate</i>)	Tier 3	SP
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>)	Tier 3	SP
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 1	SP
<i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)</i>	Tier 1	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 3	PA; SP
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 3	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 3	PA; SP
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	Tier 3	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	Tier 3	SP
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	Tier 3	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (<i>mitapivat sulfate</i>)	Tier 3	PA; SP
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG (<i>hydroxyurea</i>)	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG (<i>hydroxyurea</i>)	Tier 3	QL (2 EA per 1 day)
Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	Tier 3	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (<i>voxelotor</i>)	Tier 3	PA; SP
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 3	SP
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 3	SP
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 1	SP
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 1	SP
Thrombolytic - Nucleotide Type - Drugs for the Blood		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML (<i>defibrotide sodium</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombolytic - Tissue Plasminogen Activators - Drugs for the Blood		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG (<i>alteplase</i>)	Tier 3	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG (<i>alteplase</i>)	Tier 3	
RETAVASE INTRAVENOUS RECON SOLN 10 UNIT, 10 X 2 UNIT (20 UNIT) (<i>reteplase</i>)	Tier 3	
TNKASE INTRAVENOUS RECON SOLN 50 MG (<i>tenecteplase</i>)	Tier 3	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	Tier 3	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 3	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 3	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 3	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 3	PA; SP
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatobiliary System Treatment Agents - Drugs for the Liver		
AHP Agents - ALAS1 Degradation, small interfering RNA (siRNA) based - Drugs for the Liver		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (<i>givosiran sodium</i>)	Tier 3	PA; SP
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	Tier 2	PA; SP
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (<i>odevixibat</i>)	Tier 3	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (<i>odevixibat</i>)	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	Tier 3	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (<i>emapalumab-lzsg</i>)	Tier 3	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>anifrolumab-fnia</i>)	Tier 3	PA; SP
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 3	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Tier 3	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	Tier 3	PA; SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (<i>inebilizumab-cdon</i>)	Tier 3	PA; SP
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	Tier 3	PA
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Tier 3	PA; SP
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (<i>basiliximab</i>)	Tier 2	SP
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (<i>belatacept</i>)	Tier 2	SP
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (<i>tofersen</i>)	Tier 3	PA; SP
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	Tier 3	PA; SP
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	Tier 3	PA; SP
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 1	PA; SP
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	Tier 2	PA; SP
<i>dichlorphenamide</i> (Ormalvi Oral Tablet 50 Mg)	Tier 1	PA; SP
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (<i>edaravone</i>)	Tier 3	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	Tier 3	PA; SP
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 3	PA; SP
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (<i>rozanolixizumab-noli</i>)	Tier 3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	Tier 3	PA; SP
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (<i>efgartigimod alfa-fcab</i>)	Tier 3	PA; SP
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
REGONOL INJECTION SOLUTION 5 MG/ML (<i>pyridostigmine bromide</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (<i>zilucoplan sodium</i>)	Tier 3	PA; SP
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (<i>casimersen</i>)	Tier 3	PA; SP
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (<i>eteplirsen</i>)	Tier 3	PA; SP
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (<i>viltolarsen</i>)	Tier 3	PA; SP
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (<i>golodirsen</i>)	Tier 3	PA; SP
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (<i>hyaluronate sodium</i>)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (<i>hyaluronate sod, cross-linked</i>)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (<i>hyaluronate sodium, modified, non-crosslinked</i>)	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (<i>hylan g-f 20</i>)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (<i>hylan g-f 20</i>)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (<i>collagenase clostridium histolyticum</i>)	Tier 3	SP
Neuromuscular Blocker - Depolarizing Agents - Drugs for Nerves and Muscles		
<i>succinylcholine chloride injection solution 20 mg/ml</i>	Tier 1	
<i>succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)</i>	Tier 1	
<i>succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	Tier 3	PA; SP
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	Tier 3	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	Tier 3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	Tier 3	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	Tier 3	PA; SP
Neuromuscular Blocker - Nondepolarizing Agents - Drugs for Nerves and Muscles		
<i>atracurium intravenous solution 10 mg/ml</i>	Tier 1	
<i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i>	Tier 1	
<i>rocuronium intravenous solution 10 mg/ml</i>	Tier 1	
<i>rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)</i>	Tier 1	
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	Tier 1	
<i>vecuronium in sterile water intravenous syringe 10 mg/10 ml (1 mg/ml)</i>	Tier 1	
Selective Relaxant Binding Agent - Modified gamma-cyclodextrin - Drugs for Nerves and Muscles		
BRIDION INTRAVENOUS SOLUTION 100 MG/ML (<i>sugammadex sodium</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)</i>	Tier 1	
<i>baclofen intrathecal syringe 50 mcg/ml (1 ml)</i>	Tier 1	
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML) (<i>baclofen</i>)	Tier 3	
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML) (<i>baclofen</i>)	Tier 3	SP
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML (<i>baclofen</i>)	Tier 3	
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML, 500 MCG/ML (<i>baclofen</i>)	Tier 1	SP
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol injection solution 100 mg/ml</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene intravenous recon soln 20 mg</i>	Tier 1	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene sodium</i> (Revonto Intravenous Recon Soln 20 Mg)	Tier 1	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG (<i>dantrolene sodium</i>)	Tier 3	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (<i>nusinersen sodium</i> /pf)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSOI ORAL RECON SOLN 0.75 MG/ML (<i>risdiplam</i>)	Tier 3	PA; SP
Medical Supplies and Durable Medical Equipment (DME)		
Medical Supplies and DME - Epidural Administration Sets		
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (<i>epidural administration set</i>)	Tier 3	SP
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (<i>epidural administration set</i>)	Tier 3	SP
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Administration Sets - Medical Supplies and Durable Medical Equipment		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (<i>blood administration set</i>)	Tier 3	
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (<i>prothrombin timelinr test meter</i>)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-TREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARIO BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTGL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE JAZZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
Medical Supplies and DME - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies and Durable Medical Equipment		
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA TN'G ADV MOBILE MULTI MTR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA TN'G ADVANCE PRO MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER KIT (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER KIT (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
PRECISION XTRA KETONE-GLUCOSE KIT (<i>blood ketone and glucose monitor</i>)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Blood Pressure Device Combinations - Medical Supplies and Durable Medical Equipment		
2TEK GLUCOSE/BLOOD PRESSURE KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
FORA D10 KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D40D GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D40G GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment		
T.E.D. ANTI-EMBOLISM STOCKING (<i>compression stocking, knee high, regular length, small</i>)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG (<i>compression stocking, knee high, long length, small circumferen</i>)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (<i>compression stocking, knee high, regular length, small</i>)	Tier 3	
Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment		
CONCEPTION KIT (<i>conception assistance supplies combination no.1</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CELLTRION DIATRUST COV-19 HOME KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (<i>dental suction device/chlorhexidine dental swab 1/mouthwash</i>)	Tier 3	
Q-CARE RX Q4 KIT 0.12 % (<i>dental suction device/chlorhexidine dental swab comb no.1</i>)	Tier 3	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (<i>topical cream metered-dose device</i>)	Tier 3	
Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment		
ENTERAL GRAVITY BAG SET-ENFIT (<i>feeder container with gravity set, enfit</i>)	Tier 3	
KANGAROO 924 SAFETY SCREW (<i>pump set</i>)	Tier 3	
KANGAROO EPUMP SET (<i>feeder container with pump set</i>)	Tier 3	
KANGAROO GRAVITY SET (<i>feeder container with gravity set</i>)	Tier 3	
RELIZORB CARTRIDGE (<i>enteral pump accessory for fat hydrolysis</i>)	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36" (<i>gauze bandage</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (<i>bismuth tribromophenat/petrolatum,white</i>)	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (<i>iodoform</i>)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (<i>petrolatum,white</i>)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (<i>silver/calcium alginate</i>)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (<i>bismuth tribromophenat/petrolatum,white</i>)	Tier 3	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
2TEK GLUCOSE/BLOOD PRESSURE KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK GUIDE GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ACCU-CHEK GUIDE ME GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE REDI-CODE PLUS (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX AMP GLUC MONITOR SYS (<i>blood-glucose meter</i>)	Tier 3	DD
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE PLATINUM GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ASSURE PRISM MULTI METER (<i>blood-glucose meter</i>)	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BIGFOOT UNITY KIT (<i>flash glucose sensor/blood glucose test strips/pen needles</i>)	Tier 3	DD
BIONIME RIGHTEST GM300 SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
BIOTEL CARE BGM-4 METER (<i>blood-glucose meter</i>)	Tier 3	DD
BLOOD GLUCOSE MONITORING KIT (<i>blood-glucose meter</i>)	Tier 3	DD
<i>blood-glucose meter</i>	Tier 3	DD
<i>blood-glucose meter kit</i>	Tier 3	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BLULINK DIABETIC TEST BUNDLE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
BLULINK GLUCOSE MONITOR SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARESENS N (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N FELIZ BT GLUC METER (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N FELIZ GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N VOICE (<i>blood-glucose meter</i>)	Tier 3	DD
CARETOUCH GLUCOSE MONITORING KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (<i>diabetic supplies,miscell</i>)	Tier 3	DD
CHOICEDM CLARUS (<i>blood-glucose meter</i>)	Tier 3	DD
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK BLOOD GLUCOSE (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHEK BLOOD GLUCOSE SYST KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHOICE BLOOD GLUC SYS (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE MICRO (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE PRO (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE TALK GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
CONTOUR METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT EZ METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT EZ METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GEN METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GEN METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT LINK 2.4 KIT (<i>blood-glucose meter, wireless</i>)	Tier 3	DD
CONTOUR NEXT LINK KIT (<i>blood-glucose meter, wireless</i>)	Tier 3	DD
CONTOUR NEXT METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT ONE METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR PLUS BLUE METER (<i>blood-glucose meter</i>)	Tier 3	DD
DARIO BLOOD GLUCOSE MONITOR DEVICE (<i>blood-glucose meter, for mobile device</i>)	Tier 3	DD
DEXCOM G6 RECEIVER (<i>blood-glucose meter, continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (<i>blood-glucose meter, continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIATRUE PLUS BLOOD GLUCOSE MET (<i>blood-glucose meter</i>)	Tier 3	DD
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY PLUS II BLOOD GLUCOSE MET (<i>blood-glucose meter</i>)	Tier 3	DD
EASY STEP BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TALK BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TOUCH BLULINK GLUC SYST (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TOUCH GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TRAK BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TRAK II BLOOD GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EASYGLUCO METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYGLUCO MONITORING SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX NG (<i>blood-glucose meter</i>)	Tier 3	DD
EASYMAX NG KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYMAX T1 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYMAX V SPEAKING GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD
EASY-TOUCH BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT COMPACT GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT COMPACT V GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE EVO BLOOD GLUCOSE KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE EVO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE PRO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE TALK BLOOD GLUCOSE SYS KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE TALK GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE WAVE PLUS GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE G2 (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE G3 GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE MINI MONITOR SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (<i>glucose sensor,implantable,continuous/dexamethasone acetate</i>)	Tier 3	SP; DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
EVOLUTION BLOOD GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART PLUS SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EZ SMART SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FORA D10 KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA D40D GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D40G GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA G20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA G30A (<i>blood-glucose meter</i>)	Tier 3	DD
FORA GD50 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
FORA PREMIUM V10 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORA TEST N'GO VOICE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORA TN'G VOICE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V10 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V12 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V12 BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V30A (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V30A KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE GD20 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE GD40A GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE GD40B GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE FLASH SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE FREEDOM KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, continuous</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE PRECISION NEO METER (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE SIDEKICK II KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE SYSTEM KIT KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GDRIVE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GE333 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCO NAVII GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD 01 METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD EXPRESSION (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD EXPRESSION KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE CONNEX METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE EXPRESS METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE XL METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD VITAL KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM AUTOLINK (<i>diabetic supplies, miscell</i>)	Tier 3	DD
GLUCOCOM BLOOD GLUCOSE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GM100 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GOODLIFE AC-302 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	DD
HEALTHPRO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INFINITY METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
INFINITY STARTER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
JAZZ WIRELESS 2 METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS, THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN 28 GAUGE (<i>lancets</i>)	Tier 1	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
MICRODOT BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH KIT (<i>blood-glucose meter</i>)	Tier 3	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
ON CALL EXPRESS METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL EXPRESS METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL PLUS METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID PAL METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID PAL METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH ULTRA2 METER (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH VERIO FLEX METER (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO FLEX START KIT (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO REFLECT KIT (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO REFLECT METER (<i>blood-glucose meter</i>)	Tier 1	DD
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
OPTUMRX (<i>blood-glucose meter</i>)	Tier 3	DD
OPTUMRX KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PHARMACIST CHOICE GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD
PIP BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PLATINUM GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
POGO AUTOMATIC BLOOD GLUC SYS (<i>blood-glucose meter</i>)	Tier 3	DD
PRECISION (<i>blood-glucose meter</i>)	Tier 1	DD
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD
PREMIER BLU GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIER CLASSIC GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIER COMPACT GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIER VOICE GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIUM BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIUM V10 (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRESTO PRO BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO VOICE V8 GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PRO VOICE V9 GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY AUTOCODE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY AUTOCODE MONITOR SYST (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY POCKET METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY VOICE GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
QUINTET AC (<i>blood-glucose meter</i>)	Tier 3	DD
QUINTET BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
REFUAH PLUS GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION ALL-IN-ONE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION CONFIRM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION PRIME METER (<i>blood-glucose meter</i>)	Tier 3	DD
REVEAL BLOOD GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GM250S GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM260 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM550 SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM700SB GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GT333 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST MAX PLUS GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMART SENSE MONITORING SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST EJECT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SMARTEST PERSONA GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PERSONA STARTER KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST PRONTO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PRONTO STARTER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PROTEGE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST SMART CODE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST TALKING METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 2	DD
SOLUS V2 AUDIBLE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SOLUS V2 AUDIBLE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TEST EASYPLUS MINI METER (<i>blood-glucose meter</i>)	Tier 3	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
TD GOLD BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
TD GOLD VOICE GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
TEMPO WELCOME KIT KIT (<i>blood glucose meter/insulin data transf accessory, bluetooth</i>)	Tier 3	DD
TEST N'GO BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE METRIX AIR GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX AIR GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX GO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUERESULT BLOOD GLUCOSE SYSTM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUETRACK SMART SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTIMA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 1	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRATRAK GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ULTRATRAK GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ULTRATRAK ULTIMATE (<i>blood-glucose meter</i>)	Tier 3	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD INO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
VIVAGUARD INO SMART GLUC METER (<i>blood-glucose meter</i>)	Tier 3	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE AMP KIT (<i>blood-glucose meter</i>)	Tier 3	DD
WAVESENSE PRESTO (<i>blood-glucose meter</i>)	Tier 3	DD
WAVESENSE PRESTO KIT (<i>blood-glucose meter</i>)	Tier 3	DD
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (<i>drainage bag</i>)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (<i>fecal collector with charcoal filter/catheter/syringe</i>)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (<i>drainage bag</i>)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (<i>diaper,brief,youth,disposable</i>)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (<i>incont device,muscle toner,elt</i>)	Tier 3	
Medical Supplies and DME - Infant Diapers - Medical Supplies and Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 1 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 2 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 3 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 4 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 5 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 6 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Insulin Needles- Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
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" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 3	DD
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML <i>(syringe without needle,insulin disposable, 1 ml)</i>	Tier 3	DD
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" <i>(syringe with needle, insulin, safety, 1 ml)</i>	Tier 3	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML <i>(syringe without needle,insulin disposable, 1 ml)</i>	Tier 3	DD
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 3	DD
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 3	DD
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 3	DD
EXTENDED RESERVOIR 3 ML <i>(insulin pump syringe, 3 ml)</i>	Tier 3	DD
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	DD
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 3	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 3	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 3	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN <i>(insulin pen, reusable, bluetooth for use with insulin lispro)</i>	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN <i>(insulin pen, reusable, bluetooth for use with insulin lispro)</i>	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
<i>insulin syringe u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 3	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	Tier 3	DD
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML (<i>insulin pump syringe, 1.8 ml</i>)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (<i>insulin pump syringe, 3 ml</i>)	Tier 3	DD
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 3	DD
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>)	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>insulin syringe-needle,safety,disposal unit,0.5 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>)	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>)	Tier 3	DD
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin,1 ml and sharps container</i>)	Tier 3	DD
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle,insulin,0.5 mll/container,empty</i>)	Tier 3	DD
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (<i>intravenous catheter kit</i>)	Tier 3	
FILTERED EXTENSION SET INFUSION SET (<i>intravenous administration extension set with filter</i>)	Tier 3	
HI-VOLUME PUMPING CHAMBER SET (<i>transfer sets</i>)	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (<i>intravenous administration extension set</i>)	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (<i>intravenous catheter</i>)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (<i>intravenous piggyback administration set</i>)	Tier 3	
PHASEAL Y-SITE (<i>y-site line connector, closed system</i>)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
TRANSFER SET (<i>transfer sets</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AIR CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (<i>vacuum erection device system</i>)	Tier 3	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AMIELLE VAGINAL TRAINER KIT (<i>medical supply, miscellaneous</i>)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (<i>medical supply, miscellaneous</i>)	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (<i>data transfer pen cap for insulin lispro, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (<i>data transfer pen cap for insulin glulisine, reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (<i>data transfer pen cap for insulin aspart, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (<i>data transfr pen cap for insulin glargine, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (<i>data transfer pen cap for insulin aspart (b3), reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (<i>data transfer pen cap for insulin lispro, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (<i>data transfr pen cap for insulin glargine, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (<i>data transfer pen cap for insulin lispro, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (<i>data transfer pen cap for insulin lispro-aabc, reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (<i>data transfer pen cap for insulin aspart, reusable, bluetooth</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (<i>data transfr pen cap for insulin glargine,reusable,bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (<i>data transfr pen cap for insulin glargine,reusable,bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (<i>data transfer pen cap for insulin degludec, reusable, bt</i>)	Tier 3	DD
CEFALY COMBO PACK (<i>transcutaneous electrical nerve stimulators(tens)/electrodes</i>)	Tier 3	
<i>eua patient assessment</i>	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (<i>tens unit electrodes</i>)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (<i>transcutaneous electrical nerve stimulators(tens)/electrodes</i>)	Tier 3	
PRO-CEPTION VAGINAL (<i>medical supply, miscellaneous</i>)	Tier 3	
PTS COLLECT CAPILLARY TUBE (<i>medical supply, miscellaneous</i>)	Tier 3	
RECONSTITUBE KIT (<i>medical supply, miscellaneous</i>)	Tier 3	
SUPPOSITORY SHELL, SMALL DEVICE (<i>suppository mold</i>)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 3	SP
T.E.D. ANTI-EMBOLISM STOCKING (<i>compression stocking, knee high, regular length, small</i>)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
TEMPO SMART BUTTON DEVICE (<i>data transfer accessory (insulin pen), bluetooth</i>)	Tier 3	DD
TENS 502 DEVICE (<i>transcutaneous electrical nerve stimulators (tens units)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENS 504 DEVICE (<i>transcutaneous electrical nerve stimulators (tens units)</i>)	Tier 3	
VIBRANT ORAL CAPSULE (<i>vibrating transient device for constipation</i>)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (<i>vibrating transient device for constipation</i>)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (<i>inhalation bag with mouthpiece</i>)	Tier 3	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 3	
AEROECLIPSE XL NEBULIZER (<i>nebulizer</i>)	Tier 3	
AERONEB GO NEBULIZER (<i>nebulizer</i>)	Tier 3	
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 3	
ALTERA NEBULIZER HANDSET (<i>nebulizer</i>)	Tier 3	
ALTERA NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 3	
AURA PORTANEB (<i>nebulizer</i>)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 3	
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 3	
LC PLUS (<i>nebulizer</i>)	Tier 3	
LC PLUS NEBULIZER-PED MASK (<i>nebulizer</i>)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (<i>nebulizer</i>)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (<i>nebulizer</i>)	Tier 3	
MICROAIR MESH NEBULIZER (<i>nebulizer</i>)	Tier 3	
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 3	
PARI LC SPRINT NEBULIZER SET (<i>nebulizer</i>)	Tier 3	
PARI LC SPRINT SINUS (<i>nebulizer</i>)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (<i>nebulizer</i>)	Tier 3	
SIDESTREAM (<i>nebulizer</i>)	Tier 3	
SIDESTREAM NEBULIZER (<i>nebulizer</i>)	Tier 3	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 3	
SINUSTAR NEBULIZER (<i>nebulizer</i>)	Tier 3	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 3	
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
HALO B-LOCK CLOSED LINE ADAPTR (<i>connector luer lock, closed system</i>)	Tier 3	
HALO CLOSED BAG ADAPTOR (<i>infusion adapter, closed system</i>)	Tier 3	
HALO CLOSED LINE ADAPTOR (<i>connector luer lock, closed system</i>)	Tier 3	
HALO CLOSED SYRINGE ADAPTOR (<i>needle injector, luer lock, closed system</i>)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (<i>vial size converter, closed system</i>)	Tier 3	
INTERLINK LEVER LOCK CANNULA (<i>syringe accessory</i>)	Tier 3	
I-PORT (<i>injection ports</i>)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (<i>injection ports</i>)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (<i>injection ports</i>)	Tier 3	
KENDALL DISINFECTANT CAP (<i>alcohol swab cap</i>)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (<i>intravenous equipment</i>)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (<i>assembly system, vial to transfer device, closed system</i>)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (<i>connector luer lock, closed system</i>)	Tier 3	
PHASEAL INFUSION ADAPTER (<i>infusion adapter, closed system</i>)	Tier 3	
PHASEAL INFUSION CLAMP (<i>clamp, iv tubing</i>)	Tier 3	
PHASEAL INJECTOR LUER (<i>needle injector, luer, closed system</i>)	Tier 3	
PHASEAL INJECTOR LUER LOCK (<i>needle injector, luer lock, closed system</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (<i>pen injector device</i>)	Tier 3	SP
VARITHENA ADMINISTRATION PACK (<i>transfer set/syringe, disposable/bandages,compression/tubing</i>)	Tier 3	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
AEROGear ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
STRIVE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (<i>mucus clearing device</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT MD MSK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER <i>(inhaler, assist devices)</i>	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER <i>(inhaler, assist devices)</i>	Tier 3	
AEROTRACH PLUS SPACER <i>(inhaler, assist devices)</i>	Tier 3	
AEROVENT PLUS SPACER <i>(inhaler, assist devices)</i>	Tier 3	
ALL FLOW 1000 KIT <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 1000 PFT FILTER <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 3000 KIT <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 3000 PFT FILTER <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 4000 KIT <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 4000 PFT FILTER <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 5000 KIT <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 5000 PFT FILTER <i>(nebulizer accessories)</i>	Tier 3	
ALL FLOW 6000 PFT FILTER <i>(nebulizer accessories)</i>	Tier 3	
BREATHERITE MDI SPACER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER <i>(inhaler, assist devices)</i>	Tier 3	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS TRAVELER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 3	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE MINI DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 3	
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
<i>nebulizer and compressor device</i>	Tier 3	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PARI TREK S COMBO PACK DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PARI TREK S PORTABLE PWR KIT (<i>nebulizer accessories</i>)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
PILLOW MASK CHILD (<i>nebulizer accessories</i>)	Tier 3	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (<i>nebulizer accessories</i>)	Tier 3	
PROVENT NASAL DEVICE (<i>nasal exhalation resistance device</i>)	Tier 3	
PROVENT STARTER NASAL DEVICE (<i>nasal exhalation resistance device</i>)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONEB LT COMPRESSOR NEBUL DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PUREAIR MINI NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
QUAKE VIBRATORY PEP DEVICE <i>(mucus clearing device)</i>	Tier 3	
REUSABLE NEBULIZER KIT KIT <i>(nebulizer accessories)</i>	Tier 3	
RITEFLO AEROCHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
RUBBER MOUTHPIECE <i>(nebulizer accessories)</i>	Tier 3	
SAMI THE SEAL DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
SAMI THE SEAL MASK <i>(nebulizer accessories)</i>	Tier 3	
SIDESTREAM MASK <i>(nebulizer accessories)</i>	Tier 3	
SILICONE MASK <i>(nebulizer accessories)</i>	Tier 3	
SILICONE MASK - INFANT DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
SPACE CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE <i>(compressor, for nebulizer)</i>	Tier 3	
THRESHOLD IMT TRAINER DEVICE <i>(spirometers and accessories)</i>	Tier 3	
THRESHOLD PEP DEVICE DEVICE <i>(spirometers and accessories)</i>	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE <i>(nebulizer and compressor)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
Medical Supplies and DME - Scar Treatments - Medical Supplies and Durable Medical Equipment		
SILINOIN TOPICAL SHEET 5 CM X 14 CM (<i>silicone adhesive</i>)	Tier 3	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR (<i>pen injector device (for follitropin beta)</i>)	Tier 3	SP
INSUFLON INFUSION SET 25 X 18 MM (<i>subcutaneous administration set</i>)	Tier 3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, bifurcated</i>)	Tier 3	SP
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, quad-furcated</i>)	Tier 3	SP
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, trifurcated</i>)	Tier 3	SP
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (<i>subcutaneous administration set</i>)	Tier 3	SP
SOFT-GLIDE SAF-Q SUBCUTANEOUS INFUSION SET 12 MM X 30.5 CM, 9 MM X 30.5 CM (<i>subcutaneous administration set, safety</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	DD
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6lg7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6lg7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit, disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED 770G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
T:SLIM X2 CONTROL-IQ (<i>subcutaneous insulin pump</i>)	Tier 3	DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	DD
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (<i>urinary bag/catheter</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK (<i>urinary bag/catheterization tray</i>)	Tier 3	
DOVER FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (<i>catheter</i>)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (<i>catheter</i>)	Tier 3	
DOVER UNIVERSAL TRAY (<i>catheterization tray</i>)	Tier 3	
FEMALE CATHETER 14 FR (<i>catheter</i>)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (<i>catheter</i>)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (<i>urinary bag/catheter</i>)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (<i>catheter</i>)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (<i>catheter</i>)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 3	
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (<i>urinary bag/catheter</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (<i>middle ear inflation device</i>)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSOFT 30 INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT 30 INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT 90 INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT XC INFUSION PACK 5" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
TRUSTEEL INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
TRUSTEEL INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARISOFT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (<i>dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl</i>)	Tier 3	SP
Tissue Bulking Implants - Ureteral - Medical Supplies and Durable Medical Equipment		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1) (<i>dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl</i>)	Tier 3	SP
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
2TEK GLUCOSE/BLOOD PRESSURE KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK GUIDE GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ACCU-CHEK GUIDE ME GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACCU-TREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (<i>urinary bag/catheter</i>)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCED GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days)
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE REDI-CODE PLUS (<i>blood-glucose meter</i>)	Tier 3	DD
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE (<i>mucus clearing device</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 3	
AEROECLIPSE XL NEBULIZER (<i>nebulizer</i>)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 3	
AERONEB GO NEBULIZER (<i>nebulizer</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (<i>blood-glucose meter</i>)	Tier 3	DD
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 3	
ALL FLOW 1000 KIT (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 1000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 3000 KIT (<i>nebulizer accessories</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 3000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 4000 KIT (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 4000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 5000 KIT (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 5000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 3	
ALL FLOW 6000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (<i>foam bandage</i>)	Tier 3	
ALTERA NEBULIZER HANDSET (<i>nebulizer</i>)	Tier 3	
ALTERA NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
AMIELLE VAGINAL TRAINER KIT (<i>medical supply, miscellaneous</i>)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (<i>medical supply, miscellaneous</i>)	Tier 3	
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE PLATINUM GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI METER (<i>blood-glucose meter</i>)	Tier 3	DD
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 3	
AURA PORTANEB (<i>nebulizer</i>)	Tier 3	
AUTOSOFT 30 INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT 30 INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT 90 INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT XC INFUSION PACK 5" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
BARDEX I.C. FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 3	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (<i>intravenous catheter kit</i>)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIGFOOT UNITY KIT (<i>flash glucose sensor/blood glucose test strips/pen needles</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (<i>data transfer pen cap for insulin lispro, reusable,bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (<i>data transfer pen cap for insulin glulisine, reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (<i>data transfer pen cap for insulin aspart, reusable,bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (<i>data transfr pen cap for insulin glargine,reusable,bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (<i>data transfer pen cap for insulin aspart (b3), reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (<i>data transfer pen cap for insulin lispro, reusable,bluetooth</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (<i>data transfr pen cap for insulin glargine, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (<i>data transfer pen cap for insulin lispro, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (<i>data transfer pen cap for insulin lispro-aabc, reusable, bt</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (<i>data transfer pen cap for insulin aspart, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (<i>data transfr pen cap for insulin glargine, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (<i>data transfr pen cap for insulin glargine, reusable, bluetooth</i>)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (<i>data transfer pen cap for insulin degludec, reusable, bt</i>)	Tier 3	DD
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BIOTEL CARE BGM-4 METER (<i>blood-glucose meter</i>)	Tier 3	DD
BLOOD GLUCOSE MONITORING KIT (<i>blood-glucose meter</i>)	Tier 3	DD
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
<i>blood-glucose meter</i>	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>blood-glucose meter kit</i>	Tier 3	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BLULINK DIABETIC TEST BUNDLE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
BLULINK GLUCOSE MONITOR SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BOYS TRAINING PANTS 4T-5T (<i>diaper/brief, infant-toddler, disposable</i>)	Tier 3	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK, ADULT SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK, CHILD SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK, INFANT SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK, S.CHLD SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARESENS N (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N FELIZ BT GLUC METER (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N FELIZ GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARESENS N VOICE (<i>blood-glucose meter</i>)	Tier 3	DD
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARETOUCH GLUCOSE MONITORING KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
CEFALY COMBO PACK (<i>transcutaneous electrical nerve stimulators(tens)/electrodes</i>)	Tier 3	
CELLTRION DIATRUST COV-19 HOME KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	DD
CEQUR SIMPLICITY INSERTER (<i>diabetic supplies, miscell</i>)	Tier 3	DD
CHOICEDM CLARUS (<i>blood-glucose meter</i>)	Tier 3	DD
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK BLOOD GLUCOSE (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHEK BLOOD GLUCOSE SYST KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHOICE BLOOD GLUC SYS (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE MICRO (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE NEB KIT-ADULT (<i>nebulizer accessories</i>)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (<i>nebulizer accessories</i>)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
CLEVER CHOICE PRO (<i>blood-glucose meter</i>)	Tier 3	DD
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE WHISPER AIRE PED DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COAGUCHEK XS (<i>prothrombin timelinr test meter</i>)	Tier 3	
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
CONCEPTION KIT (<i>conception assistance supplies combination no.1</i>)	Tier 3	
CONTOUR METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT EZ METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT EZ METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GEN METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GEN METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT LINK 2.4 KIT (<i>blood-glucose meter, wireless</i>)	Tier 3	DD
CONTOUR NEXT LINK KIT (<i>blood-glucose meter, wireless</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT ONE METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR PLUS BLUE METER (<i>blood-glucose meter</i>)	Tier 3	DD
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (<i>bismuth tribromophenatel petrolatum, white</i>)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (<i>polyhexamethylene biguanidel gauze bandage</i>)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (<i>polyhexamethylene biguanidel gauze bandage</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " <i>(gauze bandage)</i>	Tier 3	
CURITY DRAINAGE BAG 2,000 ML <i>(drainage bag)</i>	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD <i>(iodoform)</i>	Tier 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE <i>(blood-glucose meter, for mobile device)</i>	Tier 3	DD
DARIO BLOOD GLUCOSE TEST STRIP STRIP <i>(blood sugar diagnostic)</i>	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DEVILBISS DISPOSABLE NEBULIZER <i>(nebulizer)</i>	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSOR DEVICE <i>(compressor, for nebulizer)</i>	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE <i>(compressor, for nebulizer)</i>	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
DEXCOM G6 RECEIVER <i>(blood-glucose meter, continuous)</i>	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE <i>(blood-glucose sensor)</i>	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE <i>(blood-glucose transmitter)</i>	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIAPERS, UNISEX SIZE 1 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 2 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 3 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 4 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 5 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIAPERS, UNISEX SIZE 6 (<i>diaper/brief,infant-toddler, disposable</i>)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (<i>blood-glucose meter</i>)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DOVER COATED LATEX FOLEY COMBO PACK (<i>urinary bag/catheterization tray</i>)	Tier 3	
DOVER FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (<i>catheter</i>)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (<i>catheter</i>)	Tier 3	
DOVER UNIVERSAL TRAY (<i>catheterization tray</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 ml (half unit mark))	Tier 3	DD
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 3	DD
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	Tier 3	DD
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 ml)	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 ml)	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 ml)	Tier 3	DD
DUREX AIR CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (<i>blood-glucose meter</i>)	Tier 3	DD
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY STEP BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLULINK GLUC SYST (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY TOUCH GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (<i>syringe without needle, insulin disposable, 1 ml</i>)	Tier 3	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 3	DD
EASY TRAK BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II BLOOD GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EASYGLUCO METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYGLUCO MONITORING SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX NG (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX NG KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX T1 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EASYMAX V SPEAKING GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD
EASY-TOUCH BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 3	
ELEMENT COMPACT GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT V GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE EVO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE PRO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE TALK BLOOD GLUCOSE SYS KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EMBRACE TALK GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE PLUS GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
ENTERAL GRAVITY BAG SET-ENFIT (<i>feeder container with gravity set, enfit</i>)	Tier 3	
<i>eua patient assessment</i>	Tier 3	
EVENCARE G2 (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI MONITOR SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (<i>glucose sensor,implantable,continuous/dexamethasone acetate</i>)	Tier 3	SP; DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
EVOLUTION BLOOD GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
EXTENDED RESERVOIR 3 ML (<i>insulin pump syringe, 3 ml</i>)	Tier 3	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART PLUS SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
FEMALE CATHETER 14 FR (<i>catheter</i>)	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
FILTERED EXTENSION SET INFUSION SET (<i>intravenous administration extension set with filter</i>)	Tier 3	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (<i>fecal collector with charcoal filter/catheter/syringe</i>)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR (<i>pen injector device (for follitropin beta)</i>)	Tier 3	SP
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D10 KIT (<i>blood-glucose meter and wrist blood pressure monitor</i>)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D40D GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D40G GLUCOSE-BP MONITOR DEVICE (<i>blood-glucose and blood pressure meter with adult cuff</i>)	Tier 3	DD
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G30A (<i>blood-glucose meter</i>)	Tier 3	DD
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA PREMIUM V10 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORA TEST N'GO VOICE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADV MOBILE MULTI MTR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO MONITOR DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
FORA TN'G VOICE METER (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10 KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V12 BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V20 KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V30A (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V30A KIT (<i>blood-glucose meter</i>)	Tier 3	DD
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD20 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40A GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE GD40B GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE FLASH SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE FREEDOM KIT (<i>blood-glucose meter</i>)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter,continuous</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER (<i>blood-glucose meter</i>)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD
FREESTYLE SIDEKICK II KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE SYSTEM KIT KIT (<i>blood-glucose meter</i>)	Tier 1	DD
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GDRIVE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GIRLS TRAINING PANTS 4T-5T (<i>diaper/brief, infant-toddler, disposable</i>)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD EXPRESSION KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE CONNEX METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE EXPRESS METER (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE XL METER (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD VITAL KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM AUTOLINK (<i>diabetic supplies,miscell</i>)	Tier 3	DD
GLUCOCOM BLOOD GLUCOSE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GM100 KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GOJJI MULTI-FUNCTIONAL METER DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER KIT (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
GOODLIFE AC-302 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO B-LOCK CLOSED LINE ADAPTR (<i>connector luer lock, closed system</i>)	Tier 3	
HALO CLOSED BAG ADAPTOR (<i>infusion adapter, closed system</i>)	Tier 3	
HALO CLOSED LINE ADAPTOR (<i>connector luer lock, closed system</i>)	Tier 3	
HALO CLOSED SYRINGE ADAPTOR (<i>needle injector, luer lock, closed system</i>)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (<i>vial size converter, closed system</i>)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
HI-VOLUME PUMPING CHAMBER SET (<i>transfer sets</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HOME NEBULIZER PLUS SIDESTREAM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
IGLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
INFINITY STARTER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 3	
INNOSPIRE MINI DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 3	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 3	DD
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 3	
INSUFロン INFUSION SET 25 X 18 MM (<i>subcutaneous administration set</i>)	Tier 3	
<i>insulin syringe u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 3	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (<i>syringe accessory</i>)	Tier 3	
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
I-PORT (<i>injection ports</i>)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (<i>injection ports</i>)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (<i>injection ports</i>)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (<i>blood administration set</i>)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (<i>epidural administration set</i>)	Tier 3	SP
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (<i>epidural administration set</i>)	Tier 3	SP
JAZZ WIRELESS 2 METER KIT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
KANGAROO 924 SAFETY SCREW (<i>pump set</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO EPUMP SET (<i>feeder container with pump set</i>)	Tier 3	
KANGAROO GRAVITY SET (<i>feeder container with gravity set</i>)	Tier 3	
KENDALL DISINFECTANT CAP (<i>alcohol swab cap</i>)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (<i>catheter</i>)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 3	
KERAGEL TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (<i>polyhexamethylene biguanidelgauze bandage</i>)	Tier 3	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN 28 GAUGE (<i>lancets</i>)	Tier 1	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
LC PLUS (<i>nebulizer</i>)	Tier 3	
LC PLUS NEBULIZER-PED MASK (<i>nebulizer</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (<i>urinary bag/catheter</i>)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (<i>catheter</i>)	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (<i>alginate dressing/carboxymethylcellulose</i>)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (<i>nebulizer</i>)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (<i>nebulizer</i>)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (<i>honey/hydrocolloid dressing</i>)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROAIR MESH NEBULIZER (<i>nebulizer</i>)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (<i>intravenous administration extension set</i>)	Tier 3	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
MICRODOT BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED 770G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONO-FLO DRAINAGE BAG 2,000 ML (<i>drainage bag</i>)	Tier 3	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 3	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (<i>intravenous equipment</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH KIT (<i>blood-glucose meter</i>)	Tier 3	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
<i>nebulizer and compressor device</i>	Tier 3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, bifurcated</i>)	Tier 3	SP
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, quad-furcated</i>)	Tier 3	SP
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (<i>sub-q administration set, trifurcated</i>)	Tier 3	SP
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (<i>subcutaneous administration set</i>)	Tier 3	SP
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (<i>intravenous catheter</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIGHTTIME UNDERPANTS L-XL (<i>diaper,brief,youth,disposable</i>)	Tier 3	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NOVA MAX PLUS GLUC-KETON METER DEVICE (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER KIT (<i>blood ketone and glucose monitor</i>)	Tier 3	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	Tier 3	DD
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (<i>porcine acellular small intestine submucosa, fenestrated</i>)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (<i>porcine acell submucosa,meshed</i>)	Tier 3	
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6lg7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6lg7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
ON CALL EXPRESS METER (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL PLUS METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID PAL METER (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID PAL METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA2 METER (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH VERIO FLEX METER (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO FLEX START KIT (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO REFLECT KIT (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO REFLECT METER (<i>blood-glucose meter</i>)	Tier 1	DD
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTUMRX (<i>blood-glucose meter</i>)	Tier 3	DD
OPTUMRX KIT (<i>blood-glucose meter</i>)	Tier 3	DD
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PARADIGM RESERVOIR 1.8 ML (<i>insulin pump syringe, 1.8 ml</i>)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (<i>insulin pump syringe, 3 ml</i>)	Tier 3	DD
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 3	
PARI LC SPRINT NEBULIZER SET (<i>nebulizer</i>)	Tier 3	
PARI LC SPRINT SINUS (<i>nebulizer</i>)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PARI TREK S COMBO PACK DEVICE (<i>nebulizer and compressor</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI TREK S COMPACT COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PARI TREK S PORTABLE PWR KIT (<i>nebulizer accessories</i>)	Tier 3	
PCCA ACCUPEN-15 DEVICE (<i>topical cream metered-dose device</i>)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 3	DD
PETROLEUM GAUZE TOPICAL BANDAGE (<i>petrolatum, white</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (<i>blood-glucose meter</i>)	Tier 3	DD
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PHASEAL ASSEMBLY FIXTURE DEVICE (<i>assembly system, vial to transfer device, closed system</i>)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (<i>connector luer lock, closed system</i>)	Tier 3	
PHASEAL INFUSION ADAPTER (<i>infusion adapter, closed system</i>)	Tier 3	
PHASEAL INFUSION CLAMP (<i>clamp, iv tubing</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL INJECTOR LUER (<i>needle injector, luer, closed system</i>)	Tier 3	
PHASEAL INJECTOR LUER LOCK (<i>needle injector, luer lock, closed system</i>)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (<i>intravenous piggyback administration set</i>)	Tier 3	
PHASEAL Y-SITE (<i>y-site line connector, closed system</i>)	Tier 3	
PILLOW MASK CHILD (<i>nebulizer accessories</i>)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PLATINUM GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
POGO AUTOMATIC BLOOD GLUC SYS (<i>blood-glucose meter</i>)	Tier 3	DD
PORTABLE NEBULIZER SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRECISION (<i>blood-glucose meter</i>)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA KETONE-GLUCOSE KIT (<i>blood ketone and glucose monitor</i>)	Tier 1	DD
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (200 EA per 30 days)
PREMIER BLU GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIER CLASSIC GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIER COMPACT GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PREMIER VOICE GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIUM BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIUM V10 (<i>blood-glucose meter</i>)	Tier 3	DD
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRESTO PRO BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT TENS ELECTRODE PAD (<i>tens unit electrodes</i>)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (<i>transcutaneous electrical nerve stimulators(tens)/electrodes</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO VOICE V8 GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V9 GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
PROCARE COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
PRO-CEPTION VAGINAL (<i>medical supply, miscellaneous</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRODIGY AUTOCODE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY AUTOCODE MONITOR SYST (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY MINI-MIST NEBULIZER (<i>nebulizer</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRODIGY POCKET METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY VOICE GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (<i>nebulizer accessories</i>)	Tier 3	
PROVENT NASAL DEVICE (<i>nasal exhalation resistance device</i>)	Tier 3	
PROVENT STARTER NASAL DEVICE (<i>nasal exhalation resistance device</i>)	Tier 3	
PTS COLLECT CAPILLARY TUBE (<i>medical supply, miscellaneous</i>)	Tier 3	
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (<i>dressing, collagen/silver</i>)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUREAIR MINI NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (<i>pen injector device</i>)	Tier 3	SP
QUAKE VIBRATORY PEP DEVICE (<i>mucus clearing device</i>)	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUINTET AC (<i>blood-glucose meter</i>)	Tier 3	DD
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
QUINTET BLOOD GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT (<i>vacuum erection device system</i>)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (<i>intravenous administration set</i>)	Tier 3	
RECONSTITUBE KIT (<i>medical supply, miscellaneous</i>)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELION ALL-IN-ONE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION CONFIRM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION MICRO GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RELION PRIME METER (<i>blood-glucose meter</i>)	Tier 3	DD
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELIZORB CARTRIDGE (<i>enteral pump accessory for fat hydrolysis</i>)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (<i>silver/calcium alginate</i>)	Tier 3	
REUSABLE NEBULIZER KIT KIT (<i>nebulizer accessories</i>)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GM250S GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM260 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM550 SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GM700SB GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GS250S TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS260 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX PLUS GLUCOSE MTR (<i>blood-glucose meter</i>)	Tier 3	DD
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 3	
RUBBER MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 3	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>)	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>insulin syringe-needle,safety,disposal unit,0.5 ml</i>)	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>)	Tier 3	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAMI THE SEAL DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
SAMI THE SEAL MASK (<i>nebulizer accessories</i>)	Tier 3	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
SELF-CATHETER, FEMALE 14 FR (<i>catheter</i>)	Tier 3	
SIDESTREAM (<i>nebulizer</i>)	Tier 3	
SIDESTREAM MASK (<i>nebulizer accessories</i>)	Tier 3	
SIDESTREAM NEBULIZER (<i>nebulizer</i>)	Tier 3	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 3	
SILICONE MASK (<i>nebulizer accessories</i>)	Tier 3	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (<i>silicone adhesive</i>)	Tier 3	
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SINUSTAR NEBULIZER (<i>nebulizer</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMART SENSE MONITORING SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMARTEST EJECT KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SMARTEST PERSONA GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PERSONA STARTER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PRONTO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PRONTO STARTER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST PROTEGE KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST SMART CODE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST TALKING METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SMARTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMARTNEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 2	DD
SOFT-GLIDE SAF-Q SUBCUTANEOUS INFUSION SET 12 MM X 30.5 CM, 9 MM X 30.5 CM (<i>subcutaneous administration set, safety</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 AUDIBLE METER (<i>blood-glucose meter</i>)	Tier 3	DD
SOLUS V2 AUDIBLE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 3	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
SPECTRAGEL TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
STRATACTX TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRATAGRT TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRATAXRT TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
STRIVE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPPOSITORY SHELL, SMALL DEVICE (<i>suppository mold</i>)	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD

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

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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TEST EASYPLUS MINI METER (<i>blood-glucose meter</i>)	Tier 3	DD
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 3	SP
T.E.D. ANTI-EMBOLISM STOCKING (<i>compression stocking, knee high, regular length, small</i>)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG (<i>compression stocking, knee high, long length, small circumferen</i>)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (<i>compression stocking, knee high, regular length, small</i>)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP (<i>subcutaneous insulin pump</i>)	Tier 3	DD
T:SLIM X2 CONTROL-IQ (<i>subcutaneous insulin pump</i>)	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	DD
TD GOLD BLOOD GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
TD GOLD TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TD GOLD VOICE GLUCOSE MONITOR (<i>blood-glucose meter</i>)	Tier 3	DD
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 3	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
TEMPO SMART BUTTON DEVICE (<i>data transfer accessory (insulin pen), bluetooth</i>)	Tier 3	DD
TEMPO WELCOME KIT KIT (<i>blood glucose meter/insulin data transf accessory, bluetooth</i>)	Tier 3	DD
TENS 502 DEVICE (<i>transcutaneous electrical nerve stimulators (tens units)</i>)	Tier 3	
TENS 504 DEVICE (<i>transcutaneous electrical nerve stimulators (tens units)</i>)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (<i>incont device,muscle toner,elt</i>)	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TEST N'GO BLOOD GLUCOSE SYSTEM (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
THERAHOONEY TOPICAL BANDAGE 4 X 5 " (<i>honey</i>)	Tier 3	
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 3	
TRANSFER SET (<i>transfer sets</i>)	Tier 3	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE METRIX AIR GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX AIR GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUERESULT BLOOD GLUCOSE SYSTM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUETRACK SMART SYSTEM KIT (<i>blood-glucose meter</i>)	Tier 3	DD
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 3	
TRUSTEEL INFUSION PACK 23" COMBO PACK (<i>infusion set for insulin pumplinsulin pump cartridge</i>)	Tier 3	DD
TRUSTEEL INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml empty containr</i>)	Tier 3	DD
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin,1 ml and sharps container</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle,insulin,0.5 ml/container,empty</i>)	Tier 3	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTIMA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 3	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 1	DD
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRATRAK GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
ULTRATRAK GLUCOSE METER KIT (<i>blood-glucose meter</i>)	Tier 3	DD
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE (<i>blood-glucose meter</i>)	Tier 3	DD
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 3	DD
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (<i>urinary bag/catheter</i>)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARITHENA ADMINISTRATION PACK (<i>transfer set/syringe, disposable/bandages,compression/tubing</i>)	Tier 3	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 3	DD
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 3	DD
VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 3	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD
VIBRANT ORAL CAPSULE (<i>vibrating transient device for constipation</i>)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (<i>vibrating transient device for constipation</i>)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
VIVAGUARD INO GLUCOSE METER (<i>blood-glucose meter</i>)	Tier 3	DD
VIVAGUARD INO SMART GLUC METER (<i>blood-glucose meter</i>)	Tier 3	DD
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
WAVESENSE AMP KIT (<i>blood-glucose meter</i>)	Tier 3	DD
WAVESENSE JAZZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO (<i>blood-glucose meter</i>)	Tier 3	DD
WAVESENSE PRESTO KIT (<i>blood-glucose meter</i>)	Tier 3	DD
WAVESENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (<i>inhalation bag with mouthpiece</i>)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (<i>bismuth tribromophenatelpetrolatum,white</i>)	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (<i>gel dressing</i>)	Tier 3	
ZENPHOR TOPICAL GEL (<i>gel dressing</i>)	Tier 3	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (<i>velmanase alfa-tycv</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 3	PA; SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 3	PA; SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (<i>pegunigalsidase alfa-iwxj</i>)	Tier 3	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (<i>agalsidase beta</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (<i>imiglucerase</i>)	Tier 3	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (<i>taliglucerase alfa</i>)	Tier 3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (<i>velaglucerase alfa</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (<i>sebelipase alfa</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (<i>fosdenopterin hydrobromide</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	Tier 3	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (<i>idursulfase</i>)	Tier 3	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (<i>vestronidase alfa-vjvk</i>)	Tier 3	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (<i>galsulfase</i>)	Tier 3	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (<i>elosulfase alfa</i>)	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (<i>alglucosidase alfa</i>)	Tier 3	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (<i>avalglucosidase alfa-ngpt</i>)	Tier 3	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG (<i>cipaglucosidase alfa-atga</i>)	Tier 3	PA; SP
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegedemase-lvlr</i>)	Tier 3	PA; SP
Metabolic Modifiers		
Metabolic Modifier - Pompe Disease - GCS inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	Tier 1	
<i>paricalcitol hemodialysis port injection solution 5 mcg/ml</i>	Tier 3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (<i>calcifediol</i>)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (<i>levocarnitine</i>)	Tier 3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine intravenous solution 200 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 2	SP
<i>miglustat oral capsule 100 mg</i>	Tier 1	PA; SP
<i>miglustat</i> (Yargesa Oral Capsule 100 Mg)	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	Tier 2	PA; SP
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 2	PA; SP
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 1	PA; SP
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	Tier 3	PA; SP
VIJOICE ORAL GRANULES IN PACKET 50 MG (<i>alpelisib</i>)	Tier 3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (<i>alpelisib</i>)	Tier 3	PA; SP
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (<i>sodium phenylbutyrate</i>)	Tier 3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM (<i>sodium phenylbutyrate</i>)	Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML (<i>glycerol phenylbutyrate</i>)	Tier 3	PA; SP
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	PA; SP
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	Tier 3	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 1	PA; SP
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 3	PA; SP
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 1	SP
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet, Soluble 100 Mg)	Tier 1	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	Tier 2	SP
KUVAN ORAL TABLET, SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	Tier 2	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 1	SP
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 1	SP
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	Tier 3	PA; SP
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluoride), 1 mg (2.2 mg sod. fluoride)</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (<i>sodium fluoride/hydroxyapatite</i>)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:100,000 (<i>articaine hcllepinephrine bitartrate</i>)	Tier 3	
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:200,000 (<i>articaine hcllepinephrine bitartrate</i>)	Tier 3	SP
<i>articaine-epinephrine bitart injection cartridge 4 %-1:200,000</i>	Tier 1	
<i>mepivacaine hcl</i> (Carbocaine Injection Cartridge 30 Mg/ML (3 %))	Tier 1	
CARBOCAINE WITH NEO-COBEFRIN INJECTION CARTRIDGE 2 % -1:20,000 (<i>mepivacaine hclllevonordefrin</i>)	Tier 3	
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %)- 1:200,000 (<i>prilocaine hcllepinephrine bitartrate</i>)	Tier 3	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML) (<i>prilocaine hcl</i>)	Tier 3	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (<i>tetracaine hclloxymetazoline hcl</i>)	Tier 3	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000</i>	Tier 1	
<i>lidocaine hcllepinephrine bitartrate</i> (Lignospan Standard Injection Cartridge 2 %-1:100,000)	Tier 1	
<i>bupivacaine hcllepinephrine bitartrate</i> (Marcaine-Epinephrine Injection Cartridge 0.5 %-1:200,000)	Tier 1	
<i>mepivacaine injection cartridge 30 mg/ml (3 %)</i>	Tier 1	
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000 (<i>articaine hcllepinephrine bitartrate</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (<i>lidocaine/prilocaine</i>)	Tier 3	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (<i>mepivacaine hcl</i>)	Tier 1	
<i>mepivacaine hcl</i> (Scandonest Plain Injection Cartridge 30 Mg/MI (3 %))	Tier 1	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000 (<i>articaine hcl/epinephrine bitartrate</i>)	Tier 3	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000 (<i>articaine hcl/epinephrine bitartrate</i>)	Tier 3	SP
<i>bupivacaine hcl/epinephrine bitartrate</i> (Vivacaine Injection Cartridge 0.5 %-1:200,000)	Tier 1	
<i>lidocaine hcl/epinephrine bitartrate</i> (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (<i>sulfuric acid/sulfonated phenol</i>)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (<i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (<i>povidone/taurine/zinc gluconate/peg-40 castor oil</i>)	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	Tier 3	
Mouth and Throat - Protectants - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (<i>povidone/taurine/zinc gluconate/peg-40 castor oil</i>)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
ACT DRY MOUTH MUCOUS MEMBRANE LOZENGE (<i>xylitol/isomalt/glycerin</i>)	Tier 3	
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
XYLIGEL MUCOUS MEMBRANE GEL (<i>saliva stimulant combination no.9</i>)	Tier 3	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (<i>xylitol</i>)	Tier 3	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	Tier 3	PA; SP
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (<i>ublituximab-xiyy</i>)	Tier 3	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	Tier 2	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (<i>ocrelizumab</i>)	Tier 3	PA; SP
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	Tier 3	PA; SP
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 2	PA; SP
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (<i>monomethyl fumarate</i>)	Tier 3	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA; SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 1	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	Tier 2	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 2	PA; SP
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 2	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	Tier 3	PA; SP
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 3	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 3	PA; SP
Ophthalmic Agents		
Ophthalmic Antiparasitics		
XDEMYVY OPHTHALMIC (EYE) DROPS 0.25 % (<i>lotilaner</i>)	Tier 3	PA; SP
Ophthalmic Complement Inhibitors		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodiumlpf</i>)	Tier 3	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (<i>pegcetacoplanlpf</i>)	Tier 3	PA; SP
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (<i>chondroitin sulfate a sodiumlpf</i>)	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (<i>hydroxypropyl cellulose</i>)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (<i>perfluorohexyloctanelpf</i>)	Tier 3	PA
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (<i>faricimab-svoa</i>)	Tier 3	PA; SP
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Miotics - Direct Acting - Drugs for Glaucoma		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) (<i>acetylcholine chloride</i>)	Tier 3	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (<i>carbachol</i>)	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	Tier 3	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
<i>lidocaine-phenylephrin-bss(pf) intraocular syringe 1-1.5 %</i>	Tier 1	
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	Tier 1	
<i>phenylephrine (pf)-bss intraocular syringe 1.5 %</i>	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>racepineph-lidocaine-bss 7(pf) intraocular solution 0.025-0.75 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (<i>oxymetazoline hcl/pf</i>)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (<i>riboflavin 5-phosphate sodium (b2)</i>)	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 3	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (<i>pilocarpine hcl</i>)	Tier 3	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>dexameth-moxiflox(pf)-nacl,iso intraocular solution 1-5 mg/ml</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neomycin sulfatelbacitracin zinclpolymyxin blhydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (<i>tobramycin/dexamethasone</i>)	Tier 3	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (<i>tobramycin/loteprednol etabonate</i>)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>dexamet-moxifl-ketoro-nacl(pf) intraocular solution 1-0.5-0.4 mg/ml</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (<i>mitomycin</i>)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (<i>dexamethasone</i>)	Tier 3	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 % (<i>dexamethasonelpf</i>)	Tier 3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	Tier 3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	Tier 3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	Tier 3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	Tier 3	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	Tier 3	ST: Requires prior prescriptions for Restasis and Xiidra within the past 365 days; QL (60 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (<i>cyclosporine/chondroitin sulfate a sodium</i>)	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (<i>cyclosporine</i>)	Tier 3	PA; SP
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (<i>cyclosporine</i>)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac tromethamine/lpf</i>)	Tier 3	QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	QL (9 ML per 16 days)
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (<i>cysteamine hcl</i>)	Tier 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	Tier 2	PA; SP
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (<i>cenegermin-bkbj</i>)	Tier 3	PA; SP
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (<i>timolol</i>)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Tier 3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
Ophthalmic - Irrigation Solutions - Drugs for the Eye		
<i>balanced salt irrig soln no.2</i> (Balanced Salt Intraocular Solution)	Tier 1	
BSS PLUS INTRAOCULAR SOLUTION (<i>balanced salt irrigation solution combination no.1</i>)	Tier 3	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>tetracaine hcl</i>)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 % (<i>chloroprocaine hcl/pf</i>)	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (<i>lidocaine hcl/pf</i>)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbll</i>)	Tier 3	PA; SP
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 1	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 2	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 2	PA; SP
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 3	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 3	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 3	PA; SP
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 3	PA; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 3	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i> needle, initial fill, filter)	Tier 3	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 3	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (<i>pegcetacoplan</i> /pf)	Tier 3	PA; SP
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRILOPHthalmic (EYE) DROPS 2 % (<i>nedocromil sodium</i>)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHthalmic (EYE) DROPS 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	Tier 1	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 % (<i>phenylephrine hcl/ketorolac tromethamine</i>)	Tier 3	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (<i>verteporfin</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (<i>netarsudil mesylate/latanoprost</i>)	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
ADATO SIL-OL 5000 INTRAOCULAR SYRINGE 5,000 MPAS (<i>polydimethylsiloxanes</i>)	Tier 3	
GELFILM OPHTHALMIC (EYE) FILM (<i>gelatin</i>)	Tier 3	
MEMBRANEBLUE INTRAOCULAR SYRINGE 0.15 % (<i>trypan blue</i>)	Tier 3	
SILIKON INTRAOCULAR OIL 1,000 CENTISTOKES (<i>polydimethylsiloxanes</i>)	Tier 3	
TISSUEBLUE INTRAOCULAR SYRINGE 0.025 % (<i>c.i. acid blue 90</i>)	Tier 3	
VISIONBLUE INTRAOCULAR SYRINGE 0.06 % (<i>trypan blue</i>)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
DISCOVISC INTRAOCULAR SYRINGE 40-17 MG/ML (<i>chondroitin sulfate a sodium/hyaluronate sodium</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE 3 %-4 % (0.35ML) 1 % (0.4 ML), 3 %-4 % (0.5 ML) 1 % (0.55 ML), 4 %-3 % (0.5ML) 1 % (0.85 ML) (chondroitin sulfate a sodium/hyaluronate sodium)	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (hyaluronate sodium)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)	Tier 3	
VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML) (chondroitin sulfate a sodium/hyaluronate sodium)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin (pf)-bss intracameral solution 1 mg/ml</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>moxifloxacin-sod chlor,iso(pf) intraocular solution 0.8 mg/0.8 ml, 4 mg/0.8 ml, 5 mg/ml</i>	Tier 1	
<i>moxifloxacin-sod chlor,iso(pf) intraocular syringe 0.3 mg/0.3 ml, 1.6 mg/ml</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (<i>povidone-iodine</i>)	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (<i>apraclonidine hcl</i>)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (<i>bimatoprost</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (<i>travoprost</i>)	Tier 3	SP
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (<i>latanoprost/pf</i>)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (<i>bimatoprost</i>)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (<i>latanoprostene bunod</i>)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 18 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolocizumab-dbll</i>)	Tier 3	PA; SP
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 1	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 2	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 2	PA; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 3	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 3	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 3	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 3	PA; SP
Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 3	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 3	PA; SP
Organ Preservation Solutions		
Microplegic Solutions		
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (<i>cardioplegic and organ preservation solution no.1</i>)	Tier 3	
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.16</i>)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.10</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (<i>cardioplegic no.23 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (<i>cardioplegic solution no.27 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.18 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (<i>cardioplegic solution no.22 (induction 4:1)</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.30 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.15 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.32 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (<i>cardioplegic solution no.31 (maintenance 4:1)</i>)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (<i>cardioplegic solution no.29 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (<i>cardioplegic solution no.20 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (<i>cardioplegic solution no.26 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.14 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (<i>cardioplegic no.21 (reperfusate 4:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.28 (reperfusate 4:1)</i>)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (<i>cardioplegic solution no.24 (reperfusate 4:1)</i>)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.33 (warm induction 4:1)</i>)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % <i>(ciprofloxacin hcl/hydrocortisone)</i>	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML <i>(neomycin sulfcolistin sullhydrocortisone ac/thonzonium brom)</i>	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % <i>(hydrocortisone/pramoxine hcl/chloroxylonol)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Renal Replacement Therapy - Drugs for the Kidneys		
Hemodialysis and Hemofiltrate Solutions - Drugs for the Kidneys		
PHOXILLUM B22K HEMODIALYSIS SOLUTION K (4)-MG (1.5 MEQ/L)-PO4 (1) (<i>phosphate hemodialysis soln no.3 without calcium or dextrose</i>)	Tier 3	
PHOXILLUM BK HEMODIALYSIS SOLUTION K (4)-CA (2.5 MEQ/L)-PO4 (1) (<i>phosphate hemodialysis solution no.2 without dextrose</i>)	Tier 3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1.5 MEQ/L) (<i>bicarbonate dialysis solution no.14 without calcium</i>)	Tier 3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L -MG 1.5 MEQ/L (<i>bicarbonate dialysis solution no.16 without calcium</i>)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L) (<i>bicarbonate dialysis solution no.11 without potassium</i>)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (2 MEQ/L) -CA (3.5)-MG(1) (<i>bicarbonate dialysis solution no.2</i>)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1 MEQ/L) (<i>bicarbonate dialysis solution no.8 without calcium</i>)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (4 MEQ/L) -MG (1.2 MEQ/L) (<i>bicarbonate dialysis solution no.15 without calcium</i>)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (4 MEQ/L)-CA (2.5)-MG (1.5) (<i>bicarbonate dialysis soln no.9</i>)	Tier 3	
PRISMASOL BK HEMODIALYSIS SOLUTION MG 1.2 MEQ/L (<i>bicarbonate dialysis soln no.13 without calc,potas,dextrose</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peritoneal Dialysis Solutions - Drugs for the Kidneys		
DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.7 with 2.5 % dextrose</i>)	Tier 3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.6 with 1.5 % dextrose</i>)	Tier 3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.7 with 2.5 % dextrose</i>)	Tier 3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.8 with 4.25 % dextrose</i>)	Tier 3	
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L (<i>peritoneal dialysis solution no.19 and dextrose 1.5 %</i>)	Tier 3	
DELFLEX-SM WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L (<i>peritoneal dialysis no.21 with 2.5 % dextrose</i>)	Tier 3	SP
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.6 with 1.5 % dextrose</i>)	Tier 3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.8 with 4.25 % dextrose</i>)	Tier 3	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis no.13 with dextrose 2.5 %</i>)	Tier 3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no. 3 with 4.25 % dextrose</i>)	Tier 3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.4 with 1.5 % dextrose</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.6 with 1.5 % dextrose</i>)	Tier 3	
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.7 with 2.5 % dextrose</i>)	Tier 3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.8 with 4.25 % dextrose</i>)	Tier 3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.28 with icodextrin 7.5 %</i>)	Tier 3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.4 with 1.5 % dextrose</i>)	Tier 3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis no.13 with dextrose 2.5 %</i>)	Tier 3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no. 3 with 4.25 % dextrose</i>)	Tier 3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (<i>peritoneal dialysis solution no.7 with 2.5 % dextrose</i>)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (<i>desloratadine/pseudoephedrine sulfate</i>)	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Antihistamine - 1st Generation - Alkylamines - Drugs for Allergies		
<i>brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml</i>	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
<i>brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml</i>	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	Tier 3	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	Tier 3	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 2	PA; SP
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/lactuation, 50 mcg/lactuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/lactuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/lactuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/lactuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/lactuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 2	PA; SP
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (<i>reslizumab</i>)	Tier 3	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (<i>mepolizumab</i>)	Tier 2	PA; SP
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (<i>benralizumab</i>)	Tier 2	PA; SP
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 2	PA; SP
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier 1	
<i>aminophylline intravenous solution 500 mg/20 ml</i>	Tier 1	
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	Tier 3	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	QL (30 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium bromide</i>)	Tier 3	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (<i>revefenacin</i>)	Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (<i>glycopyrrolate/formoterol fumarate</i>)	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (<i>aclidinium bromide/formoterol fumarate</i>)	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (<i>albuterol sulfate/budesonide</i>)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>budesonide/formoterol fumarate</i> (Breynd Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcglactuation, 232-14 mcglactuation, 55-14 mcglactuation</i>	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (<i>budesonidelglycopyrrolatelformoterol fumarate</i>)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoatelumeclidinium bromidelvilanterol trifenat</i>)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (<i>fluticasone furoatelumeclidinium bromidelvilanterol trifenat</i>)	Tier 2	QL (2 EA per 1 day)
Corticosteroid Implant for Maintaining Sinus Patency - Drugs for the Nose		
SINUVA SINUS IMPLANT 1,350 MCG (<i>mometasone furoate</i>)	Tier 3	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 1	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA; SP
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	Tier 2	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (<i>mannitol</i>)	Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 2	PA; SP
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/livacaftor</i>)	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/livacaftor</i>)	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/livacaftor</i>)	Tier 2	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (<i>elxacaftor/tezacaftor/livacaftor</i>)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>elxacaftor/tezacaftor/livacaftor</i>)	Tier 2	PA; SP
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 3	SP
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (<i>alpha-1-proteinase inhibitor</i>)	Tier 3	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-) /20 ML (<i>alpha-1-proteinase inhibitor</i>)	Tier 3	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 3	SP
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (<i>poractant alfa</i>)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (<i>calfactant</i>)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (<i>beractant</i>)	Tier 3	
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 2	PA; SP
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (<i>ciclesonide</i>)	Tier 3	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Nasal Post-Surgical Agents - Drugs for the Nose		
SINUVA SINUS IMPLANT 1,350 MCG (<i>mometasone furoate</i>)	Tier 3	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (<i>varenicline tartrate</i>)	Tier 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (<i>mentholleucallthymollcamphor/benz/sod chloridelpot chlorate</i>)	Tier 3	
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (<i>chlorpheniramine maleate/codeine phosphate</i>)	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (<i>talc</i>)	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (<i>talc</i>)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (<i>talc</i>)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 1	PA; SP
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 2	PA; SP
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % (<i>clindamycin phosphate</i>)	Tier 3	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (<i>metronidazole</i>)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acidloxyquinoline sulfate</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acidloxyquinoline sulfate</i>)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	Tier 3	
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (<i>estradiol acetate</i>)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Lubricants and Moisturizers - Drugs for Women		
REPLENS EXTERNAL COMFORT VAGINAL GEL (<i>glycerin/mineral oil/polycarbophil</i>)	Tier 3	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	Tier 3	

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

Index of Drugs

2TEK GLUCOSE/BLOOD PRESSURE.....	509, 513, 563	ACCU-CHEK SMARTVIEW TEST STRIP	479, 564	ACTIVNUTRIENTS MULTIVITAMIN	326
A-25 (VIT A PALMITATE)....	360	ACCU-CHEK SOFTCLIX LANCETS	513, 564	ACTIVNUTRIENTS PERFORMANCE	326
aa 2 % no.1 ped-d10-calcium-hep	346	Accutane	255	ACTIVNUTRIENTS(NO COPPER-IRON).....	327
aa 3% no.2 ped-d10-calcium-hep	346	ACUTREND GLUCOSE TEST STRIPS	479, 564	ACUVAIL (PF).....	662
aa 3.5% no.2 ped-d10w-heparin	344	ACD SOLUTION A.....	448	acyclovir	80, 271
aa 4% no.2 ped-d10w-calcium-hep	346	ACD-A.....	448	acyclovir in 0.9 % sodium chlr	80
aa 6% no.1 ped-d10-calcium-hep	346	ACE AEROSOL CLOUD ENHANCER.....	550, 564	acyclovir sodium	80
aa 2.5%no.2 ped-d10-calcium-hep	346	acebutolol	164	ADACEL(TDAP ADOLESN/ADULT)(PF)	135, 136
aa 3.5% no.2 ped-d10-calcium-hep	347	ACESO AG.....	295	ADAINZDE	258
aas3%no.2ped-d5w-calc gluc-hep	347	acetaminophen	31	ADAINZOXIA.....	259
abacavir	68	acetaminophen-codeine	28	ADAKVEO	462
abacavir-lamivudine	70	acetazolamide	172	adalimumab-adaz ..	33, 35, 418
ABC COMPLETE SENIOR WOMEN'S	326	acetazolamide sodium	172	adapalene	260
ABELCET	61	acetic acid	438, 675	adapalene-benzoyl peroxide	259
ABILIFY ASIMTUFII	203	acetylcarnitine	300	ADASUVE.....	201
ABILIFY MAINTENA.....	203	acetylcysteine	54, 691	ADATO SIL-OL 5000	667
abiraterone	91, 94	acetylglucosamine	9	ADBRY	263
ABLYSINOL.....	174	ACIDOPHILUS PROBIOTIC BLEND	420	ADCETRIS	94, 114
ABRYSVO (PF).....	120	ACIDOPHILUS-PECTIN.....	403	ADDAMEL N.....	324
ACAI BERRY DIET	14	acidophilus-pectin, citrus	420	ADDYI	219
ACAM2000 (NATIONAL STOCKPILE).....	133, 145	ACIOXIA.....	283	adefovir	78
acamprosate	233	ACIOXIAY	255	ADEINZDE	258
acarbose	372	ACIPHEX SPRINKLE	409	ADEK GUMMIES PLUS ZINC.....	337
ACCU-CHEK AVIVA PLUS TEST STRP	478, 563	acitretin	269	ADEMPAS.....	177
ACCU-CHEK FASTCLIX LANCET DRUM.....	513, 563	ACT DRY MOUTH.....	651	ADENO-HYDROXO B12.....	362
ACCU-CHEK GUIDE GLUCOSE METER.....	513, 563	ACTEMRA.....	40	adenosine	153
ACCU-CHEK GUIDE ME GLUCOSE MTR.....	513, 563	ACTEMRA ACTPEN.....	40	adenovirus vac live type-4, 7	133, 141
ACCU-CHEK GUIDE TEST STRIPS.....	479, 564	ACTHAR.....	369	adenovirus vaccine live type-4	133, 141
ACCU-CHEK SAFE-T-PRO	513, 564	ACTHIB (PF).....	137	adenovirus vaccine live type-7	133, 141
ACCU-CHEK SAFE-T-PRO PLUS.....	513, 564	ACTICOAT DRESSING	295	ADLARITY	239
		ACTIFLOVIT.....	302	ADMELOG SOLOSTAR U-100 INSULIN.....	394
		ACTI-LANCE LANCETS	513, 564	ADMELOG U-100 INSULIN LISPRO.....	394
		ACTIMMUNE.....	63	Adriamycin.....	112
		ACTIVASE.....	467	Adrucil.....	96
		activated charcoal	411	ADTHYZA.....	400
		ACTIVE INJECTION KIT D (PF).....	386	ADUHELM.....	239
		ACTIVNUTRIENTS.....	326		
		ACTIVNUTRIENTS (NO IRON).....	326		
		ACTIVNUTRIENTS CHEWABLE	326		

ADULT 50 PLUS EYE HEALTH..... 11, 327	AEROCHAMBER PLUS FLOW-VU 550, 565	AIMSCO LATEX CONDOM 545, 566
ADULT 50 PLUS PROBIOTIC 420	AEROCHAMBER PLUS FLOW-VU,L MSK..... 550, 565	AIRDUO DIGIHALER..... 688
ADULT ASPIRIN REGIMEN 44, 464	AEROCHAMBER PLUS FLOW-VU,M MSK..... 550, 565	AIRS DISPOSABLE NEBULIZER..... 548, 566
ADULT LOW DOSE ASPIRIN..... 44, 464	AEROCHAMBER PLUS FLOW-VU,S MSK..... 550, 565	AIRSUPRA..... 688
ADULT MULTIVITAMIN GUMMIES..... 327	AEROCHAMBER PLUS Z STAT..... 551, 566	AJOVY AUTOINJECTOR.... 222
ADULTS 50 PLUS..... 327	AEROCHAMBER PLUS Z STAT LG MSK..... 550, 565	AJOVY SYRINGE 222
ADULTS MULTIVITAMIN.... 327	AEROCHAMBER PLUS Z STAT MD MSK..... 551, 566	AKEEGA..... 89
ADVAIR HFA..... 688	AEROCHAMBER PLUS Z STAT SM MSK..... 551, 566	AKLIEF 260
ADVANCE PLUS INTERMITTENT..... 559, 564	AEROCHAMBER Z-STAT PLUS-FLW SG..... 551, 566	AKOVAZ..... 168
ADVANCED ALLERGY COLLECT KIT 276	AEROECLIPSE II NEBULIZER..... 548, 566	AKTEN (PF)..... 665
ADVANCED GLUC METER TEST STRIP 479, 564	AEROGEAR ACTION ASTHMA KIT 550, 566	AKYNZEO (FOSNETUPITANT)..... 407
ADVANCED GLUCOSE METER..... 513, 565	AERONEB GO NEBULIZER 548, 566	AKYNZEO (NETUPITANT). 407
ADVANCED HERBALS GINGER..... 14	AEROTRACH PLUS.... 551, 566	Ala-Cort..... 276
ADVANCED HERBALS NAUSEA..... 14	AEROVENT PLUS..... 551, 566	ALAMAX CR..... 11
ADVANCED PROBIOTIC.... 420	Afirmelle..... 243	ALAMAX PROTECT..... 11
ADVANCED SKIN CARE.... 274	AFLURIA QD 2023-24(3YR UP)(PF)..... 142	Ala-Scalp..... 276
ADVANCED TRAVEL LANCETS..... 513, 565	AFLURIA QUAD 2023-2024(6MO UP)..... 142	albendazole 60
ADVANTAGE WITH IRON NON-GMO..... 304	AFREZZA..... 391	ALBUKED-25..... 460
ADVATE..... 452	AFSTYLA..... 452	ALBUKED-5..... 460
ADVIN COVID-19 AG HOME TEST 510, 565	AFTER PILL..... 253, 254	albumin, human 25 % 460
ADVOCATE LANCET .. 513, 565	AFTERA..... 253, 254	albumin, human 5 % 460
ADVOCATE REDI-CODE PLUS..... 479, 513, 565	AGAMATRIX AMP GLUC MONITOR SYS..... 514, 566	ALBUMINEX 25 %..... 460
ADVOCATE SYRINGES 531, 565	AGAMATRIX AMP TEST STRIPS..... 480, 566	ALBUMINEX 5 %..... 461
ADYNOVATE..... 452	AGAMATRIX PRESTO TEST STRIPS..... 480, 566	ALBURX (HUMAN) 25 %.... 461
ADYPHREN AMP II..... 168	AGAMREE..... 386	ALBURX (HUMAN) 5 %..... 461
ADYPHREN II..... 168	AGGRASTAT CONCENTRATE..... 463	ALBUTEIN 25 %..... 461
ADZENYS XR-ODT 204, 216	AGGRASTAT IN SODIUM CHLORIDE..... 463	ALBUTEIN 5 %..... 461
ADZYNMA..... 447	AIMOVIG AUTOINJECTOR 223	albuterol sulfate 686, 687
AEMCOLO 86		Alcaine..... 665
AEROBIKA OSCILLATING PEP SYSTM..... 550, 565		alclometasone 276
AEROCHAMBER MINI 550, 565		ALDURAZYME..... 644
AEROCHAMBER MV .. 550, 565		ALECENSA..... 93

ALIVE MEN'S 50 PLUS MULTIVIT.....	327	ALL FLOW 6000 PFT FILTER.....	551, 567	<i>aller xt-weed poll-yellow dock</i>	124
ALIVE MEN'S 50 PLUS MV (VIT K).....	327	<i>all xt-weed pol-russian thistl</i>	124	<i>allerg ex,grass pollen- bermuda</i>	121
ALIVE MEN'S 50 PLUS ULTRA.....	327	<i>all.xt,kblue-june grass pollen</i>	121	<i>allerg ex,grass pollen- orchard</i>	121
ALIVE MEN'S ENERGY.....	328	<i>aller ext-alternaria alternata</i>	123	<i>allerg ex-grass pollen- johnson</i>	121
ALIVE MEN'S GUMMY.....	328	<i>aller ext-american cockroach</i>	120	<i>allerg ext,grass pollen- redtop</i>	121
ALIVE MEN'S MAX3 POTENCY.....	328	<i>aller ext-spiny pigweed pollen</i>	124	<i>allerg ext-acremonium strictum</i>	123
ALIVE MEN'S ULTRA POTENCY.....	328	<i>aller ext-tree poll,red cedar</i>	125	<i>allerg ext-black walnut pollen</i>	125
ALIVE PREMIUM ADULT....	328	<i>aller ext-tree pollen,am elm</i>	125	<i>allerg ext-grass,perennial rye</i>	121
ALIVE PREMIUM KIDS.....	348	<i>aller ext-tree pollen,bayberry</i>	125	<i>allerg ext-penicillium notatum</i>	123
ALIVE PREMIUM MEN'S....	328	<i>aller ext-tree pollen,mesquite</i>	125	<i>allerg ext-tall ragweed pollen</i>	124
ALIVE PREMIUM PRENATAL.....	328	<i>aller ext-weed pollen- kochia</i>	124	<i>allerg ext-tree pollen- acacia</i>	125
ALIVE PREMIUM WOMEN'S.....	328	<i>aller ex-venom-mix vespid prot</i>	122	<i>allerg ext-tree pollen-alder</i>	125
ALIVE PREMIUM WOMEN'S 50 PLUS.....	328	<i>aller ex-venom-wht hornet prot</i>	122	<i>allerg ext-tree pollen-red oak</i>	125
ALIVE WOMEN'S 50 PLUS (BLEND).....	328	<i>aller ex-venom-ylw hornet prot</i>	122	<i>aller ext-tree poll-jun, west</i>	125
ALIVE WOMEN'S 50 PLUS GUMMY.....	328	<i>aller xt-shagbark hickory poll</i>	125	<i>aller ext-tree poll-red maple</i>	125
ALIVE WOMEN'S ENERGY	328	<i>aller xt-tree pol,e.cottonwood</i>	125	<i>aller ext-weed pollen- mugwort</i>	124
ALIVE WOMEN'S GUMMY VITAMIN.....	329	<i>aller xt-tree pollen,box elder</i>	125	<i>aller ex-weed pol-rgh pigweed</i>	124
ALIVE WOMEN'S ULTRA POTENCY.....	329	<i>aller xt-tree pollen,hackberry</i>	125	<i>aller xt,d.farinae- d.pteronys</i>	123
ALKALOL NASAL WASH....	693	<i>aller xt-tree pollen,red birch</i>	125	<i>aller xt,grass pollen- timothy</i>	122
ALKA-SELTZER PM (MELATONIN).....	220, 403	<i>aller xt-tree pollen,white ash</i>	125	<i>aller xt,grass-meadow fescue</i>	122
ALKINDI SPRINKLE.....	386	<i>aller xt-tree pollen- melaleuca</i>	125	<i>aller xt-sheep sor,yellw dock</i>	124
<i>all ext-cal pepper tree pollen</i>	125	<i>aller xt-tree pollen-white oak</i>	125	<i>aller xt-weed poll-dog fennel</i>	124
<i>all ext-weed pol-sheep sorrel</i>	124	<i>aller xt-weed pollen- cocklebur</i>	124	<i>aller xt-white birch pollen</i>	125
ALL FLOW 1000 KIT... 551, 566		<i>aller xt-weed pollen- goldenrod</i>	124	<i>aller xt-white pine pollen</i>	125
ALL FLOW 1000 PFT FILTER.....	551, 566	<i>aller xt-weed pollen- sagebrush</i>	124	<i>allergen ext-amer beech pollen</i>	125
ALL FLOW 3000 KIT... 551, 566					
ALL FLOW 3000 PFT FILTER.....	551, 567				
ALL FLOW 4000 KIT... 551, 567					
ALL FLOW 4000 PFT FILTER.....	551, 567				
ALL FLOW 5000 KIT... 551, 567					
ALL FLOW 5000 PFT FILTER.....	551, 567				

<i>allergen ext-aspergillus fumig</i>	123	<i>allergenic ext, mixed feathers</i>	121	ALPHA LIPOIC SUSTAIN-BIOTIN.....	11
<i>allergen ext-aureoba.pullulans</i>	123	<i>allergenic ext-dog epithelium</i>	121	ALPHANATE.....	452
<i>allergen ext-botrytis cinerea</i>	123	<i>allergenic ext-grass pollen</i>	122	ALPHANINE SD.....	451
<i>allergen ext-c.cladosporioides</i>	123	<i>allergenic ext-mite, d farinae</i>	123	<i>alprazolam</i>	179, 210, 211
<i>allergen ext-candida albicans</i>	123	<i>allergenic ext-mixed ragweed</i>	124	ALPRAZOLAM INTENSOL.....	179, 210
<i>allergen ext-cattle epithelium</i>	121	<i>allergenic ext-mucor plumbeus</i>	123	ALPROLIX.....	451
<i>allergen ext-crop pollen-corn</i>	121	<i>allergenic extract-alfalfa</i> ...	121	ALTABAX.....	264
<i>allergen ext-english plantain</i>	124	<i>allergenic extract-cockroach</i>	121	ALTACAINE.....	665
<i>allergen ext-german cockroach</i>	121	<i>allergenic extract-corn smut</i>	123	ALTAFLUOR BENOX..	663, 664
<i>allergen ext-olive tree pollen</i>	125	<i>allergenic extract-fire ant.</i>	121	Altavera (28).....	243
<i>allergen ext-rabbit epithelium</i>	124	<i>allergenic extract-guinea pig</i>	124	ALTERA NEBULIZER HANDSET.....	548, 567
<i>allergen extract-s.cerevisiae</i>	123	<i>allergenic extract-mosquito</i>	121	ALTERA NEBULIZER SYSTEM.....	548, 567
<i>allergen ext-t.mentagrophytes</i>	123	<i>allergenic extract-weed pollen</i>	124	ALTERNATE SITE LANCET.....	514, 567
<i>allergen ext-tree pollen,pecan</i>	125	<i>allergenic ext-tree pollen.</i>	126	ALTOPREV.....	155
<i>allergen ext-venom-honey bee</i>	122	<i>allergenic xt-epicoccum nigrum</i>	123, 124	ALTRENO.....	260
<i>allergen ex-venom-wasp protein</i>	122	<i>allergenic xt-mouse epithelium</i>	124	ALTRIXA.....	337
<i>allergen xt tree pol-aust pine</i>	125	<i>allergen-weed-lambsquarters</i>	124	ALTUVIIIIO.....	452
<i>allergen xt-am.sycamore pollen</i>	125	<i>allergn ext-mount.cedar pollen</i>	126	<i>alum, ammonium (bulk)</i>	235
<i>allergen xt-grass pollen-bahia</i>	122	<i>allergn xt-red mulberry pollen</i>	126	ALUNBRIG.....	93
<i>allergen xt-grass pollen-brome</i>	122	<i>allergn xt-wht mulberry pollen</i>	126	ALVAIZ.....	467
<i>allergen xt-grass pollen-quack</i>	122	ALLEVYN LIFE DRESSING.....	295, 567	ALVESCO.....	682
<i>allergen xt-mite,d.pteronysin</i>	123	<i>allopurinol</i>	446	<i>alvimopan</i>	57
<i>allergen xt-queen palm pollen</i>	125	<i>allopurinol sodium</i>	446	Alyacen 1/35 (28).....	243
<i>allergen xt-virginia live oak</i>	126	<i>almotriptan malate</i>	224	Alyacen 7/7/7 (28).....	251
<i>allergenic ex-horse epithelium</i>	122	ALOCRIIL.....	666	ALYGLO.....	129
		<i>alogliptin</i>	373	ALYMSYS.....	90
		<i>alogliptin-metformin</i>	378	Alyq.....	177
		<i>alogliptin-pioglitazone</i>	378	Amabelz.....	383
		ALOMIDE.....	666	<i>amantadine hcl</i>	197
		<i>alose tron</i>	415, 432	<i>ambrisentan</i>	177
		<i>alpha lipoic acid</i>	11	<i>amcinonide</i>	276
		<i>alpha lipoic acid-biotin</i>	11	AMELUZ.....	289
				Amethia.....	242
				Amethyst (28).....	243
				AMIELLE VAGINAL TRAINER.....	546, 567
				<i>amikacin</i>	58
				<i>amiloride</i>	173
				<i>amiloride-hydrochlorothiazide</i>	173
				<i>amino acid 2.5% no.2(ped)-d10w</i>	347
				<i>amino acid 3 % no.2 (ped)-d10w</i>	344

amino acid 3.5% no.2(ped)-d10w	344	AMYTAL.....	230	Aranelle (28).....	251
amino acid 4 % no.2 (ped)- d10w	344	ANACAINE.....	293	ARANESP (IN POLYSORBATE).....	450
aminocaproic acid	456	anagrelide	464	ARCALYST.....	32
aminophylline	685	ANA-LEX KIT.....	53	AREXVY (PF).....	120
AMINOPROTECT.....	342	ANALPRAM-HC.....	283	AREXVY ADJUVANT COMPONENT (PF).....	239
AMINOSYN II 10 %.....	345	ANASCORP.....	126	AREXVY ANTIGEN COMPONENT.....	120
AMINOSYN II 15 %.....	345	anastrozole	97	arformoterol	686
AMINOSYN-PF 10 %.....	345	ANAVIP.....	126	argatroban	466
AMINOSYN-PF 7 % (SULFITE-FREE).....	345	ANDEXXA.....	54	argatroban in 0.9 % sod chlor	466
amiodarone	153	ANDRODERM.....	370	arginine (l-arginine)	300
amiodarone in dextrose 5 %	153	ANGELIQ.....	382	arginine hcl (l-arginine)	300
amitriptyline	194	ANJESO.....	43	arginine-lysine in 0.9 % nacl	342
amitriptyline- chlordiazepoxide	194, 211	ANKTIVA.....	106	ARGYLE TRACHEOSTOMY CARE TRAY.....	546, 567
AMJEVITA(CF).....	33, 35, 418	ANNOVERA.....	253	ARIKAYCE.....	58
AMJEVITA(CF) AUTOINJECTOR.....	33, 35, 418	ANORO ELLIPTA.....	687	aripiprazole	203, 214
amlodipine	166	ANTHRASIL (NATIONAL STOCKPILE).....	120	ARISTADA.....	203
amlodipine-atorvastatin	163	ANTICHOLIUM.....	54	ARISTADA INITIO.....	203
amlodipine-benazepril	147	anticoag citrate phos dextrose	448	armodafinil	228
amlodipine-olmesartan	149	ANTIOXIDANT FORMULA (SELENIUM).....	11, 329	ARMONAIR DIGIHALER....	682
amlodipine-valsartan	149	antivenin latrodectus mactans	126	ARMOUR THYROID.....	400
amlodipine-valsartan- hcthiazyd	149	antivenin, micrurus fulvius	126	ARNUITY ELLIPTA.....	683
ammonium lactate	275	ANUCORT-HC.....	53	arsenic trioxide	98
Amnesteem.....	255	ANZEMET.....	405	artesanate	63
AMONDYS-45.....	473	APADAZ.....	29	ARTICADENT DENTAL 51, 649	
amoxapine	194	APHEXDA.....	449	articaïne-epinephrine bitart	51, 649
amoxicil-clarithromy- lansopraz	414	APIDRA SOLOSTAR U-100 INSULIN.....	394	ARTISS.....	291
amoxicillin	59	APIDRA U-100 INSULIN....	394	ARZERRA.....	99
amoxicillin-pot clavulanate	59, 60	APLIGRAF.....	294	ASCENIV.....	129
AMPHADASE.....	401	APOGEE IC INTERMIT CATHETER.....	560, 567	ASCLERA.....	178
amphetamine	204, 216	APOGEE PLUS INTERMIT CATHETER.....	560, 567	Ascomp With Codeine.....	28
amphetamine sulfate	204, 217, 228	apomorphine	197	ASCOR.....	364
amphotericin b	61	APONVIE.....	406	ascorbate calcium- bioflavonoid	302
amphotericin b liposome	61	apraclonidine	670	ascorbic acid (vitamin c) ...364	
ampicillin	59	aprepitant	406	ascorbic acid(vitamin c)(bulk)	235, 364
ampicillin sodium	59	APRETUDE.....	66	ascorbic acid-ascorbate sodium	364
ampicillin-sulbactam	60	Apri.....	243	ascorbic acid-zinc oxide ...326	
AMVISC.....	667	APTIOM.....	185	asenapine maleate....198, 214	
AMVISC PLUS.....	667	APTIVUS.....	85	Ashlyna.....	242
AMVUTTRA.....	370	AQUASOL A.....	360	ashwagandha extract	14
amyl nitrite	55, 150	ARAKODA.....	64	ashwagandha root extract .. 14	
		ARALAST NP.....	690		

ASMANEX HFA.....	683	AURUMHEEL.....	401	AZO CRANBERRY PLUS	
ASMANEX TWISTHALER...	683	AURYXIA.....	316, 440, 441	PROBIOTIC.....	14
ASPARLAS.....	98	AUSTEDO.....	226, 227	AZO CRANBERRY PLUS	
<i>aspirin</i>	44, 464	AUSTEDO 12MG START		VIT C.....	14
ASPIRIN CHILDRENS..	44, 464	TITR(WK1-4).....	225, 226, 227	AZO DUAL PROTECTION..	420
<i>aspirin-dipyridamole</i>	463	AUSTEDO TD TITRATN PK		AZO MEN.....	14
ASSURE 4 STRIPS.....	480, 567	(WK 1-2).....	226, 227	AZSTARYS.....	205
ASSURE LANCE.....	514, 567	AUSTEDO XR.....	226, 227	<i>aztreonam</i>	83
ASSURE LANCE PLUS		AUSTEDO XR TITRATION		Azurette (28).....	242
.....	514, 567	KT(WK1-4).....	226, 227	B ACTIV.....	300
ASSURE PLATINUM		AUTOSOFT 30.....	561, 568	B COMPLEX 100.....	302
GLUCOSE METER.....	514, 567	AUTOSOFT 30 INFUSION		B COMPLEX-VITAMIN C....	360
ASSURE PLATINUM TEST		PACK 23".....	561, 568	b complex-vitamin c-folic	
STRIP.....	480, 568	AUTOSOFT 90.....	561, 568	acid	301
ASSURE PRISM MULTI		AUTOSOFT XC INFUSION		B12.....	362
METER.....	514, 568	PACK 23".....	561, 568	B12 ACTIVE.....	362
ASSURE PRISM MULTI		AUTOSOFT XC INFUSION		b12-	
STRIP.....	480, 568	PACK 5".....	561, 568	methyltetrahydrofolate-b6	361
ASTAGRAF XL.....	468	AUTOSOFT XC INFUSION		BABY COUGH.....	13
ASTHMAPACK		SET 23".....	561, 568	BABY COUGH-MUCUS.....	13
CHILDREN'S.....	550, 568	AUTOSOFT XC INFUSION		BABYBIG.....	129
ASTRINGYN.....	457	SET 32".....	561, 568	BACICAP.....	420
<i>atazanavir</i>	86	AUTOSOFT XC INFUSION		BACID WITH	
<i>atenolol</i>	163	SET 43".....	561, 568	LACTOSPORE.....	420
<i>atenolol-chlorthalidone</i>	167	AUVELITY.....	191	bacillus coagulan,subtilis-	
ATGAM.....	132	AVASTIN.....	90	xos	420
<i>atomoxetine</i>	209	AVEED.....	371	bacitracin	85, 669
ATORVALIQ.....	155	AVEIDA.....	290	bacitracin-polymyxin b	668
<i>atorvastatin</i>	155	AVEIDAOXIA.....	290	baclofen	476
<i>atovaquone</i>	64	Aviane.....	244	BACTERIOSTATIC	
<i>atovaquone-proguanil</i>	63	AVITA.....	260	WATER(PARABENS).....	238
<i>atracurium</i>	475	AVITENE.....	457	BACTERIOSTATIC	
ATRANTIL.....	14	AVITENE FLOUR.....	457	WATER-OGIVRI.....	309
ATRAPRO CP.....	274	AVONEX.....	652	BAFIERTAM.....	653
ATROPEN.....	174	AVSOLA.....	33, 35, 418	BALANCED B-50	
<i>atropine</i>	174, 412, 658	AVYCAZ.....	73	COMPLEX (FOLIC).....	301
<i>atropine in 0.9 % sod</i>		Ayuna.....	244	Balanced Salt.....	664
<i>chloride</i>	174	AYVAKIT.....	108	BAL-CARE DHA.....	351
<i>atropine sulfate (pf)</i>	658	azacitidine	96	BAL-CARE DHA	
ATROVENT HFA.....	686	AZASITE.....	669	ESSENTIAL.....	351
ATRYN.....	463	azathioprine	39, 470	BALFAXAR.....	451
Aubra.....	243	azathioprine sodium	39, 470	balsalazide	416
Aubra Eq.....	243	azelaic acid	255, 290	balsam peru (bulk)	14, 236
AUGTYRO.....	108	azelastine	659, 691	BALVERSA.....	102
AURA PORTANEB.....	548, 568	azelastine-fluticasone	691	Balziva (28).....	244
Aurovela 1.5/30 (21).....	243	AZELEX.....	255, 290	BANATROL PLUS.....	403
Aurovela 1/20 (21).....	243	azithromycin	81, 82	BAQSIMI.....	369
Aurovela 24 Fe.....	243	AZO COMPLETE		BARACLUDGE.....	78
Aurovela Fe 1.5/30 (28).....	243	FEMININE BALANCE.....	420	BARDEX I.C. FOLEY	
Aurovela Fe 1-20 (28).....	244			CATHETER.....	560, 568

BARHEMSYS.....	404	<i>benazepril</i>	148	<i>betaxolol</i>	163, 664
BASADROX.....	264	<i>benazepril-</i>		<i>bethanechol chloride</i>	445
BASAGLAR KWIKPEN U-		<i>hydrochlorothiazide</i>	147	BETIMOL.....	664
100 INSULIN.....	393	<i>bendamustine</i>	93	BETOPTIC S.....	664
BAVENCIO.....	113	BENDEKA.....	93	<i>bevacizumab</i>	665, 672
BAXDELA.....	77	BENEFIBER CLEAR SF		BEVESPI AEROSPHERE...	687
BAYER ASPIRIN.....	45, 464	(DEXTRIN).....	433	BEVITROL.....	407
BAYER LOW DOSE		BENEFIBER SUGAR FREE		<i>bexarotene</i>	111, 269
ASPIRIN.....	45, 464	(DEXTRIN).....	433	BEXSERO.....	140
<i>bcg vaccine, live (pf)</i> .	133, 140	BENEFIX.....	451	BEYFORTUS.....	126
B-COMPLEX INJECTION...	302	<i>benfotiamine</i>	361	<i>bicalutamide</i>	94
B-COMPLEX PLUS B-12...	361	BENLYSTA.....	42	BICILLIN C-R.....	85
<i>b-complex with vitamin c</i> ..	301	BENTIVITE BX.....	318	BICILLIN L-A.....	84
BD ECLIPSE LUER-LOK		BENTYL.....	413	BIGFOOT UNITY.....	514, 570
.....	531, 568	<i>benzhydrocodone-</i>		BIGFOOT UNITY PEN CAP-	
BD INSULIN SYRINGE		<i>acetaminophen</i>	29	ADMELOG.....	546, 570
.....	531, 569	<i>benznidazole</i>	64	BIGFOOT UNITY PEN CAP-	
BD INSULIN SYRINGE		<i>benzoin (bulk)</i>	236, 289	APIDRA.....	546, 570
(HALF UNIT).....	531, 569	<i>benzonatate</i>	682	BIGFOOT UNITY PEN CAP-	
BD INSULIN SYRINGE		<i>benzoyl peroxide</i>	259	ASPART.....	546, 570
MICRO-FINE.....	531, 569	<i>benztropine</i>	196	BIGFOOT UNITY PEN CAP-	
BD INSULIN SYRINGE U-		BEOVU.....	665, 672	BASAGLAR.....	546, 570
500.....	531, 569	<i>bepotastine besilate</i>	659	BIGFOOT UNITY PEN CAP-	
BD INSULIN SYRINGE		<i>berberine chloride</i>	86	FIASP.....	546, 570
ULTRA-FINE.....	531, 532, 569	BERBERINE ES-5.....	86	BIGFOOT UNITY PEN CAP-	
BD INSYTE AUTOGUARD		BERGACOR.....	14	HUMALOG.....	546, 570
.....	544, 569	BERGACOR PLUS.....	14	BIGFOOT UNITY PEN CAP-	
BD LO-DOSE MICRO-FINE		BERINERT.....	449	LANTUS.....	546, 571
IV.....	532, 569	BESIVANCE.....	669	BIGFOOT UNITY PEN CAP-	
BD MICROTAINER		BESPONSA.....	94, 114	LISPRO.....	546, 571
LANCET.....	514, 569	BESREMI.....	103	BIGFOOT UNITY PEN CAP-	
BD POSIFLUSH NORMAL		BEST FIBER.....	433	LYUMJEV.....	546, 571
SALINE 0.9.....	358	<i>beta carotene</i>	360	BIGFOOT UNITY PEN CAP-	
BD SAFETYGLIDE INSULIN		BETADINE OPHTHALMIC		NOVOLOG.....	546, 571
SYRINGE.....	532, 569, 570	PREP.....	670	BIGFOOT UNITY PEN CAP-	
BD SAFETYGLIDE		<i>betaine</i>	646	TOUJEO.....	547, 571
SYRINGE.....	532, 570	BETALOAN SUIK.....	385	BIGFOOT UNITY PEN CAP-	
BD SAF-T-INTIMA.....	544, 570	<i>betamethasone ace,sod</i>		TOUJEOMX.....	547, 571
BD VEO INSULIN SYR		<i>phos-wtr</i>	386	BIGFOOT UNITY PEN CAP-	
(HALF UNIT).....	532, 570	<i>betamethasone acet,sod</i>		TRESIBA.....	547, 571
BD VEO INSULIN SYRINGE		<i>phos</i>	386	BIJUVA.....	383
UF.....	532, 570	<i>betamethasone</i>		BIKTARVY.....	70
BD VERITOR AT-HOME		<i>dipropionate</i>	276	BILAC.....	420
COVID19 TST.....	510, 570	<i>betamethasone sod</i>		<i>bilberry frt ext-grape skin</i>	
BEANAID.....	411	<i>phosph-water</i>	386	<i>xt</i>	11
BEANO.....	411	<i>betamethasone valerate</i>		<i>bimatoprost</i>	670
BELBUCA.....	30	.....	276, 277	BIMZELX.....	262
BELEODAQ.....	102	<i>betamethasone,</i>		BIMZELX AUTOINJECTOR	262
BELRAPZO.....	93	<i>augmented</i>	277	BINAXNOW COVD AG	
BELSOMRA.....	231	BETASERON.....	653	CARD HOME TST.....	510, 571

BINAXNOW COVID-19 AG SELF TEST..... 510, 571	<i>borage seed oil</i> 14	BRIXADI..... 232
BIO C 1:1..... 302	<i>bortezomib</i> 108	<i>bromelains</i> 401
BIOLON..... 667	<i>bosentan</i> 177	Bromfed Dm..... 693
BIOLYTE..... 320	BOSULIF..... 108	<i>bromfenac</i> 662
BIOMEPRO..... 420	BOTOX..... 475	<i>bromocriptine</i> 196
BIONIME RIGHTEST GM300 SYSTEM..... 514, 571	<i>botulism antitoxin</i> <i>heptavalent</i> 133	<i>brompheniramine in</i> <i>nacl,iso-os</i> 679, 680
BIONIME RIGHTEST TEST STRIPS..... 481, 571	BOWEL SUPPORT- IRRITABLE BOWEL..... 14	<i>brompheniramine-</i> <i>pseudoeph-dm</i> 693
BIORPHEN..... 168	BOYS TRAINING PANTS 4T-5T..... 530, 572	BRONCHITOL..... 690
BIOTEL CARE BGM-4 METER..... 514, 571	BP 10-1..... 256	BRUKINSA..... 99, 108
BIOTHRAX..... 140	BPO..... 259	BSS PLUS..... 664
<i>biotin</i> 364	BRAFTOVI..... 98	<i>budesonide</i> 417, 683
<i>bismuth subcit k-</i> <i>metronidz-tcn</i> 414	BREATHERITE MDI SPACER..... 551, 572	<i>budesonide-formoterol</i> 688
<i>bisoprolol fumarate</i> 163	BREATHERITE SPACER- MASK, NEO..... 551, 572	BUFFERED C POWDER.... 365
<i>bisoprolol-</i> <i>hydrochlorothiazide</i> 167	BREATHERITE SPACER- MASK,ADULT..... 551, 572	BUFFERED LIDOCAINE..... 48
<i>bitter melon extract</i> 14	BREATHERITE SPACER- MASK,CHILD..... 551, 572	BULLFROG MOSQUITO COAST..... 285
<i>bivalirudin</i> 466	BREATHERITE SPACER- MASK,INFANT..... 551, 572	BULLSEYE MINI SAFETY LANCETS..... 514, 573
BIVIGAM..... 130	BREATHERITE SPACER- MASK,S.CHLD..... 551, 572	<i>bumetanide</i> 172
<i>bleomycin</i> 113	BREATHERITE SPACER- MASK,VALVED..... 551, 572	<i>bupivacaine (pf)</i> 48
BLINCYTO..... 116	BREATHERITE VALVED MDI CHAMBER..... 551, 572	<i>bupivacaine hcl</i> 48
Blisovi 24 Fe..... 244	BREATHING VALVED MDI SPACER..... 551, 572	<i>bupivacaine in nacl(pf)</i> 48
Blisovi Fe 1.5/30 (28)..... 244	BREEZE 2 TEST STRIPS 481, 573	<i>bupivacaine-dextrose-</i> <i>water(pf)</i> 48
Blisovi Fe 1/20 (28)..... 244	BRENZAVVY..... 376	<i>bupivacaine-epinephrine</i> 51
BLOOD GLUCOSE MONITORING..... 514, 571	BREO ELLIPTA..... 688	<i>bupivacaine-epinephrine</i> <i>(pf)</i> 51
BLOOD GLUCOSE TEST 481, 571	<i>bretylum tosylate</i> 153	<i>bupivacaine-ketorolac-</i> <i>ketamine</i> 52
<i>blood-glucose meter</i> 514, 571, 572	BREVITAL..... 46	<i>buprenorphine</i> 31
BLULINK BG SYSTEM REFILL..... 514, 572	BREXAFEMME..... 62	<i>buprenorphine hcl</i> . 30, 31, 232
BLULINK DIABETIC TEST BUNDLE..... 514, 572	Breyna..... 688	<i>buprenorphine-naloxone</i> 232, 233
BLULINK GLUCOSE MONITOR SYSTEM.... 514, 572	BREZTRI AEROSPHERE... 689	<i>bupropion hcl</i> 194
BLULINK GLUCOSE TEST STRIP..... 481, 572	BRIDION..... 475	<i>bupropion hcl (smoking</i> <i>deter)</i> 233
BONEUP..... 313	Briellyn..... 244	<i>bupirone</i> 180
BONEUP (CALCIUM ASCORBATE)..... 313	BRILINTA..... 463	<i>busulfan</i> 91
BOOST GLUCOSE CONTROL..... 341	<i>brimonidine</i> 290, 670	<i>butalbital-acetaminop-caf-</i> <i>cod</i> 28
BOOSTNOW IMMUNE SUPPORT..... 329	<i>brimonidine-dorzolamide</i> <i>(pf)</i> 656	<i>butalbital-acetaminophen</i> ... 32
BOOSTRIX TDAP..... 136	<i>brimonidine-timolol</i> 662	<i>butalbital-acetaminophen-</i> <i>caff</i> 32
	BRINEURA..... 642, 643	<i>butalbital-aspirin-caffeine</i> ... 44
	<i>brinzolamide</i> 663	<i>butorphanol</i> 31
	BRIUMVI..... 652	BUTTERFLY TOUCH LANCET..... 514, 573
	BRIVIACT..... 188	<i>butylated hydroxytoluene</i> . 236

BYDUREON BCISE.....	374	<i>calcium pantothenate</i>	363	<i>carbidopa-levodopa-</i>	
BYETTA.....	374	<i>calcium phos-d3-</i>		<i>entacapone</i>	195
BYFAVO.....	46, 211	<i>magnesium-zinc</i>	313	<i>carbinoxamine maleate</i>	
BYLVAY.....	468	<i>calcium phosphate-</i>		.....	679, 680
BYOOVIZ.....	665, 672	<i>vitamin d3</i>	315	Carbocaine.....	49, 649
CABENUVA.....	67	<i>calcium-d3-zinc-copper-</i>		CARBOCAINE WITH NEO-	
<i>cabergoline</i>	398	<i>mangan</i>	313	COBEFRIN.....	649
CABLIVI.....	447	<i>calcium-magnesium-vit</i>		CARBO-COMPOSITUM.....	401
CABOMETYX.....	106	<i>d3-boron</i>	313	<i>carboplatin</i>	107
<i>cabotegravir</i>	66	<i>calcium-vitamin d3-vitamin</i>		<i>carboprost tromethamine</i>	368
CABTREO.....	258	<i>k</i>	313	CARDENE IV IN	
CADEAU DHA.....	351	CALDOLOR.....	43	DEXTROSE.....	166
CADIRA COMPLIANT		CALQUENCE		CARDENE IV IN SODIUM	
BLOOD STAT.....	561	(ACALABRUTINIB MAL)		CHLORIDE.....	166
<i>caffeine</i>	218	.....	99, 108	CARDIOPLEGIA DEL NIDO	
<i>caffeine citrate</i>	218	CALTRATE 600 PLUS D.....	315	FORMULA.....	673
<i>caffeine-sodium benzoate</i>	218	CALTRATE-D3 PLUS		CARDIOPLEGIA HIGH	
<i>calc carb-mag ox-d3-zinc</i>		MINERALS.....	314	POTASSIUM.....	673
<i>gluc</i>	313	CAMCEVI (6 MONTH).....	104	CARDIOPLEGIA IND 4:1	
<i>calc-d3-magnes-b6-zn-cu-</i>		Camila.....	250	PLASMALYT.....	673
<i>mangan</i>	313	CAMPATH.....	100	CARDIOPLEGIA IND 4:1	
CALCILO XD.....	304	CAMPTOSAR.....	111	RINGER.....	673
<i>calcipotriene</i>	269	CAMRESE.....	242	CARDIOPLEGIA IND 8:1	
<i>calcipotriene-</i>		CAMRESE LO.....	242	NON-ENRCH.....	673
<i>betamethasone</i>	261	CAMZYOS.....	167	CARDIOPLEGIA	
<i>calcitonin (salmon)</i>	382	<i>candesartan</i>	150	INDUCTION 4:1.....	673, 674
<i>calcitriol</i>	269, 365, 645	<i>candesartan-</i>		CARDIOPLEGIA	
<i>calcium 26-vit d3-</i>		<i>hydrochlorothiazid</i>	149	INDUCTION 8:1.....	674
<i>magnesium 15</i>	313	CANDICIDAL.....	14	CARDIOPLEGIA MAIN 8:1	
<i>calcium acetate</i>	312	CANDIN.....	121	NO-ENRCH.....	674
<i>calcium acetate(phosphat</i>		<i>cantharidin in acetone</i>	286	CARDIOPLEGIA MAINT 4:1	
<i>bind)</i>	439, 440	CANTHARIS		PLASMA.....	674
<i>calcium carb-mag ox-zinc</i>		COMPOSITUM.....	401	CARDIOPLEGIA MAINT 4:1	
<i>sulf</i>	313	<i>capecitabine</i>	96	RINGER.....	674
<i>calcium carbonate</i>	312	CAPEX.....	277	CARDIOPLEGIA	
<i>calcium carbonate-vitamin</i>		CAPLYTA.....	200	MAINTENANCE 4:1.....	674
<i>d3</i>	314, 315	CAPRELSA.....	108	CARDIOPLEGIA	
<i>calcium chloride</i>	312	CAPSUBLEND-H.....	236	MAINTENANCE 8:1.....	674
<i>calcium citrate</i>	312	CAPSULE #1.....	237	CARDIOPLEGIA	
<i>calcium citrate-vitamin d3</i>	315	CAPSULE #3		REPERFUSATE 4:1.....	674
<i>calcium gluc in nacl, iso-</i>		(HYPROMELLOSE).....	237	CARDIOPLEGIA WARM	
<i>osm</i>	312	<i>captopril</i>	148	INDUCT 4:1.....	674
<i>calcium gluconate</i>	313	<i>captopril-</i>		<i>cardioplegic no.17(induct</i>	
<i>calcium gluconate in 0.9%</i>		<i>hydrochlorothiazide</i>	147	<i>4:1)</i>	674
<i>nacl</i>	312	CARBAGLU.....	647	<i>cardioplegic no.19 (maint</i>	
<i>calcium gluconate in d5w</i>	312	<i>carbamazepine</i> ... 185, 186, 213		<i>4:1)</i>	675
<i>calcium gluconate in water</i>		CARBATROL.....	186, 213	<i>cardioplegic soln</i>	675
.....	313	<i>carbidopa</i>	196	<i>cardioplegic solution</i>	
<i>calcium no.38-d3-mag-</i>		<i>carbidopa-levodopa</i>	195	<i>no.25</i>	675
<i>boron</i>	313			CARDURA XL.....	175

CAREONE ULTRA THIN	Caziant (28)..... 251	CENTRUM WOMEN..... 337
LANCET..... 514, 573	cefactor 74	CENTURY..... 337
CARESENS LANCETS	cefadroxil 73	CENTURY MATURE..... 329
..... 515, 573	CEFALY..... 547, 574	cephalexin 73
CARESENS N..... 515, 573	cefazolin 73	CEPROTIN (BLUE BAR)..... 465
CARESENS N FELIZ BT	cefazolin in 0.9% sod	CEPROTIN (GREEN BAR). 465
GLUC METER..... 515, 573	chloride 73	CEQUA..... 661
CARESENS N FELIZ	cefazolin in dextrose (iso-	CEQUR SIMPLICITY...558, 574
GLUCOSE METER..... 515, 573	os) 73	CEQUR SIMPLICITY
CARESENS N TEST	cefazolin in dextrose 5 % ... 73	INSERTER..... 515, 574
STRIPS..... 481, 573	cefazolin in sterile water 73	ceramides 1,3,6-ii 273
CARESENS N VOICE. 515, 573	cefdinir 74	CERASPORT ENDURANCE
CARESTART COVID-19 AG	cefepime 75	..... 321
HOME TST..... 510, 573	cefepime in dextrose 5 % ... 75	CERASPORT EX1..... 321
CARETOUCH GLUCOSE	cefepime in dextrose, iso-	CERASPORT PLUS..... 321
MONITORING..... 515, 573	osm 75	CERAVE..... 274
CARETOUCH INSULIN	cefixime 74	CERAVE AM..... 291
SYRINGE..... 532, 573	cefotaxime 74	CERAVE DAILY
CARETOUCH KETONE-	cefotetan 74	MOISTURIZING..... 274
GLUCOSE MONIT..... 508, 574	cefoxitin 74	CERAVE FOAMING FACIAL
CARETOUCH SAFETY	cefoxitin in dextrose, iso-	..... 274
LANCETS..... 515, 574	osm 74	CERAVE PM..... 274
CARETOUCH TEST STRIP	cefpodoxime 74	CERAVE SA..... 274
..... 482, 574	cefprozil 74	CERAVE SA (WITH
CARETOUCH TWIST	ceftazidime 74	NIACINAMIDE)..... 274
LANCET..... 515, 574	ceftriaxone 75	CERDELGA..... 645
carglumic acid 647	ceftriaxone in	CEREBYX..... 185
carisoprodol 476	dextrose, iso-os 74	CERETEC..... 297
carisoprodol-aspirin 476	cefuroxime axetil 74	CEREZYME..... 643
carisoprodol-aspirin-	cefuroxime sodium 74	CERTAVITE SENIOR..... 330
codeine 477	CELEBRATE B-12 QUICK-	CERTAVITE-ANTIOXIDANT
carmustine 92	MELT..... 361	..... 337
CARNITEX..... 300	celecoxib 42	CERVIDIL..... 368
CARNITOR..... 645	CELLTRION DIATRUST	CETACAINE..... 287
CARNITOR (SUGAR-FREE)	COV-19 HOME..... 510, 574	CETACAINE ANESTHETIC 287
..... 645	cellulose (bulk) 239	CETAPHIL DAILY FACIAL
CAROTENALL..... 11	CEM-UREA..... 286	CLEANSER..... 291
CARRASYN HYDROGEL	CENTANY AT..... 264	CETAPHIL GENTLE SKIN
WOUND DRESS..... 295, 574	CENTRUM..... 329, 337	CLEANSER..... 291
carteolol 664	CENTRUM ADULT 50 PLUS	cetirizine 681
Cartia Xt..... 165	..... 329	cevimeline 651
carvedilol 148	CENTRUM ADULTS..... 329	Charlotte 24 Fe..... 244
carvedilol phosphate 148	CENTRUM CHEWABLES... 329	Chateal (28)..... 244
caspofungin 61, 62	CENTRUM MINIS ADULTS	Chateal Eq (28)..... 244
cat hair std allergenic ext. 121	50 PLUS..... 329	CHEMET..... 57
CATHFLO ACTIVASE..... 467	CENTRUM MINIS MEN 50	CHEMICAL..... 408
CAVERJECT..... 297	PLUS..... 329	CHEST RUB (WITH PINE
CAVERJECT IMPULSE..... 297	CENTRUM MINIS WOMEN	OIL)..... 293
CAYA CONTOURED... 511, 574	50 PLUS..... 329	CHILDREN'S ASPIRIN.. 45, 464
CAYSTON..... 689	CENTRUM SILVER..... 329	

CHILDRENS CHEWABLE PROBIOTIC.....	421	<i>cidofovir</i>	76	CLAFORAN.....	75
CHILDRENS FIBER GUMMY BEAR.....	433	<i>cilostazol</i>	464	CLAIRVEE.....	421
CHILDREN'S MULTIVIT (W LUTEIN).....	348	CILOXAN.....	669	Claravis.....	255
CHILDREN'S MULTIVITAMIN.....	347, 349	CIMDUO.....	68	CLARINEX-D 12 HOUR.....	679
CHILDREN'S MULTIVITAMIN GUMMY....	349	CIMERLI.....	665, 672	<i>clarithromycin</i>	82
CHILDREN'S PROBIOTIC..	421	<i>cimetidine</i>	409	CLEANSING EYELID MOIST PADS.....	276
CHILDREN'S SLEEP (MELATONIN).....	220	<i>cimetidine hcl</i>	409	CLEANSING EYELID WIPES EXT STR.....	276
CHLOHUX.....	283	CIMZIA.....	33, 35, 418	CLEANSING WASH....	256, 290
CHLOOXIA.....	283	CIMZIA POWDER FOR RECONST.....	33, 35, 418	CLEAR FIBER.....	433
<i>chloramphenicol sod succinate</i>	75	CIMZIA STARTER KIT.....	33, 35, 418	CLEARSHIELD SODIUM CHLOR FLUSH.....	358
<i>chlordiazepoxide hcl</i>	179, 211	<i>cinacalcet</i>	382	<i>clemastine</i>	679, 680
<i>chlordiazepoxide-clidinium</i>	211, 413, 414	<i>cinnamon bark extract</i>	14	CLENPIQ.....	437
<i>chlorhexidine gluconate</i>	650	CINQAIR.....	684	CLEOCIN.....	694
<i>chloroprocaine (pf)</i>	50	CINRYZE.....	449	CLEVER CHEK BLOOD GLUCOSE.....	515, 574
<i>chloroquine phosphate</i>	64	CINVANTI.....	406	CLEVER CHEK BLOOD GLUCOSE SYST.....	515, 575
<i>chlorothiazide sodium</i>	174	CIPRO.....	77	CLEVER CHEK LANCETS.....	515, 575
<i>chlorpromazine</i>	201	CIPRO HC.....	675	CLEVER CHOICE BLOOD GLUC SYS.....	515, 575
<i>chlorthalidone</i>	174	<i>ciprofloxacin</i>	77	CLEVER CHOICE CHAMBER-LRG MASK.....	552, 575
<i>chlorzoxazone</i>	476	<i>ciprofloxacin hcl</i> ..	77, 669, 675	CLEVER CHOICE CHAMBER-MED MASK.....	552, 575
CHOICEDM CLARUS.....	482, 515, 574	<i>ciprofloxacin in 5 % dextrose</i>	77	CLEVER CHOICE CHAMBER-SM MASK.....	552, 575
CHOLBAM.....	407	<i>ciprofloxacin-dexamethasone</i>	675	CLEVER CHOICE CHAMBER-SM MASK.....	552, 575
CHOLECAL DF.....	359	<i>ciprofloxacin-fluocinolone</i>	675	CLEVER CHOICE GLUCOSE MONITOR.....	515, 575
<i>cholecalciferol (vitamin d3)</i>	365, 366	<i>cisatracurium</i>	475	CLEVER CHOICE MICRO.....	515, 575
<i>cholestyramine (with sugar)</i>	154	<i>cisplatin</i>	107	CLEVER CHOICE MICRO TEST STRIP.....	482, 575
Cholestyramine Light.....	154	<i>cialopram</i>	191	CLEVER CHOICE NEB KIT-ADULT.....	552, 575
<i>cholestyramine-aspartame</i>	154	CITANEST FORTE DENTAL.....	51, 649	CLEVER CHOICE NEB KIT-CHILD.....	552, 575
<i>choline,magnesium salicylate</i>	44	CITANEST PLAIN DENTAL.....	49, 649	CLEVER CHOICE NEBULIZER.....	552, 575
CHOSEN LANCET.....	515, 574	CITRANATAL (DUAL-IRON).....	351	CLEVER CHOICE PRO.....	482, 515, 575
CHOSEN SAFETY LANCET.....	515, 574	CITRANATAL 90 DHA (ALGAL OIL).....	351	CLEVER CHOICE TALK GLUCOSE SYS.....	515, 575
<i>chromium chloride</i>	325	CITRANATAL ASSURE.....	351	CLEVER CHOICE TALK TEST.....	482, 576
<i>chromium picolinate</i>	325	CITRANATAL DHA (ALGAL OIL).....	351		
CIBINQO.....	263	CITRANATAL HARMONY (IRON FUM).....	351		
CICLODAN KIT.....	266	CITRANATAL MEDLEY.....	330		
<i>ciclopirox</i>	266	CITRATABS.....	442		
<i>ciclopirox-ure-camph-menth-euc</i>	267	<i>citric acid anhydrous (bulk)</i>	236, 238		
		<i>citric-sod citrat-sod phos-dex</i>	448		
		CITRUS BERGAMOT.....	15		
		<i>cladribine</i>	96		

CLEVER CHOICE TEST STRIPS.....	483, 576	CLINITEST COVID-19 HOME TEST.....	510, 576	COMFORT TOUCH PLUS SAFETY LANC.....	516, 577
CLEVER CHOICE PLUS TEST.....	483, 576	CLINOLIPID.....	346	COMFORT TOUCH ULT THIN LANCETS.....	516, 577
CLEVER CHOICE WHISPER AIRE PED..	552, 576	CLINPRO 5000.....	648	COMFORTSEAL LARGE MASK.....	552, 577
CLEVIPREX.....	166	clobazam	182, 211	COMFORTSEAL MEDIUM MASK.....	552, 577
CLIMARA PRO.....	383	clobetasol	277	COMFORTSEAL SMALL MASK.....	552, 577
clindamycin hcl	81	clobetasol-emollient	277	COMIRNATY 2023-24 (12Y UP)(PF).....	141
clindamycin in 0.9 % sod chlor	81	clocortolone pivalate	277	COMPACT SPACE CHAMBER.....	552, 577
clindamycin in 5 % dextrose	81	CLODAN KIT.....	284	COMPACT SPACE CHAMBER-LRG MASK.....	552, 577
clindamycin palmitate hcl	81	clofarabine	96	COMPACT SPACE CHAMBER-MED MASK.....	552, 577
Clindamycin Pediatric.....	81	clomipramine	194	COMPACT SPACE CHAMBER-SM MASK.....	552, 577
clindamycin phosphate	81, 255, 694	clonazepam	179, 182, 211	COMP- air NEBULIZER.....	552, 577
clindamycin-benzoyl peroxide	256	clonidine	171	COMPRESSOR.....	552, 577
CLINDESSE.....	694	clonidine (pf)	18	COMPLERA.....	70
CLINIMIX 5%/D15W SULFITE FREE.....	344	clonidine hcl	171, 204	COMPLETE BALANCE MENOPAUSE RLF.....	220
CLINIMIX 4.25%/D10W SULF FREE.....	344	clonidine hcl	171, 204	COMPLETE LIVER CLEANSE.....	301
CLINIMIX 4.25%/D5W SULFIT FREE.....	344	clopidogrel	464	COMPLETE MV ADULT 50 PLUS.....	330
CLINIMIX 5%-D20W(SULFITE-FREE).....	344	clorazepate dipotassium	179, 211	COMPLETE NATAL DHA.....	351
CLINIMIX 6%-D5W (SULFITE-FREE).....	345	CLOROTEKAL (PF).....	51	COMPLETENATE.....	351
CLINIMIX 8%-D10W(SULFITE-FREE).....	345	clotrimazole	267, 650	Compro.....	405
CLINIMIX 8%-D14W(SULFITE-FREE).....	345	clotrimazole-betamethasone	268	CONCEPTION.....	509, 577
CLINIMIX E 2.75%/D5W SULF FREE.....	347	clozapine	200	conivaptan in 5 % dextrose	172
CLINIMIX E 4.25%/D10W SUL FREE.....	347	C-NATE DHA.....	351	CONJUPRI.....	166
CLINIMIX E 4.25%/D5W SULF FREE.....	347	CNJ-016 (NATIONAL STOCKPILE).....	130	Constulose.....	435
CLINIMIX E 5%/D15W SULFIT FREE.....	347	COAGADEX.....	454	CONTOUR METER.....	516, 577
CLINIMIX E 5%/D20W SULFIT FREE.....	347	COAGUCHEK LANCETS.....	515, 576	CONTOUR NEXT EZ METER.....	516, 577
CLINIMIX E 8%-D10W SULFITEFREE.....	347	COAGUCHEK XS.....	478, 576	CONTOUR NEXT GEN METER.....	516, 577
CLINIMIX E 8%-D14W SULFITEFREE.....	347	coal tar	287	CONTOUR NEXT GLUCOSE METER.....	516, 577
CLINISOL SF 15 %.....	345	COARTEM.....	63	CONTOUR NEXT LINK.....	516, 577
		cocaine	691		
		codeine sulfate	19		
		codeine-butalbital-asa-caff	28		
		colchicine	446		
		colesevelam	154		
		colestipol	154		
		colistin (colistimethate na)	85		
		COLOR LANCETS.....	515, 576		
		COLUMVI.....	90		
		COMBIPATCH.....	383		
		COMBIVENT RESPIMAT.....	687		
		COMBOGESIC IV.....	42		
		COMETRIQ.....	106		
		COMFORT EZ INSULIN SYRINGE.....	533, 576		
		COMFORT EZ LANCETS.....	515, 577		

CONTOUR NEXT LINK 2.4 516, 577	cranberry fruit 15	CULTURELLE
CONTOUR NEXT METER 516, 578	cranberry fruit concentrate . 15	METABOLISM-WT MGMT.. 422
CONTOUR NEXT ONE METER..... 516, 578	CRANBERRY URINARY TRACT HEALTH..... 15	CULTURELLE PRENATAL PROBIOTIC..... 422
CONTOUR NEXT TEST STRIPS..... 483, 578	CRANRX..... 15	CULTURELLE PROBIOTIC- MULTIVIT..... 330
CONTOUR PLUS BLUE METER..... 516, 578	CREON..... 408	CULTURELLE PROBIOTIC- PREBIOTIC..... 422
CONTOUR PLUS TEST STRIP..... 483, 578	CRESEMBA..... 62	CULTURELLE TOTAL BALANCE..... 422
CONTOUR TEST STRIPS 483, 578	CRINONE..... 696	CULTURELLE WOMEN'S WELLNESS..... 422
COPAXONE..... 653	CROFAB..... 126	cupric chloride 325
COPIKTRA..... 106, 107	cromolyn 105, 666, 684	CUPRIMINE..... 41, 56
COPPER CHLORIDE..... 325	CRYODOSE TA MEDIUM STREAM SPR..... 288	CURAD XEROFORM PETROLATM DRESS. 513, 578
COQMAX OMEGA..... 160	CRYODOSE TA MIST SPRAY..... 288	CURAFIL GEL WOUND 295, 578
CORDRAN..... 278	CRYOSERV..... 236	curcumin-
CORDRAN TAPE LARGE ROLL..... 277	Cryelle (28)..... 244	phosphatidylcholine 15
CORDX COVID-19 AG HOME TEST..... 510, 578	CRYSVITA..... 385	CURCUPLEX-95..... 15
CORIFACT..... 454	CULTURELLE..... 422	CURITY AMD..... 512, 579
CORLANOR..... 174	CULTURELLE ABDOMINAL SUPP-CMFT..... 421	CURITY AMD (WITH POLYHEXAMETH)..... 295, 578
CORTANE-B..... 675	CULTURELLE ADVANCED REGULARITY..... 421	CURITY DRAINAGE BAG 530, 579
CORTIFOAM..... 417	CULTURELLE BABY DIGESTIVE CALM..... 421	CURITY IODOFORM
CORTISOLV..... 15	CULTURELLE BABY HEALTH DEVELOP..... 421	PACKING STRIP..... 513, 579
cortisone 386	CULTURELLE BABY PROBIOTIC-DHA..... 421	CUROSURF..... 691
CORTISPORIN-TC..... 675	CULTURELLE DIGESTIVE HEALTH..... 421	CUSTODIOL HTK..... 673
CORTROPHIN GEL..... 369	CULTURELLE GUMMY..... 421	CUTAQUIG..... 130
COSAMIN AVOCA (WITH BOSWELLIA)..... 9	CULTURELLE IMMUNE DEFENSE..... 421	CUTTER ALL FAMILY..... 285
COSELA..... 116	CULTURELLE KIDS 4 IN 1 IMMUNE..... 421	CUTTER BACKWOODS DRY..... 285
COSENTYX..... 263	CULTURELLE KIDS GROW-THRIVE..... 421	CUTTER SKINSATIONS..... 285
COSENTYX (2 SYRINGES) 262	CULTURELLE KIDS GUMMY..... 422	CUVITRU..... 130
COSENTYX PEN..... 263	CULTURELLE KIDS IMMUNE DEFENSE..... 422	CUVRIOR..... 56
COSENTYX PEN (2 PENS) 263	CULTURELLE KIDS PROBIO-FIBER..... 422	cyanocobalamin (vitamin b-12) 362
COSENTYX UNOREADY PEN..... 263	CULTURELLE KIDS PROBIO-FIBER..... 422	cyanocobalamin-
COTELLIC..... 105	CULTURELLE KIDS IMMUNE DEFENSE..... 422	cobamamide 363
COTEMPLA XR-ODT..... 205	CULTURELLE KIDS PROBIO-FIBER..... 422	cyanocobalamin-
COVARYX..... 383	CULTURELLE KIDS PROBIOTIC-MV..... 349	methylcobalamin 361, 363
COVARYX H.S..... 383	CULTURELLE KIDS PROBIOTICS..... 422	CYANOKIT..... 55
COVID-19 AT-HOME TEST 510, 578	CULTURELLE KIDS PROBIOTICS..... 422	CYCLINEX-1..... 304, 344
CRALONIN..... 401	CULTURELLE KIDS PRO- MV-LUTEIN..... 349	CYCLINEX-2..... 344
cranberry conc-ascorbic acid 15		cyclobenzaprine 476
cranberry extract 15		CYCLOMYDRIL..... 656
		cyclopentolate 659

cyclopen-tropic-phenyleph-watr	656	DAILY PROBIOTIC (4 STRAINS).....	422	deferoxamine	57
cyclopent-tropic-phen-ke-tr-wat	656	DAILY PROBIOTIC (S. BOULARDII).....	422	DEFITELIO.....	466
cyclophosphamide	39, 92	DAILY-VITE (WITH FOLIC ACID).....	337	deflazacort	386
cyclop-trop-propa-phen-ke-tr-wat	656	DAIRY RELIEF.....	408	DEFLUX.....	563
cycloserine	71	dalfampridine	653	DEHYDRATED ALCOHOL....	18
CYCLOSET.....	373	DALVANCE.....	81	DELFLX WITH 2.5 %	
cyclosporine	40, 468, 469	danazol	389	DEXTROSE.....	677
CYCLOSPORINE IN KLARITY.....	662	dandelion root	15	DELFLX-LC/1.5%	
cyclosporine modified	39, 468, 469	DANDLELION KISSES.....	308	DEXTROSE.....	677
CYFENDUS (NATIONAL STOCKPILE).....	140	dantrolene	477	DELFLX-LC/2.5%	
CYLTEZO(CF).....	33, 35, 418	DANYELZA.....	95	DEXTROSE.....	677
CYLTEZO(CF) PEN.....	33, 35, 418	dapsone	63, 255	DELFLX-LC/4.25%	
CYLTEZO(CF) PEN.....	33, 35, 418	DAPTACEL (DTAP PEDIATRIC) (PF).....	136	DEXTROSE.....	677
CROHN'S-UC-HS....	33, 35, 418	daptomycin	76	DELFLX-SM WITH 1.5%	
CYLTEZO(CF) PEN.....	33, 35, 418	daptomycin in 0.9 % sod chlor	76	DEXTROSE.....	677
PSORIASIS-UV.....	33, 35, 418	darifenacin	444	DELFLX-SM WITH 2.5 %	
cyproheptadine	680	DARIO BLOOD GLUCOSE MONITOR.....	516, 579	DEXTROSE.....	677
CYRAMZA.....	112	DARIO BLOOD GLUCOSE TEST STRIP.....	484, 579	DELSTRIGO.....	71
Cyred.....	244	DARTISLA.....	413	demeclocycline	87
Cyred Eq.....	244	darunavir	85	DEMEROL (PF).....	19
CYSTADROPS.....	663	DARZALEX.....	100	DENGVAXIA (PF).....	133, 142
CYSTAGON.....	438	DARZALEX FASPRO.....	100	DENOVO PLUS B12.....	362
CYSTARAN.....	663	Dasetta 1/35 (28).....	244	DENTA 5000 PLUS.....	648
cytarabine	96	Dasetta 7/7/7 (28).....	251	DENTA 5000 PLUS SENSITIVE.....	648
cytarabine (pf)	96	daunorubicin	112	DENTAGEL.....	648
CYTOGAM.....	129	DAURISMO.....	102	DEOXIA.....	255, 256
d10 %-0.45 % sodium chloride	302	DAVIMET WITH FLUORIDE.....	350	DEOXIADEMTAR.....	258
d2.5 %-0.45 % sodium chloride	302	DAVIMET-M.....	337	DEOXIATAR.....	258
D3-2000.....	366	DAXXIFY.....	475	DEOXIATAR.....	258
d5 % and 0.9 % sodium chloride	302	DAYAVITE.....	330	DEOXIATAR.....	258
d5 %-0.45 % sodium chloride	302	DAYBUE.....	239	DEOXIATAR.....	258
dabigatran etexilate	466	Daysee.....	242	DEOXIATAR.....	258
dacarbazine	93	DAYVIGO.....	231	DEOXIATAR.....	258
dactinomycin	112	DAZAVEIDAOXIA.....	290	DEOXIATAR.....	258
DAILY FIBER.....	433	DAZOMON.....	290	DEOXIATAR.....	258
DAILY FIBER (PSYLLIUM-ASPART).....	433	DEBACTEROL.....	650	DEOXIATAR.....	258
DAILY FIBER (PSYLLIUM-SUCROSE).....	433	Deblitane.....	250	DEOXIATAR.....	258
DAILY GUMMIES.....	330	DECARA K.....	365	DEOXIATAR.....	258
		decitabine	96	DEOXIATAR.....	258
		DEFENCATH.....	58, 72	DEOXIATAR.....	258
		deferasirox	56, 57	DEOXIATAR.....	258
		deferiprone	57	DEOXIATAR.....	258

DERMACINRX FOLTREXYL	360	desvenlafaxine succinate . 192	dextroamphetamine sulfate	205, 206, 217, 218, 228, 229
DERMACINRX LACTEROL	422	DEVILBISS DISPOSABLE NEBULIZER.....		548, 579
Dermacinrx Lidocan.....	291	DEVILBISS PULMO-AIDE COMPRESSR.....		552, 579
DERMACINRX LIDOGEL....	291	DEVILBISS PULMOMATE COMPRESSOR.....		552, 579
DERMACINRX LIDOREX....	291	DEVILBISS PULMONEB LT COMP-NEB.....		552, 579
DERMACINRX MULTITAM.	330	DEVILBISS TRAVELER COMPRESSOR.....		553, 579
DERMACINRX PRENATRIX	351	dexamethasone		386
DERMACINRX PRENATRYL.....	352	dexamethasone ace- nacl,iso-osm		386
DERMACINRX PRETRATE	352	DEXAMETHASONE INTENSOL.....		386
DERMACINRX PROBINATE	423	dexamethasone sodium phos (pf)		386
DERMACINRX PROBISOL.	423	dexamethasone sodium phosphate		386, 387, 659
DERMACINRX PROBITRAN	423	dexamethasone-0.9 % sod. chlor		387
DERMACINRX PROBITROL	423	dexameth-moxiflox(pf)- nacl,iso		657
DERMACINRX PROMEROL	423	dexamet-moxifl-ketoro- nacl(pf)		658
DERMACINRX PUREFOLTIN.....	360	DEXCOM G6 RECEIVER		516, 579
DERMACINRX RIBOTIN-E.	330	DEXCOM G6 SENSOR		516, 579
DERMACINRX VENEXA.....	330	DEXCOM G6 TRANSMITTER.....		516, 579
DERMACINRX VENEXA FE	330	DEXCOM G7 RECEIVER		517, 580
DERMACINRX VENTRIXYL	331	DEXCOM G7 SENSOR		517, 580
DERMACINRX VENTRIXYL FE.....	330	dexlansoprazole		409
DERMACINRX VITRAMYN.	331	dexmedetomidine		231
DERMACINRX VITRANOL.	331	dexmedetomidine in 0.9 % nacl		231
DERMACINRX VITRANOL FE.....	331	dexmedetomidine in dextrose 5%		231
DERMACINRX VITREXATE	331	dexmethylphenidate		205
DERMACINRX VITREXATE FE.....	331	DEXONTO.....		387
DERMACINRX ZINTREXYL- C.....	331	dexrazoxane hcl		116
DERMAZENE.....	268	DEXTENZA.....		659
DESCOVY.....	68			
desflurane	45			
desipramine	195			
desloratadine	681, 682			
desmopressin	371, 372			
desog- e.estradiolle.estradiol	242			
desonide	278			
desoximetasone	278			
desvenlafaxine	192			
			dextrose 10 % and 0.2 % nacl	303
			dextrose 10 % in water (d10w)	303
			dextrose 20 % in water (d20w)	303
			dextrose 25 % in water (d25w)	303
			dextrose 30 % in water (d30w)	303
			dextrose 40 % in water (d40w)	303
			dextrose 5 % in water (d5w)	303
			dextrose 5 %-lactated ringers	302
			dextrose 5%-0.2 % sod chloride	303
			dextrose 5%-0.3 % sod.chloride	303
			dextrose 50 % in water (d50w)	303
			dextrose 70 % in water (d70w)	303, 304
			DEXYCU (PF).....	659
			DHEA.....	9
			DIABETIC MULTIVITAMIN..	331
			DIACOMIT.....	189
			DIADIMAXIA.....	256
			DIANEAL LOW CALCIUM/1.5% DEX.....	677
			DIANEAL LOW CALCIUM/4.25% DEX.....	677
			DIANEAL PD-2 WITH 2.5 % DEX.....	677
			DIANEAL PD-2 WITH 4.25 % DEX.....	677
			DIANEAL PD-2/1.5% DEX.....	677
			DEXTROSE.....	677
			DIANEAL WITH 1.5% DEX.....	678
			DEXTROSE.....	678
			DIANEAL WITH 2.5 % DEX.....	678
			DEXTROSE.....	678
			DIANEAL WITH 4.25 % DEX.....	678
			DEXTROSE.....	678

DIAOXIA.....	256	DIGESTIVE ADVANTAGE		DILUENT FOR YF-VAX (5	
DIAPERS, UNISEX SIZE 1		PROBIOTIC.....	423	DOSE).....	310
.....	530, 580	DIGESTIVE PROBIOTIC....	423	DILUENT FOR ZILRETTA...	309
DIAPERS, UNISEX SIZE 2		DIGESTIVE SUPPORT.....	15	diluent, carmustine	
.....	530, 580	DIGIFAB.....	55	(ethanol)	309
DIAPERS, UNISEX SIZE 3		Digitek.....	171	diluent, dexrazoxane (sod	
.....	530, 580	digoxin	171	lac)	309
DIAPERS, UNISEX SIZE 4		dihydroergotamine	223	diluent, romidepsin (prop	
.....	530, 580	DILANTIN.....	185	gly)	309
DIAPERS, UNISEX SIZE 5		Dilantin Extended.....	185	diluent, voretigene	
.....	530, 580	Dilantin Infatabs.....	185	neparvovec	309
DIAPERS, UNISEX SIZE 6		DILANTIN-125.....	185	diluent, temsirolimus	
.....	530, 580	DILAUDID (PF).....	19	(ethanol)	309
DIASAXIATAR.....	258	diltiazem hcl	153, 165	diluent, yellw fev	
DIASDIMAXIA.....	256	diltiazem hcl in 0.9% nacl ..	165	vac,0.4%nacl	310
DIASOXIA.....	256	diltiazem in dextrose 5 % ..	165	DILUENT-MERCK LIVE	
DIATROL.....	331	DILT-XR.....	165	VIRUS VACC.....	310
DIATRUE PLUS BLOOD		DILUENT FOR ACTHIB.....	310	DILUTING MEDIUM FOR	
GLUCOSE MET.....	517, 580	diluent for artesunate	308	NOVOLOG.....	308
DIATRUE PLUS TEST		DILUENT FOR BICNU.....	308	dimenhydrinate	404
STRIP.....	484, 580	diluent for decitabine	308	dimethyl fumarate	653
diazepam	179, 183, 211	DILUENT FOR ELIGARD....	308	DIMOXIA.....	261
Diazepam Intensol.....	179, 211	DILUENT FOR ELITEK 1		DIOCHLOY.....	283
diazoxide	369	ML(1.5MG).....	238	DIOOXIA.....	270
dichlorphenamide	172, 471	DILUENT FOR ELITEK		DIOVASC.....	302
diclofenac epolamine	288	5ML(7.5MG).....	238	DIPENTUM.....	416
diclofenac potassium	43	DILUENT FOR HIBERIX.....	310	Diphen.....	679, 680
diclofenac sodium		DILUENT FOR IMOVAX.....	310	diphenhydramine hcl	679, 680
.....	43, 269, 288, 289, 662	DILUENT FOR ISTODAX....	308	diphenhydramine-0.9 %	
diclofenac-misoprostol	42	DILUENT FOR IXEMPRA		sod.chlr	679, 680
dicloxacillin	84	(15 MG).....	238	diphenoxylate-atropine	403
dicyclomine	413	DILUENT FOR IXEMPRA		dipyridamole	465
didanosine	68	(45 MG).....	238	DISCOVISC.....	667
DIFFERIN.....	260	DILUENT FOR JEVTANA... 309		disopyramide phosphate ..	151
DIFICID.....	82	DILUENT FOR		disulfiram	233
diflunisal	45	LEFAMULIN(XENLETA).....	238	DIURIL.....	174
difluprednate	659	diluent for melphalan	309	divalproex	183, 213, 222
DIFMETIOXRIME.....	266	DILUENT FOR MENHIBRIX	310	dobutamine	168
DIGEST ADV PROBIO		DILUENT FOR		dobutamine in d5w	168
PLUS GAS.....	423	NOVOSEVEN RT.....	309	docetaxel	111
DIGEST PROBIOTIC		DILUENT FOR PRIORIX....	310	Dodex.....	363
(S.BOULARDII).....	423	DILUENT FOR RABAVERT	310	dofetilide	153
DIGESTIVE ADVANTAGE		DILUENT FOR		DOJOLVI.....	340
IMMUNE.....	423	REMODULIN.....	238	Dolishale.....	244
DIGESTIVE ADVANTAGE		DILUENT FOR ROTARIX... 310		donepezil	239
INTENS BOW.....	423	diluent for treprostinil (gly)		dopamine	169
DIGESTIVE ADVANTAGE		.....	238	dopamine in 5 % dextrose	169
KID PROBIO.....	423	DILUENT FOR VIVITROL... 309		DOPTELET (10 TAB PACK)	467
DIGESTIVE ADVANTAGE		DILUENT FOR YF-VAX (1		DOPTELET (15 TAB PACK)	467
LACTOS SUP.....	423	DOSE).....	310	DOPTELET (30 TAB PACK)	467

dorzolamide	663	drospirenone-ethinyl		EASIVENT MASK MEDIUM	
dorzolamide (pf)	663	estradiol	245	.....	553, 582
dorzolamide-timolol	663	DROXIA.....	465	EASIVENT MASK SMALL	
dorzolamide-timolol (pf)	663	droxidopa	169	.....	553, 582
DOSOKAP	365	DRY SKIN THERAPY(WITH		EASY COMFORT INSULIN	
Dotti.....	384	LANOLIN).....	274	SYRINGE.....	533, 534, 582
DOUBLEDEX (PF).....	387	DRYSOL.....	269	EASY COMFORT	
DOVATO.....	67	DRYSOL DAB-O-MATIC.....	269	LANCETS.....	517, 582
DOVER COATED LATEX		DSUVIA.....	19	EASY FIBER.....	433
FOLEY.....	560, 580	DUAKLIR PRESSAIR.....	687	EASY FIBER (WHEAT	
DOVER FOLEY CATHETER		DUAVEE.....	383	DEXTRIN).....	433
.....	560, 580	DUET DHA WITH OMEGA-3		EASY GLIDE INSULIN	
DOVER LATEX FOLEY		.....	352	SYRINGE.....	534, 582
CATHETER.....	560, 580	DULERA.....	688	EASY NEB COMPRESSOR	
DOVER RED RUBBER		duloxetine	192, 219	NEBULIZER.....	553, 582
ROBINSON CATH.....	560, 580	DUOBRII.....	261	EASY PLUS II BLOOD	
DOVER UNIVERSAL..	560, 580	DUODOTE.....	55	GLUCOSE MET.....	517, 582
doxapram	216	DUOPA.....	195	EASY PLUS II TEST..	484, 582
doxazosin	175	DUOVISC VISCO ELASTIC	668	EASY STEP.....	484, 583
doxepin	195, 231	DUPIXENT PEN.....	264, 684	EASY STEP BLOOD	
doxercalciferol	645	DUPIXENT SYRINGE.	264, 684	GLUCOSE METER.....	517, 582
doxorubicin	112, 113	DURAMORPH (PF).....	19	EASY TALK BLOOD	
doxorubicin, peg-		DUREX AIR CONDOM	545, 581	GLUCOSE METER.....	517, 583
liposomal	113	DUREX AVANTI BARE		EASY TALK GLUCOSE	
Doxy-100.....	87	REAL FEEL.....	545, 581	TEST.....	484, 583
doxycycline hyclate		DUREX EXTRA SENSITIVE		EASY TALK PLUS II TEST	
.....	87, 88, 651	CONDOM.....	545, 581	STRIP.....	485, 583
doxycycline monohydrate ..	88	DUREX TROPICAL		EASY TOUCH BLULINK	
doxylamine-pyridoxine (vit		CONDOM.....	545, 581	GLUC SYST.....	517, 583
b6)	404	durlobactam	72	EASY TOUCH BLULINK	
D-PENAMINE.....	41, 56	DUROLANE.....	473	TEST STRIP.....	485, 583
DRAMAMINE GINGER.....	15	DURYSTA.....	670	EASY TOUCH FLIPLOCK	
DRAMAMINE NON-		dutasteride	442	INSULIN.....	534, 583
DROWSY.....	15	dutasteride-tamsulosin	438	EASY TOUCH GLUCOSE	
DRAXACE.....	257	DUZALLO.....	447	MONITOR.....	517, 583
DRAXACEY.....	257	D-VI-SOL.....	366	EASY TOUCH INSULIN	
DRITHOCREME HP.....	270	DYANAVEL XR... 207, 216, 217		SAFETY SYR.....	534, 584
DRIXECE.....	257	DYNAFOAM AG.....	295	EASY TOUCH INSULIN	
dronabinol	215, 299, 404	DYNAGINATE AG.....	295	SYRINGE.....	534, 584
droperidol	47, 405	DYSPORT.....	475	EASY TOUCH LANCETS	
DROPLET INSULIN		E.E.S. 400.....	82	.....	517, 584
SYR(HALF UNIT).....	533, 581	EAA UCD.....	344	EASY TOUCH LUER LOCK	
DROPLET INSULIN		EAR POPPER INFLATION		INSULIN.....	535, 584
SYRINGE.....	533, 581	DEVICE.....	561, 581	EASY TOUCH SAFETY	
DROPLET LANCETS..	517, 581	EASIVENT HOLDING		LANCETS.....	517, 584
DROPSAFE INSULIN		CHAMBER.....	553, 581	EASY TOUCH	
SYRINGE.....	533, 581	EASIVENT MASK LARGE		SHEATHLOCK INSULIN	
drospirenone-e.estradiol-		.....	553, 582	.....	535, 584
lm.fa	245				

EASY TOUCH TEST STRIP 485, 584	EEMT HS.....383	ELMIRON..... 439
EASY TOUCH TWIST LANCETS..... 517, 584	efavirenz 67	ELOCTATE.....453
EASY TOUCH UNI-SLIP 535, 585	efavirenz-emtricitabin- tenofovir.....71	ELREXFIO..... 116
EASY TRAK BLOOD GLUCOSE METER..... 517, 585	efavirenz-lamivu-tenofovir disop 71	Eluryng..... 253
EASY TRAK GLUCOSE TEST..... 485, 585	EFFER-K..... 324	ELYXYB.....224
EASY TRAK II BLOOD GLUCOSE MTR..... 517, 585	EGATEN.....60	ELZONRIS..... 114
EASY TRAK II TEST STRIP.....485, 585	EGRIFTA SV..... 389	EMBRACE BLOOD GLUCOSE SYSTEM 487, 518, 586, 587
EASY TWIST AND CAP LANCETS..... 517, 585	ELAHERE.....89, 94	EMBRACE EVO BLOOD GLUCOSE KIT..... 518, 587
EASY-C IMMUNE HEALTH 365	ELAPRASE.....644	EMBRACE EVO GLUCOSE MONITOR.....518, 587
EASYGLUCO METER.517, 585	ELCYS.....345	EMBRACE EVO TEST STRIPS.....487, 587
EASYGLUCO MONITORING SYSTEM 517, 585	elderberry fruit 15	EMBRACE LANCETS. 518, 587
EASYGLUCO TEST ... 486, 585	ELDERTONIC..... 311	EMBRACE PRO GLUCOSE METER..... 518, 587
EASYMAX..... 486, 586	ELECARE INFANT FORMULA..... 304	EMBRACE PRO TEST STRIPS.....487, 587
EASYMAX 15 TEST STRIPS.....486, 585	electrolyte-148 321	EMBRACE SAFETY LANCET..... 518, 587
EASYMAX NG..... 518, 585, 586	electrolyte-48 in d5w 315	EMBRACE TALK BLOOD GLUCOSE SYS.....518, 587
EASYMAX T1..... 518, 586	electrolyte-a 321	EMBRACE TALK GLUCOSE MONITOR. 518, 587
EASYMAX V SPEAKING GLUCOSE SYS.....518, 586	electrolytes-dextrose 321	EMBRACE TALK TEST STRIPS.....487, 588
EASY-TOUCH BLOOD GLUCOSE METER..... 518, 586	ELELYSO..... 643	EMBRACE WAVE GLUCOSE TEST STRP.....487, 588
EBASE CONTROLLER 553, 586	ELEMENT COMPACT GLUCOSE METER..... 518, 586	EMBRACE WAVE PLUS GLUCOSE MTR..... 518, 588
ECEOXIA.....255	ELEMENT COMPACT TEST STRIPS.....486, 586	EMCYT..... 101
echinacea 15	ELEMENT COMPACT V GLUCOSE MTR..... 518, 586	EMEND.....406
echinacea purp aerial part ext 15	ELEMENT PLUS BLOOD GLUCOSE KIT..... 518, 586	EMERGEN-C ELDERBERRY..... 359
EC-NAPROXEN..... 43	ELEMENT TEST STRIPS.....486, 586	EMERPHED..... 169
econazole 267	ELESTRIN..... 384	EMFLAZA..... 387
ECONTRA EZ..... 253, 254	eletriptan 224	EMGALITY PEN..... 222
ECONTRA ONE-STEP 253, 254	ELFABRIO.....643	EMGALITY SYRINGE. 178, 222
ECOTRIN..... 45, 464	ELIGARD..... 104	EMPAVELI.....447, 465
ECOZA..... 267	ELIGARD (3 MONTH)..... 104	EMPLICITI..... 97
EDARBI..... 150	ELIGARD (4 MONTH)..... 104	EMSAM..... 191
EDARBYCLOR..... 149	ELIGARD (6 MONTH)..... 104	emtricitabine 68
edetate calcium disodium ...57	Elinest..... 245	emtricitabine-tenofovir (tdf).....68
EDEX.....297	ELIQUIS..... 450	EMTRIVA.....69
ED-SPAZ..... 412, 444	ELIQUIS DVT-PE TREAT 30D START..... 450	EMVERM.....60
EDURANT..... 67	ELITEK..... 446	Emzahh..... 250
EEMT.....383	ELITE-OB..... 331	
	Elixophyllin.....685	
	ELLA..... 253, 254	
	ELLIOTTS B (PF)..... 315	
	ELLUME COVID-19 HOME TEST..... 510, 586	
	ELLURA..... 15	

enalapril maleate	148	entacapone	196	ERAXIS(WATER DILUENT)	61, 62
enalaprilat	148	ENTADFI.....	438	ERBITUX.....	116
enalapril-		entecavir	78	ergocalciferol (vitamin d2)	366
hydrochlorothiazide	147	ENTERAL GRAVITY BAG		ergoloid	241
ENBREL.....	32, 35, 36	SET-ENFIT.....	512, 588	ERGOMAR.....	223
ENBREL MINI.....	32, 35	ENTRESTO.....	150	ergotamine-caffeine	223
ENBREL SURECLICK.....	33, 36	ENTYVIO.....	417	eribulin	105
ENDARI.....	300, 340, 466	ENTYVIO PEN.....	417	ERIVEDGE.....	102
ENDO AVITENE.....	457	Enulose.....	407	ERLEADA.....	94
Endocet.....	30	ENVARUSUS XR.....	469	erlotinib	91
ENFAMIL A.R.....	304	ENVIVE.....	424	ERMEZA.....	400
ENFAMIL DUAL		ENZNONUTY.....	288	Errin.....	250
PROBIOTICS-VIT D.....	424	EOHILIA.....	387	ertapenem	72
ENFAMIL ENSPIRE		EPCLUSA.....	79, 80	ERVEBO(PF)(NATIONAL	
GENTLEASE.....	304	ephedrine sulfate	169	STOCKPILE).....	120, 133
ENFAMIL ENSPIRE		ephedrine sulfate-		ERWINASE.....	98
OPTIMUM NONGMO.....	304	0.9%nacl(pf)	169	Ery Pads.....	256
ENFAMIL GENTLEASE.....	304	EPIDIOLEX.....	183	Ery-Tab.....	82
ENFAMIL HUMAN MILK		EPIFIX AMNIOTIC		Erythrocin.....	82
FORTIFIER.....	304	MEMBRANE.....	293	ERYTHROCIN (AS	
ENFAMIL INFANT.....	304	EPIFOAM.....	284	STEARATE).....	82
ENFAMIL NEURO		epinastine	659	erythromycin	82, 669
ENFACARE NON-GMO		epinephrine	168, 170, 682	erythromycin	
.....	304, 305	epinephrine bitart in		ethylsuccinate	82
ENFAMIL NEURO		nacl,iso	169	erythromycin lactobionate ..	82
GENTLEASE NONGMO.....	305	epinephrine hcl	692	erythromycin with ethanol	256
ENFAMIL NEURO		epinephrine hcl (pf) ...	168, 169	erythromycin-benzoyl	
SENSITIVE NONGMO.....	305	epinephrine hcl in 0.9 %		peroxide	257
ENFAMIL NEUROPRO		nacl	169	escitalopram oxalate	191
NON-GMO.....	305	epinephrine hcl in 5%		esmolol	152, 164
ENFAMIL PROSOBEE.....	305	dextrose	169	esmolol in nacl (iso-osm)	
ENFAMIL REGULINE.....	305	epinephrine in 0.9 % sod		.....	152, 163
ENGERIX-B (PF).....	128	chlor	170	esmolol in sterile water	
ENGERIX-B PEDIATRIC		epinephrine in sod		.....	152, 163
(PF).....	128	chlor,iso	170	esomeprazole magnesium	
ENHERTU.....	94, 115	EPINEPHRINE		.....	409, 410
Enilloring.....	253	PROFESSIONAL.....	168	esomeprazole sodium	410
ENJAYMO.....	447, 449	EPINEPHRINESNAP-V.....	168	ESPEROCT.....	453
enoxaparin	461	epirubicin	113	Estaylla.....	245
Enpresse.....	251	Epitol.....	186, 213	estazolam	211, 230
Enskyce.....	245	EPKINLY.....	90	estradiol	384, 385, 695
ENSPRYNG.....	470	epiphenone	148, 172	estradiol valerate	385
ENSTILAR.....	261	EPOGEN.....	450	estradiol-norethindrone	
ENSURE CLEAR		epoprostenol	176	acet	383
THERAPEUTIC.....	341	EPRONTIA.....	186	ESTRING.....	695
ENSURE RAPID		eprosartan	150	ESTROGEL.....	385
HYDRATION.....	321	eptifibatide	463	estrogens-	
ENSURE SURGERY.....	341	EQUETRO.....	186, 213	methyltestosterone	383
ENSURE SURGERY					
PERIOP BUNDLE.....	341				

ESTROVEN CMPLT			
MENOPAUSE RLF	15		
ESTROVEN MENOPAUSE	331		
ESTROVERA	16		
eszopiclone	230		
ethacrynate sodium	172		
ethacrynic acid	173		
ethambutol	72		
ETHAMOLIN	178		
ethosuximide	188		
ETHOXIA	260		
ethyl acetate	236		
ethyl chloride	288		
ethynodiol diac-eth			
estradiol	245		
ETHYOL	119		
etodolac	44		
etomidate	47		
etonogestrel-ethinyl			
estradiol	253		
ETOPOPHOS	101		
etoposide	101		
etravirine	67		
eua patient assessment			
.....	547, 588		
EUCERIN ADVANCED			
REPAIR	274		
EUCERIN INTENSIVE			
REPAIR	274		
EUCRISA	264		
EUFLEXXA	473		
EUTHYROX	400		
EVAMIST	385		
EVARREST	458		
EVENCARE	518, 588		
EVENCARE G2... 488, 518, 588			
EVENCARE G3 GLUCOSE			
METER	518, 588		
EVENCARE G3 TEST. 488, 588			
EVENCARE MINI			
GLUCOSE TEST STR. 488, 589			
EVENCARE MINI			
MONITOR SYSTEM.... 518, 589			
EVENCARE PROVIEW			
TEST STRIP	488, 589		
EVENCARE TEST	488, 589		
evening primrose oil	16		
EVENITY	380		
everolimus			
(antineoplastic)	105		
everolimus			
(immunosuppressive)	470		
EVERSENSE E3 SENSOR-			
HOLDER	519, 589		
EVERSENSE E3 SMART			
TRANSMITTER	519, 589		
EVICEL	458		
EVIVO WITH MCT OIL	424		
EVKEEZA	153		
EVOLUTION BLOOD			
GLUCOSE METER.... 519, 589			
EVOLUTION TEST STRIPS			
.....	489, 589		
EVOMELA	92		
EVOTAZ	69, 86		
EVRYSDI	478		
EXEL INSULIN 535, 589, 590			
EXELDERM	267		
exemestane	97		
EXKIVITY	90		
EXODERM	266		
EXONDYS-51	473		
EXPAREL (PF)	49		
EXSERVAN	472		
EXTENCILLINE	84		
EXTENDED RESERVOIR			
.....	535, 590		
EXTRANEAL 7.5 %	678		
EYE	401		
EYE HEALTH PLUS			
LUTEIN	11, 331		
EYE MULTIVITAMIN 11, 331			
EYLEA	665, 673		
EYLEA HD	665, 672		
EYSUVIS	659		
E-Z JECT LANCETS... 519, 590			
E-Z JECT THIN LANCETS			
.....	519, 590		
EZ SMART LANCETS. 519, 590			
EZ SMART PLUS SYSTEM			
.....	519, 590		
EZ SMART PLUS TEST			
.....	489, 590		
EZ SMART SYSTEM... 519, 590			
EZ SMART TEST	489, 590		
EZALLOR SPRINKLE	155		
ezetimibe	160		
ezetimibe-simvastatin	163		
FABHALTA	447, 448		
FABRAZYME	643		
FACTIVE	77		
Falmina (28)	245		
famciclovir	80		
FAMIL-E	360		
famotidine	409		
famotidine (pf)	409		
famotidine (pf)-nacl (iso-			
os)	409		
FANAPT	198		
FANTASY CONDOM... 545, 590			
FARXIGA	376		
FASENRA	684		
FASENRA PEN	684		
FASTEP COVID-19 AG			
HOME TEST	510, 590		
FC2 FEMALE CONDOM			
.....	512, 590		
febuxostat	446		
FEIBA NF	449		
felbamate	183		
felodipine	166		
FEM DOPHILUS	424		
FEM PH	695		
FEMALE CATHETER.. 560, 590			
FEMCAP	509, 590		
FEMRING	696		
fenofibrate	154		
fenofibrate micronized	154		
fenofibrate			
nanocrystallized	154		
fenofibric acid	155		
fenofibric acid (choline)	155		
FENSOLVI	396		
fentanyl	20		
fentanyl (pf)-bupivacaine-			
nacl	28		
fentanyl citrate	20		
fentanyl citrate (pf) .. 19, 47, 48			
fentanyl citrate (pf)-			
0.9%nacl	20		
fentanyl citrate in d5w (pf) .. 20			
fentanyl-ropivacaine-nacl			
(pf)	28, 29		
fenugreek seed	16		
FERGON	316		
FERIVA 21-7	318		
FERIVA FA (WITH			
SUMALATE)	318		
FERRETTS IPS	316		
FERRIPROX	57		

ferrous fumarate	316	flecainide	152	FLULAVAL QUAD 2023-	
ferrous gluconate	316	FLEXBUMIN 25 %.....	461	2024 (PF).....	143
ferrous sulfate	316, 317	FLEXBUMIN 5 %.....	461	flumazenil	56
ferumoxytol	317	FLEXICHAMBER.....	553, 590	FLUMIST QUAD 2023-2024	
fesoterodine	445	FLEXICHAMBER-LG CHILD		.....	133, 143
FETROJA.....	75	MASK.....	553, 591	flunisolide	691
FETZIMA.....	193	FLEXICHAMBER-SM		fluocinolone	278
FE-VITE.....	317	ADULT MASK.....	553, 591	fluocinolone acetonide oil	675
FIASP FLEXTOUCH U-100		FLEXICHAMBER-SM		fluocinolone and shower	
INSULIN.....	394	CHILD MASK.....	553, 591	cap	278
FIASP PENFILL U-100		FLEXI-SEAL SIGNAL FMS		fluocinonide	279
INSULIN.....	394	.....	530, 591	Fluocinonide-E.....	279
FIASP PUMPCART.....	394	FLINTSTONES COMPLETE		fluocinonide-emollient	279
FIASP U-100 INSULIN.....	394	(FE SULF).....	349	fluorescein-benoxinate	
FIBER (PSYLLIUM HUSK-		FLINTSTONES IMMUNITY		.....	663, 664
SUGAR).....	433	SUPPORT.....	349	fluorescein-proparacaine ..	663
FIBER (WITH		FLINTSTONES WITH		fluoride (sodium)	648
ASPARTAME).....	433	EXTRA IRON.....	349	FLUORIDEX DAILY	
FIBER GUMMIES.....	434	FLOLIPID.....	155	DEFENSE.....	648
FIBER GUMMIES (WITH B-		FLORAJEN WOMEN.....	424	FLUORIDEX SENSITIVITY	
COMPLEX).....	433	FLORASAVE.....	424	RELIEF.....	648
FIBER		FLORASTOR ADVANCED..	424	FLUORIMAX 5000.....	648
SUPPLEMENT(WHEATDEX		FLORASTORBABY.....	424	FLUORIMAX 5000	
TRIN).....	434	FLORASTORKIDS.....	424	SENSITIVE.....	648
FIBER THERAPY		FLORASTORSELECT GUT		fluorometholone	660
(PSYLLIUM-SUCRO).....	434	BOOST.....	424	FLUOROPLEX.....	268
FIBERWELL.....	434	FLORASTORSELECT		fluorouracil	96, 268
FIBRYGA.....	456	IMMUNITY BOOST.....	424	fluoxetine	192
FILSPARI.....	147	FLORATUMMYS QUICK		FLUOXIA.....	283
FILSUVEZ.....	296	DISSOLVE.....	424	fluphenazine decanoate	201
FILTERED EXTENSION		FLOSEAL.....	458	fluphenazine hcl	201
SET.....	544, 590	FLOWFLEX COVID-19 AG		flurandrenolide	279
FINACEA.....	256, 290	HOME TEST.....	510, 591	flurazepam	211, 230
finasteride	441	floxuridine	96	flurbiprofen	43
FINGERSTIX LANCETS		FLUAD QUAD 2023-24(65Y		flurbiprofen sodium	662
.....	519, 590	UP)(PF).....	142	fluticasone propionate	
 fingolimod	654	FLUARIX QUAD 2023-2024		.....	279, 683, 691
FINTEPLA.....	189	(PF).....	142	fluticasone propion-	
Finzala.....	245	FLUBLOK QUAD 2023-2024		salmeterol	688, 689
Fioricet.....	32	(PF).....	143	fluvastatin	156
FIRDAPSE.....	473	FLUCELVAX QUAD 2023-		fluvoxamine	192
FIRMAGON.....	104	2024.....	143	FLUZONE HIGHDOSE	
FIRMAGON KIT W		FLUCELVAX QUAD 2023-		QUAD 23-24 PF.....	143
DILUENT SYRINGE.....	104	2024 (PF).....	143	FLUZONE QUAD 2023-	
FISH OIL.....	160	fluconazole	62	2024.....	143
FLAREX.....	660	fluconazole in nacl (iso-		FLUZONE QUAD 2023-	
FLASHARREST.....	16	osm)	62	2024 (PF).....	143
flavoxate	445	flucytosine	61	FML FORTE.....	660
flaxseed oil	16	fludarabine	96	FOCINVEZ.....	406
FLEBOGAMMA DIF.....	130	fludrocortisone	398	FOLAGENT DHA.....	331

FOLAMAX.....	332	FORA TN'G ADVAN PRO		foscarnet	76
FOLAMED DHA.....	332	TEST STRIP.....	491, 593	FOSCAVIR.....	76
FOLCYTEINE.....	367	FORA TN'G ADVANCE		fosfomycin tromethamine	
FOLET ONE.....	338, 352	PRO MONITOR.....	508, 593	.....	61, 443
folic acid	367	FORA TN'G VOICE METER		fosinopril	148
FOLIC D3.....	360	.....	519, 593	fosinopril-	
FOLIKA-BC.....	301	FORA TN'G VOICE TEST		hydrochlorothiazide	147
FOLIVANE-OB.....	332	STRIPS.....	491, 594	fosphenytoin	185
FOLLISTIM PEN DEVICE		FORA V10.....	492, 519, 594	FOSRENOL.....	440
.....	557, 591	FORA V10-V12-D10-D20		FOTIVDA.....	108
FOLOTYN.....	95	STRIPS.....	492, 594	FRAGMIN.....	461, 462
fomepizole	54	FORA V12 BLOOD		FRAICHE 5000 PREVI.....	648
fondaparinux	461	GLUCOSE SYSTEM		FREESTYLE FLASH	
FORA 6 CONNECT		.....	519, 520, 594	SYSTEM.....	520, 595
GLUCOSE STRIP.....	489, 591	FORA V12 GLUCOSE.....	492, 594	FREESTYLE FREEDOM	
FORA 6 CONNECT		FORA V20... ..	492, 520, 594, 595	.....	520, 595
MULTIFUNCTN MTR..	508, 591	FORA V30A.....	492, 520, 595	FREESTYLE FREEDOM	
FORA 6CONN-GTEL-TN'G		FORACARE GD20.....	493, 595	LITE.....	520, 596
ADV STRIP.....	489, 591	FORACARE GD20		FREESTYLE INSULINX	
FORA D10.....	509, 519, 591	GLUCOSE METER.....	520, 595	.....	493, 520, 596
FORA D15 GLUCOSE-BP		FORACARE GD40 TEST		FREESTYLE INSULINX	
MONITOR.....	509, 519, 591	STRIPS.....	493, 595	TEST STRIPS.....	493, 596
FORA D15G STRIPS..	490, 591	FORACARE GD40A		FREESTYLE LANCETS	
FORA D20.....	490, 519, 592	GLUCOSE METER.....	520, 595	.....	520, 596
FORA D40D GLUCOSE-BP		FORACARE GD40B		FREESTYLE LIBRE 14 DAY	
MONITOR.....	509, 519, 592	GLUCOSE METER.....	520, 595	READER.....	520, 596
FORA D40G GLUCOSE-BP		FORACARE LANCETS		FREESTYLE LIBRE 14 DAY	
MONITOR.....	509, 519, 592	.....	520, 595	SENSOR.....	520, 596
FORA D40-G31 TEST		formoterol fumarate	686	FREESTYLE LIBRE 2	
STRIPS.....	490, 592	FORTIFY OPT ADV (L.		READER.....	520, 596
FORA G20.....	490, 519, 592	SALIVARUS).....	424	FREESTYLE LIBRE 2	
FORA G30A.....	519, 592	FORTIFY OPTIMA		SENSOR.....	520, 596
FORA G30-PREMIUM V10		ADVANCED CARE.....	424	FREESTYLE LIBRE 3	
TEST STRP.....	490, 592	FORTIFY OPTIMA		READER.....	521, 596
FORA GD50 BLOOD		PROBIOTIC.....	425	FREESTYLE LIBRE 3	
GLUCOSE SYSTEM... ..	519, 592	FORTIFY OPTIMA WOMEN		SENSOR.....	521, 596
FORA GD50 TEST STRIPS		ADVANCED.....	425	FREESTYLE LITE METER	
.....	491, 593	FORTIFY OPTIMA WOMEN		.....	521, 596
FORA GTEL GLUCOSE		PROBIOTIC.....	425	FREESTYLE LITE STRIPS	
TEST STRIP.....	491, 593	FORTIFY PROBIOTIC.....	425	.....	493, 596
FORA GTEL MULTI-		FORTIFY PROBIOTIC 50		FREESTYLE PRECISION	
FUNCTN MONITOR....	508, 593	PLUS.....	425	.....	535, 597
FORA PREMIUM V10		FORTIFY WOMEN		FREESTYLE PRECISION	
GLUCOSE METER.....	519, 593	PROBIO(L.SALIV.).....	425	NEO METER.....	521, 596
FORA TEST N'GO VOICE		FORTIFY WOMEN		FREESTYLE PRECISION	
METER.....	519, 593	PROBIOTIC.....	425	NEO STRIPS.....	493, 597
FORA TEST STRIP.....	491, 593	FORTINI INFANT.....	305	FREESTYLE SIDEKICK II	
FORA TN'G ADV MOBILE		FOSAMAX PLUS D.....	380	.....	521, 597
MULTI MTR.....	508, 593	fosamprenavir	86		
		fosaprepitant	406		

FREESTYLE SYSTEM KIT	GE100 BLOOD GLUCOSE	GENULTIMATE TEST
..... 521, 597	SYSTEM..... 521, 597	STRIP..... 494, 598
FREESTYLE TEST..... 493, 597	GE100 BLOOD GLUCOSE	GENVISC 850..... 473
FREESTYLE UNISTIK 2	TEST STRIP..... 493, 597	GENVOYA..... 70
..... 521, 597	GE333 BLOOD GLUCOSE	GI PROTECT..... 343
frovatriptan 224	SYSTEM..... 521, 597	GIAPREZA..... 399
FRUZAQLA..... 108	GE333 BLOOD GLUCOSE	GILENYA..... 654
FULPHILA..... 455	TEST STRIP..... 493, 597	GILOTRIF..... 91
fulvestrant 110	gefitinib 91	GIMOTI..... 411
FUROSCIX..... 173	GEL VEHICLE FOR	ginger (zingiber officinalis) .. 16
furosemide 173	NEXOBRID..... 236	ginkgo biloba leaf extract ... 16
furosemide in 0.9 % nacl .. 173	gelatin 16	GINKGO BILOBA PLUS
FUZEON..... 66	GELFILM..... 457, 667	(BACOPA)..... 16
FYARRO..... 105	GEL-FLOW..... 457	GIRLS TRAINING PANTS
Fyavolv..... 384	GEL-FLOW NT..... 457	4T-5T..... 530, 598
FYCOMPA..... 180, 181, 182	GELFOAM..... 457	GIVLAARI..... 468
FYLNETRA..... 455	GELFOAM JMI POWDER... 457	GLASSIA..... 690
gabapentin 184	GELFOAM JMI SPONGE... 457	glatiramer 653
GABLOFEN..... 476	GELFOAM SPONGE SIZE	Glatopa..... 653
GALAFOLD..... 647	200..... 457	GLEOSTINE..... 92
galantamine 240	GELMIX..... 237	GLIADEL WAFER..... 93
GALZIN..... 56	GELNIQUE..... 445	glimepiride 377
GAMASTAN..... 130	GEL-ONE..... 473	glipizide 377
GAMIFANT..... 468	GELSYN-3..... 473	glipizide-metformin 377
GAMMAGARD LIQUID..... 130	GELX..... 651	GLOPERBA..... 446
GAMMAGARD S-D (IGA < 1	gemcitabine 96, 97	GLUCAGON (HCL)
MCG/ML)..... 130	gemfibrozil 155	EMERGENCY KIT..... 369
GAMMAKED..... 130	Gemmily..... 245	Glucagon Emergency Kit
GAMMAPLEX..... 130	GEMTESA..... 439	(Human)..... 369
GAMMAPLEX (WITH	GENABIO COVID-19 RAPID	glucagon hcl 369
SORBITOL)..... 130	AT-HOME..... 510, 597	GLUCERNA 1.5 CAL..... 341
GAMUNEX-C..... 130	GENADEK..... 349	GLUCERNA HUNGER
ganciclovir 76	GENADEK STEP 1..... 332	SMART..... 341
ganciclovir sodium 76	GENADEK STEP 2..... 332	GLUCERNA SNACK BAR... 341
GARDASIL 9 (PF)..... 142	GENADUR (WITH	GLUCO NAVII GLUCOSE
garlic 16	LEXINAL)..... 294	MONITOR..... 521, 598
garlic extract 16	Gengraf..... 40, 469	GLUCO NAVII TEST STRIP
GARLIX..... 16	GENOTROPIN..... 389	..... 494, 598
GAS RELIEF-PREVENTION	GENOTROPIN MINIQUICK 389	GLUCOCARD 01 METER
..... 411	gentamicin 59, 264, 668	..... 521, 598
GASTRACID..... 408	gentamicin in nacl (iso-	GLUCOCARD 01 SENSOR
gatifloxacin 669	osm) 59	PLUS..... 494, 598
GATTEX 30-VIAL..... 437	gentamicin sulfate (ped)	GLUCOCARD
GATTEX ONE-VIAL..... 437	(pf) 59	EXPRESSION..... 494, 521, 598
GAVILYTE-C..... 435	gentamicin-sodium citrate	GLUCOCARD SHINE
Gavilyte-G..... 435	..... 72, 73	CONNEX METER..... 521, 598
Gavilyte-N..... 435	GENTLE IRON..... 318	GLUCOCARD SHINE
GAVRETO..... 111	GENTLE SKIN CLEANSER 291	EXPRESS METER..... 521, 598
GAZYVA..... 99	GENTLE SKIN	GLUCOCARD SHINE
GDRIVE..... 521, 597	CLEANSER(WITH SLS)..... 291	METER..... 521, 599

GLUCOCARD SHINE METER KIT..... 521, 599	<i>glutathione (bulk)</i> 11, 236	GUARDIAN CONNECT TRANSMITTER..... 522, 600
GLUCOCARD SHINE TEST STRIPS.....494, 599	<i>glyburide</i> 377	GUARDIAN LINK 3 TRANSMITTER..... 522, 600
GLUCOCARD SHINE XL METER..... 521, 599	<i>glyburide micronized</i> 377	GUARDIAN SENSOR 3 522, 600
GLUCOCARD VITAL...521, 599	<i>glyburide-metformin</i>.....377	GUMMY DINOS..... 347
GLUCOCARD VITAL SENSOR..... 495, 599	<i>glycerin</i>.....275	GVOKE.....370
GLUCOCARD VITAL TEST STRIPS.....495, 599	<i>glycine urologic solution</i> ..438	GVOKE HYPOPEN 1-PACK 369
GLUCOCOM AUTOLINK 522, 599	GLYCOPHOS..... 322	GVOKE HYPOPEN 2-PACK 369, 370
GLUCOCOM BLOOD GLUCOSE..... 522, 599	<i>glycopyrrolate</i> 413, 652	GVOKE PFS 1-PACK SYRINGE..... 370
GLUCOCOM GLUCOSE.....495, 599	<i>glycopyrrolate (pf)</i> 413	GVOKE PFS 2-PACK SYRINGE..... 370
GLUCOCOM LANCETS.....522, 599	<i>glycopyrrolate (pf) in water</i> 413	GYNAZOLE-1.....695
GLUCOSA IMMUNE BOOSTER..... 16	<i>glycopyrrolate in water</i> 413	HAEGARDA..... 449
<i>glucosam-chondr-c-mang citrate</i>.....9	Glydo..... 292	Hailey.....245
<i>glucosam-chondr-msm-c- manganes</i>.....9	GLYRX-PF.....413	Hailey 24 Fe..... 245
<i>glucosam-chondr-vit c- mn-boron</i>.....9	GLYTACTIN BETTERMILK 5-5..... 342	Hailey Fe 1.5/30 (28)..... 245
<i>glucosamine 2kcl-msm- chondroit</i> 9	GLYXAMBI..... 375	Hailey Fe 1/20 (28)..... 245
<i>glucosamine hcl- hyaluronic</i> 9	GM100.....495, 522, 599, 600	HAIR, SKIN AND NAILS (BIOTIN)..... 364
<i>glucosamine sulfate</i> 9	GOHIBIC (EUA).....127	HAIR,SKIN AND NAILS(FA- BIOTIN)..... 332
GLUCOSAMINE-CHONDR- D3 (C-MANG)..... 9	GOJJI BLOOD GLUCOSE TEST STRIP.....495, 600	HALAVEN..... 105
<i>glucosamine-chondroitin</i>.....9	GOJJI LANCETS..... 522, 600	<i>halcinonide</i>.....279
GLUCOSAMINE- CHONDROITIN 3X.....9	GOJJI MULTI-FUNCTIONAL METER..... 508, 600	HALO B-LOCK CLOSED LINE ADAPTR..... 549, 601
<i>glucosamine-d3- hyaluronic acid</i> 9	GOLD BOND THERAPEUTIC FOOT..... 274	HALO CLOSED BAG ADAPTOR..... 549, 601
<i>glucosamine-msm-chondr- d3-bosw</i> 10	GOODLIFE AC-302 GLUCOSE METER..... 522, 600	HALO CLOSED LINE ADAPTOR..... 549, 601
<i>glucosamine-msm- hyaluron acid</i> 10	GOODLIFE AC-302 TEST STRIP..... 496, 600	HALO CLOSED SYRINGE ADAPTOR..... 549, 601
<i>glucosam-msm-chond- hrb149-hyal</i> 10	GOTOKNOW COVID-19 AG HOME TEST..... 510, 600	HALO VIAL CONVERTER 549, 601
<i>glucose</i> 369	GRAFIX CORE.....293	<i>halobetasol propionate</i> 280
<i>glutamine</i>.....300, 437	GRAFIX PRIME.....293	Haloette..... 253
<i>glutaraldehyde</i> 119	GRAFIX XC.....293	HALOG.....280
GLUTAREX-1..... 305, 339, 341	<i>granisetron (pf)</i> 405	<i>haloperidol</i> 200
GLUTAREX-2..... 340, 341	<i>granisetron hcl</i>.....405	<i>haloperidol decanoate</i> 200
	GRANIX.....455	<i>haloperidol lactate</i>.....200
	GRASTEK..... 122	HARMONY GLUCOSE TEST STRIP.....496, 601
	<i>green tea leaf extract</i> 16	HARVONI..... 80
	GREEN TEA-600..... 16	HAVRIX (PF)..... 127
	<i>griseofulvin microsize</i>.....63	HAXCHLO..... 268
	<i>griseofulvin ultramicrosize</i> .63	HAXCHLODREX..... 268
	<i>guaiacol</i>.....236	
	<i>guanfacine</i> 171, 204	
	GUARDIAN 4 GLUCOSE SENSOR..... 522, 600	
	GUARDIAN 4 TRANSMITTER..... 522, 600	

HAXDRAX.....	267	HEPZATO (50 MM CATHETER).....	92	HUMIRA(CF) PEDI CROHNS STARTER.....	34, 36, 419
HCU MAXAMUM.....	340	HEPZATO (62 MM CATHETER).....	92	HUMIRA(CF) PEN...34, 36, 419	
HEALON ENDOCOAT.....	668	HER STYLE.....	253, 254	HUMIRA(CF) PEN CROHNS-UC-HS....	34, 36, 419
HEALON GV PRO.....	668	HERCEPTIN.....	117	HUMIRA(CF) PEN PEDIATRIC UC.....	34, 36, 419
HEALON PRO.....	668	HERCEPTIN HYLECTA.....	117	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	34, 36, 419
HEALON5 PRO.....	668	HERZUMA.....	117	HUMULIN 70/30 U-100 INSULIN.....	390
HEALTHPRO GLUCOSE MONITOR.....	522, 601	hetastarch 6 % in 0.9 % nacl	462	HUMULIN 70/30 U-100 KWIKPEN.....	390
HEALTHPRO TEST STRIPS.....	496, 601	HETLIOZ LQ.....	222	HUMULIN N NPH INSULIN KWIKPEN.....	391
HEALTHWISE INSULIN SYRINGE.....	535, 601	HEXATRIONE.....	387	HUMULIN N NPH U-100 INSULIN.....	391
HEALTHY ACCENTS UNILET LANCET.....	522, 601	HEXIOUNYL.....	266	HUMULIN R REGULAR U-100 INSULN.....	391
HEALTHY EYES LUTEIN-ZEAXANTHIN.....	11	HEXTEND.....	462	HUMULIN R U-500 (CONC) INSULIN.....	392
HEALTHY EYES SUPERVISION2.....	11	HIBERIX (PF).....	137	HUMULIN R U-500 (CONC) KWIKPEN.....	392
Heather.....	250	HICON.....	110	HYALGAN.....	473
HEMABATE.....	368	HI-D ADEK GUMMIES PLUS ZINC.....	338	HYCANTIN.....	111
HEMANGEOL.....	164	HI-D DROP.....	349	hydralazine	171, 172
HEMATEX.....	317	HIGH POTENCY MULTIVIT (W-IRON).....	338	HYDRALYTE.....	321
HEMATOGEN.....	318	HIGH POTENCY MULTIVITAMIN.....	338	HYDRALYTE PLUS.....	321
HEMATOGEN FORTE.....	318	HI-VOLUME PUMPING CHAMBER SET.....	544, 601	HYDRO 35.....	286
HEMATRON-AF.....	318	HIXDEFRIMA.....	267	hydrochlorothiazide	174
HEMLIBRA.....	454	HIZENTRA.....	131	hydrocodone bitartrate	21
HEMOFIL M HIGH.....	453	HOMATROPAIRE.....	659	hydrocodone-acetaminophen	29, 30
HEMOFIL M LOW.....	453	HOME NEBULIZER PLUS SIDESTREAM.....	553, 602	hydrocodone-chlorpheniramine	693
HEMOFIL M MID.....	453	HOMINEX-1.....	305, 340	hydrocodone-homatropine	693
HEMOFIL M SUPER HIGH.....	453	HOMINEX-2.....	340	hydrocodone-ibuprofen	29, 30
HEP FLUSH-10 (PF).....	459	HORMONE PROTECT.....	16	hydrocortisone	53, 281, 387, 417
HEPAGAM B.....	131	HUMALOG KWIKPEN INSULIN.....	394	hydrocortisone acetate	53
heparin (porcine)	460	HUMALOG MIX 50-50 INSULN U-100.....	392	hydrocortisone butyrate	280, 281
heparin (porcine) in 0.9% nacl	459	HUMALOG MIX 50-50 KWIKPEN.....	392	hydrocortisone valerate	281
heparin (porcine) in 5 % dex	459	HUMALOG MIX 75-25(U-100)INSULN.....	392	hydrocortisone-acetic acid	675
heparin (porcine) in nacl (pf)	459, 460	HUMALOG U-100 INSULIN.....	394	hydrocortisone-iodoquinol	268
heparin lock flush (porcine)	459, 460	HUMATE-P.....	453		
HEPARIN LOCKFLUSH(PORCINE)(PF).....	459, 460	HUMATROPE.....	389		
heparin(porcine) in 0.45% nacl	460	HUMIRA.....	33, 36, 418		
heparin, porcine (pf)	459, 460	HUMIRA PEN.....	33, 36, 418		
HEPLISAV-B (PF).....	129	HUMIRA(CF).....	34, 36, 419		
HEPZATO.....	92				

hydrocortisone-iodoquinol-aloe	265	HYRIMOZ PEN CROHN'S-UC STARTER.....	34, 36, 419	IMDELLTRA.....	90
hydrocortisone-pramoxine	53, 281, 284	HYRIMOZ PEN PSORIASIS STARTER.....	34, 36, 419	IMFINZI.....	113
hydrogen peroxide (bulk)	119, 236	HYRIMOZ(CF).....	34, 36, 419	IMIOXIA.....	266
Hydromet.....	693	HYRIMOZ(CF) PEDI CROHN STARTER..	34, 36, 419	imipenem-cilastatin	72
hydromorphone	22	HYRIMOZ(CF) PEN	34, 36, 419	imipramine hcl	195
hydromorphone (pf)	21	HYSINGLA ER.....	22	imipramine pamoate	195
hydromorphone (pf) in water	21	ibandronate	381	imiquimod	284
hydromorphone (pf)-0.9 % nacl	21	IBRANCE.....	100	IMJUDO.....	101
hydromorphone in 0.9 % nacl	21, 22	IBSRELA.....	415	IMMPHENTIV.....	170
hydromorphone in d5w (pf)	22	lbu.....	43	IMMUNERX.....	332
hydromorphone(pf)-nacl,iso-osm	22	ibuprofen	43	IMOGAM RABIES-HT (PF).	132
hydroquinone	272	ibuprofen lysine (pf)	175	IMOVAX RABIES VACCINE (PF).....	144
hydroxocobalamin	363	ibutilide fumarate	153	IMPACT ADVANCED RECOVERY.....	341
hydroxychloroquine	37, 64	icatibant	165	IMPAVIDO.....	64
hydroxyethyl methacrylate,bulk	236	lclevia.....	245	IMVEXXY MAINTENANCE PACK.....	397
hydroxypropyl cellulose ..	238	ICLUSIG.....	106	IMVEXXY STARTER PACK	397
hydroxyurea	97	IDARAN.....	290	INBRIJA.....	196
hydroxyzine hcl	179	idarubicin	113	Incassia.....	250
hydroxyzine pamoate	179	IDEAL BOWEL SUPPORT..	425	INCONTROL SUPER THIN LANCETS.....	522, 602
HYFIBER FOR KIDS.....	434	IDELVION.....	451	INCONTROL ULTRA THIN LANCETS.....	522, 602
HYFTOR.....	288	IDHIFA.....	106	INCRELEX.....	396
HYGIENIC CLEANSING LOTION.....	275	IDOSE TR.....	671	INCRUSE ELLIPTA.....	685
HYLAZINC.....	367	IDYYXIATAR.....	259	indapamide	174
HYLENEX.....	401	IFE-BIMIX 30/1.....	297	INDICAID COVID-19 AG HOME TEST.....	510, 602
HYMOVIS.....	474	ifosfamide	92	indomethacin	44
hyoscyamine sulfate . 412, 444		IGALMI.....	231	indomethacin sodium	175
HYOSYNE.....	412, 444	IGG 2000 CWP.....	343	INFANRIX (DTAP) (PF).....	136
HYPERHEP B.....	131	IGG PURE.....	343	INFANT PROBIOTIC.....	425
HYPERHEP B NEONATAL. 131		IGLUCOSE BLOOD GLUCOSE MONITOR. 522, 602		INFANT-TODDLER MULTIVITAMIN.....	347
HYPERRAB (PF).....	132	IGLUCOSE TEST STRIP.....	496, 602	INFANT-TODDLER MULTIVIT-IRON.....	349
HYPERRHO S/D.....	132	IHEALTH COVID-19 AG HOME TEST.....	510, 602	INFASURF.....	691
HYPERR-SAL.....	237	IHEEZO (PF).....	665	INFED.....	317
HYPERTET (PF).....	132	ILARIS (PF).....	32	INFINITY METER KIT. 522, 602	
HYPOCYN ANTIPRURITIC.....	119, 295	ILET INFUSION KIT-INSET 23".....	561, 602	INFINITY STARTER KIT.....	522, 602
hypromellose	238	ILET INFUSION-CONTACT DTCH 23".....	561, 602	INFINITY TEST STRIPS.....	496, 602
HYQVIA.....	131	ILET INSULIN PUMP..	559, 602	INFLECTRA.....	34, 36, 419
HYQVIA HY COMPONENT. 401		ILEVRO.....	662	infliximab	34, 36, 419
HYQVIA IG COMPONENT.. 131		ILUMYA.....	262	INFUGEM.....	97
		ILUVIEN.....	660	INFUMORPH P/F.....	22
		imatib	108	INFUVITE ADULT.....	338
		IMBRUVICA.....	99, 108, 109		
		IMCIVREE.....	298		

INFUVITE ADULT (VIAL 1) .	338	<i>insulin lispro protamin-</i>		<i>irbesartan</i>	150
INFUVITE ADULT (VIAL 2) .	338	<i>lispro</i>	392	<i>irbesartan-</i>	
INFUVITE PEDIATRIC	348	<i>insulin syrlndl u100 half</i>		<i>hydrochlorothiazide</i>	150
INFUVITE PEDIATRIC		<i>mark</i>	536, 603	<i>irinotecan</i>	112
(VIAL 1).....	348	INSULIN SYRINGE.....	536, 603	IRON (FERROUS	
INFUVITE PEDIATRIC		INSULIN SYRINGE		SULFATE).....	317
(VIAL 2).....	348	MICROFINE.....	536, 603	<i>iron bisglycinate chelate</i> ...	317
INGREZZA.....	226, 227	<i>insulin syringe-needle u-</i>		IRON FOLATE PLUS.....	318
INGREZZA INITIATION		<i>100</i>	536, 604	IRON FOLATE-F.....	318
PK(TARDIV).....	226, 227	INSYTE IV CATHETER		<i>iron,carbonyl-vitamin c</i>	318
INGREZZA SPRINKLE	226, 227	.....	544, 604	ISENTRESS.....	66, 67
INJECT EASE LANCETS		INTELENCE.....	67	ISENTRESS HD.....	66
.....	522, 602	INTELISWAB COVID-19		Isibloom.....	245
INJECTAFER.....	317	HOME TEST.....	510, 604	I-SIGHT.....	12
INLYTA.....	109	INTENSE DRY SKIN		<i>isoflurane</i>	45
INNOSPIRE DELUXE .	553, 602	THERAPY.....	275	ISOLYTE S PH 7.4.....	321
INNOSPIRE ELEGANCE		INTERLINK LEVER LOCK		ISOLYTE-P IN 5 %	
.....	553, 602	CANNULA.....	549, 604	DEXTROSE.....	315
INNOSPIRE ESSENCE		INTRALIPID.....	346	ISOLYTE-S.....	321
.....	553, 603	INTRAROSA.....	397	<i>isoniazid</i>	71
INNOSPIRE GO		<i>intraventricular</i>		<i>isopropyl alcohol</i>	236
NEBULIZER.....	548, 603	<i>electrolytes1</i>	311	<i>isoproterenol hcl</i>	168
INNOSPIRE MINI.....	553, 603	INVACARE LANCETS .	522, 604	<i>isoproterenol in 0.9 % nacl</i>	
INNOSPIRE		INVEGA HAFYERA.....	198	.....	168
REPLACEMENT FILTER		INVEGA SUSTENNA..	198, 199	<i>isosorbide dinitrate</i>	150
.....	553, 603	INVEGA TRINZA.....	199	<i>isosorbide mononitrate</i>	
INPEFA.....	368	INVELTYS.....	660	.....	150, 151
INPEN (FOR HUMALOG)		INVIGOFLEX AMPM.....	10	<i>isosorbide-hydralazine</i>	178
BLUE.....	535, 603	INVIGOFLEX CS.....	10	<i>isotretinoin</i>	255
INPEN (FOR HUMALOG)		INVIGOFLEX D.....	10	<i>isradipine</i>	166
GREY.....	535, 603	INVIGOFLEX GS.....	10	ISTODAX.....	102
INPEN (FOR HUMALOG)		INVOKAMET.....	375	ISTURISA.....	369
PINK.....	536, 603	INVOKAMET XR.....	375	IS-ZC 50.....	325
INPEN (NOVOLOG OR		INVOKANA.....	376	ITHOXIA.....	260
FIASP) BLUE.....	536, 603	INZDEAXIATAR.....	258	<i>itraconazole</i>	62
INPEN (NOVOLOG OR		INZDEAXIATAR.....	258	IV SOL STABILIZER FOR	
FIASP) GREY.....	536, 603	INZDEOXIA.....	257	BLINCYTO.....	238
INPEN (NOVOLOG OR		IODOFLEX.....	119	I-VALEX-1.....	305, 340
FIASP) PINK.....	536, 603	IODOPEN.....	316	I-VALEX-2.....	340
INQOVI.....	115	IODOSORB.....	119	IVENIX ADMIN SET 2INLET	
INREBIC.....	103	IONOSOL-MB IN D5W.....	315	2YSITE.....	544, 604
INSPIRATION ELITE		IOPIDINE.....	670	IVENIX ADMIN SET 2INLET	
FILTER.....	553, 603	IPOL.....	144	Y-SITE.....	544, 604
INSTA-GLUCOSE (WITH		I-PORT.....	549, 604	IVENIX ADMIN SET	
DEXTRIN).....	370	I-PORT ADVANCE 6 MM		SINGLE-INLET.....	544, 604
INSUFLON.....	557, 603	INJEC PORT.....	549, 604	IVENIX BLOOD PRODUCT	
<i>insulin asp prt-insulin</i>		I-PORT ADVANCE 9 MM		ADMIN SET.....	478, 604
<i>aspart</i>	392	INJEC PORT.....	549, 604	IVENIX LVP EPIDURAL	
<i>insulin aspart u-100</i>	395	<i>ipratropium bromide</i> .	686, 691	ADMIN SET.....	478, 604
<i>insulin lispro</i>	395	<i>ipratropium-albuterol</i>	687		

IVENIX LVP EPIDURAL	JOENJA.....	646	KENALOG-80.....	387
SET NRFIT.....	JOLESSA.....	246	KENDALL DISINFECTANT	
<i>ivermectin</i>	JORNAY PM.....	207	CAP.....	549, 605
IWILFIN.....	Joyeaux.....	246	KENGREAL.....	463
IXCHIQ (PF).....	Juleber.....	246	KENGUARD FOLEY	
IXEMPRA.....	JULIE.....	253, 254	CATHETER.....	560, 605
IXIARO (PF).....	JULUCA.....	67	KEPIVANCE.....	433
IXINITY.....	Junel 1.5/30 (21).....	246	KERAGEL.....	295, 605
IYUZEH (PF).....	Junel 1/20 (21).....	246	KERALYT SCALP	
IZERVAY (PF).....	Junel Fe 1.5/30 (28).....	246	COMPLETE.....	286
Jaimiess.....	Junel Fe 1/20 (28).....	246	KERASTAT.....	275
JAKAFI.....	Junel Fe 24.....	246	KERENDIA.....	148
Jantoven.....	JUST 4 KIDZ MULTIVIT-		KERLIX AMD.....	295, 605
JANUMET.....	PROBIOTIC.....	349	KESIMPTA PEN.....	652
JANUMET XR.....	JUST RIGHT 5000.....	648	<i>ketamine</i>	46
JANUVIA.....	JUXTAPID.....	163	<i>ketamine (pf)-nacl, iso-</i>	
JARDIANCE.....	JYLAMVO.....	37, 95	<i>osmotic</i>	45
JARRO-DOPHILUS	JYNARQUE.....	441	<i>ketamine in 0.9 % sod</i>	
ALLERGEN FREE.....	JYNNEOS (PF)....	133, 144, 145	<i>chloride</i>	45, 46
JARRO-DOPHILUS BABY..	K1-1000.....	367	<i>ketamine in nacl, iso-</i>	
JARRO-DOPHILUS BABY	K2-D3 MAX.....	365	<i>osmotic</i>	46
PROBIOTIC.....	KABIVEN.....	346	<i>ketamine in sterile water</i>	46
JARRO-DOPHILUS DIGEST	KADCYLA.....	94, 115	KETARYA.....	272
SURE.....	Kaitlib Fe.....	246	<i>ketoconazole</i>	62, 267
JARRO-DOPHILUS EPS....	KALBITOR.....	176	KETODAN KIT.....	267
JARRO-DOPHILUS GUT	Kalliga.....	246	KETONEX-1.....	305, 340
CALM.....	KALYDECO.....	690	KETONEX-2.....	341
JARRO-DOPHILUS KIDS...	KANGAROO 924 SAFETY		<i>ketoprofen</i>	43, 44
JARRO-DOPHILUS PLUS	SCREW.....	512, 604	<i>ketorolac</i>	42, 662
FOS.....	KANGAROO EPUMP SET		KEVARAXAP.....	272
JARRO-DOPHILUS	.....	512, 605	KEVARTIA.....	272
PRENATAL.....	KANGAROO GRAVITY SET		KEVARYA.....	273
JARRO-DOPHILUS ULTRA	.....	512, 605	KEVEYIS.....	471
JARRO-DOPHILUS	KANJINTI.....	117	KEVZARA.....	40
WOMEN.....	KANUMA.....	643	KEXM.....	272
Jasmiel (28).....	KAPSPARGO SPRINKLE...	164	KEYA.....	273
JATENZO.....	KARBINAL ER.....	679, 680	KEYFOLIC.....	332
Javygtor.....	Kariva (28).....	242	KEYTRUDA.....	114
JAYPIRCA.....	KATARAXAP.....	272	KHAPZORY.....	118
JAZZ WIRELESS 2 METER	KATARVIA.....	272	KIDS MELATONIN.....	220
KIT.....	KATARYA.....	272	KIDS MULTI ZERO.....	349
JELMYTO.....	KATARYAXN.....	272	KIDS MULTIVITAMIN-	
JEMPERLI.....	KAXM.....	272	MINERALS.....	349
Jencycla.....	KCENTRA.....	451	KIDS SLEEP CALM.....	220
JENTADUETO.....	KEDRAB (PF).....	132	KIDS SLEEP IMMUNE	
JENTADUETO XR.....	KEIDO.....	272	HEALTH.....	221
JESDUVROQ.....	Kelnor 1/35 (28).....	246	KIMMTRAK.....	117
JEVTANA.....	Kelnor 1-50 (28).....	246	KIMONO CONDOMS(NON-	
Jinteli.....	KEMOPLAT.....	107	LUBRICATED).....	545, 605
JIVI.....	KENALOG.....	387		

KIMONO LUBRICATED	KRINTAFEL.....	64	LANCETS, SUPER THIN	522, 605
CONDOMS.....	KRYSTEXXA.....	446	LANCETS, THIN.....	523, 605
KIMONO MICROTHIN	Kurvelo (28).....	246	LANCETS, ULTRA THIN	523, 605
AQUA LUBE CON.....	KUTAR.....	273	LANOLIN (HPA).....	275
KIMONO MICROTHIN	KUTARVIA.....	273	LANOXIN.....	171
CONDOMS.....	KUTARYAXM.....	273	LANOXIN PEDIATRIC.....	171
KIMONO MICROTHIN	KUTARYAXMPA.....	273	<i>lanreotide</i>	399
LARGE CONDOMS.....	KUTEA.....	272	<i>lansoprazole</i>	410
KIMONO TEXTURED	KUVAN.....	647	<i>lanthanum</i>	440
CONDOMS.....	KUVARYA.....	273	LANTIDRA RINSE BAG.....	299
KIMYRSA.....	KUVARYE.....	273	<i>lapatinib</i>	91
KINDERLYTE HERBAL	KUXM.....	272	Larin 1.5/30 (21).....	246
IMMUNITY.....	KYLEENA.....	241	Larin 1/20 (21).....	246
KINDERMED INFANTS	KYPROLIS.....	108	Larin 24 Fe.....	246
COUGH PLUS.....	KYZATREX.....	371	Larin Fe 1.5/30 (28).....	247
KINDERMED INFANTS	<i>I norgestle.estradiol-</i>		Larin Fe 1/20 (28).....	247
NIGHT COUGH.....	<i>e.estrad</i>	242, 251	<i>latanoprost</i>	671
KINERET.....	<i>I. acidophilus-b. coagulans</i>	426	LAYOLIS FE.....	247
KINEVAC.....	.....		LC PLUS.....	548, 605
KINRIX (PF).....	L.E.T. (LIDO-EPINEPH-		LC PLUS NEBULIZER-PED	
Kionex (With Sorbitol).....	TETRA).....	292	MASK.....	548, 605
Kiprofen.....	L.E.T.(LIDO-EPINEPH BIT-		LC-655.....	319
KISQALI.....	TETRA).....	292	L-CARNITINE.....	300
KISQALI FEMARA CO-	<i>labetalol</i>	149	L-CARNITINE (TARTRATE).....	300
PACK.....	<i>labetalol in dextrose, iso-</i>		L-CARNOSINE.....	300
KLARITY (CHONDROITIN)	<i>osm</i>	149	LEENA 28.....	251
(PF).....	<i>labetalol in nacl (iso-</i>		<i>leflunomide</i>	41
Klayesta.....	<i>osmot)</i>	149	LEMTRADA.....	652
KLISYRI.....	<i>lacosamide</i>	184	<i>lenalidomide</i>	111
Klor-Con M10.....	LACRISERT.....	655	LENVIMA.....	109
Klor-Con M15.....	<i>lactase</i>	408	LEQEMBI.....	239
Klor-Con M20.....	<i>lactated ringers</i>	311, 358	LEQVIO.....	159
KLOXXADO.....	<i>lactobacillus acidophilus</i> ..	426	Lessina.....	247
KOATE.....	<i>lactobacillus acidoph-</i>		<i>letrozole</i>	98
KOGENATE FS.....	<i>I.bulgar</i>	427	<i>leucovorin calcium</i>	118
KONSYL DAILY FIBER	<i>lactulose</i>	407, 435	LEUKERAN.....	92
(STEVIA).....	LAGEVRIO (EUA).....	87	LEUKINE.....	456
KONSYL SUGAR-FREE.....	LAMICTAL XR STARTER		<i>leuprolide</i>	104
KORLYM.....	(BLUE).....	187	<i>leuprolide (3 month)</i>	104
KORSUVA.....	LAMICTAL XR STARTER		<i>levabuterol hcl</i>	687
KOSELUGO.....	(GREEN).....	187	<i>levabuterol tartrate</i>	687
KOTARAXAP.....	LAMICTAL XR STARTER		<i>levamlodipine</i>	166
KOVALTRY.....	(ORANGE).....	187	LEVEMIR FLEXPEN.....	393
KOVANAZE.....	LAMIOFLUR.....	401	LEVEMIR U-100 INSULIN... 393	
K-PHOS NO 2.....	<i>lamivudine</i>	69, 78	<i>levetiracetam</i>	188
K-PHOS ORIGINAL.....	<i>lamivudine-zidovudine</i>	70	<i>levetiracetam in nacl (iso-</i>	
KRAZATI.....	<i>lamotrigine</i>	187, 213, 214	<i>os)</i>	188
K-RIGHT.....	LAMPIT.....	64	<i>levobunolol</i>	664
<i>krill-om-3-dha-epa-</i>	LAMZEDE.....	642		
<i>phospho-ast</i>	<i>lancets</i>	522, 605		

<i>levocarnitine</i>	300, 645	<i>lidocaine-phenylephrin-</i>	LIVER PROTECT.....	12
<i>levocarnitine (with sugar)</i>	645	<i>bss(pf)</i>	LIVITA FOR ADULT.....	332
<i>levocarnitine tartrate</i>	300	<i>lidocaine-phenylephrn in</i>	LIVITA FOR CHILDREN.....	349
<i>levocetirizine</i>	681	<i>water</i>	LIVMARLI.....	468
<i>levofloxacin</i>	77, 669	<i>lidocaine-prilocaine</i>	LIVTENCITY.....	76
<i>levofloxacin in d5w</i>	77	<i>lidocaine-racepinep-</i>	LMD 10 % IN 0.9 %	
<i>levoleucovorin calcium</i>	118	<i>tetracaine</i>	SODIUM CHLOR.....	462
Levonest (28).....	251	Lidocan lii.....	LMD 10 % IN 5 %	
<i>levonorgest-eth.estradiol-</i>		Lidocan Iv.....	DEXTROSE.....	462
<i>iron</i>	247	Lidocan V.....	L-MESITRAN SOFT.....	295
<i>levonorgestrel</i>	253, 254	LIDOCIDEX-I.....	LO LOESTRIN FE.....	242
<i>levonorgestrel-ethinyl</i>		<i>lido-epi with 8.4% sod</i>	LOFRIC.....	560, 606
<i>estrad</i>	247	<i>bicarb</i>	LOFRIC HYDRO-KIT...560, 606	
<i>levonorg-eth estrad</i>		LIDOPIN.....	LOFRIC ORIGO.....	560, 606
<i>triphasic</i>	251	LIDTOPIC MAX.....	LOFRIC PRIMO NELATON	
Levora-28.....	247	Lignospan Standard.....	CATHETER.....	560, 606
<i>levorphanol tartrate</i>	23	LIKMEZ.....	LOFRIC SENSE NELATON	
<i>levothyroxine</i>	400, 401	LILETTA.....	CATHETER.....	560, 606
LEVULAN.....	289	<i>lincomycin</i>	Lojaimiess.....	242
L-GLUTAMINE.....	300	<i>linezolid</i>	LOKELMA.....	311
LIBERVANT.....	183, 211	<i>linezolid in dextrose 5%</i>	LONSURF.....	97
LIBTAYO.....	114	<i>linezolid-0.9% sodium</i>	<i>loperamide</i>	403
LICART.....	289	<i>chloride</i>	<i>lopinavir-ritonavir</i>	69
LICE-BEDBUG-MITE		LINZESS.....	LOQTORZI.....	114
BEDDING.....	294	LIORESAL.....	<i>lorazepam</i>	179, 211, 230
<i>licorice root (g.glabra)</i>	16	<i>liothyronine</i>	Lorazepam Intensol.....	179, 211
LIDO BDK.....	561	LIPOCHOL PLUS.....	LORBRENA.....	93
<i>lidocaine</i>	49, 292	LIPO-FLAVONOID.....	LORMATE.....	362
<i>lidocaine (pf)</i>	49, 152	LIQREV.....	Loryna (28).....	247
<i>lidocaine hcl</i>	49, 292, 651	LIQUACEL.....	<i>losartan</i>	150
<i>lidocaine hcl(pf) in 0.9%</i>		LIQUID C.....	<i>losartan-</i>	
<i>nacl</i>	49	LIQUID MULTIVITAMIN.....	<i>hydrochlorothiazide</i>	150
<i>lidocaine hcl-</i>		<i>lisdexamfetamine</i>	LOTEMAX.....	660
<i>hydrocortison ac</i> ... 53, 54, 284		<i>lisinopril</i>	LOTEMAX SM.....	660
<i>lidocaine in 5 % dextrose</i>		<i>lisinopril-</i>	<i>loteprednol etabonate</i>	660
<i>(pf)</i>	152	<i>hydrochlorothiazide</i>	LOTREXONE.....	18
<i>lidocaine in nacl,iso-</i>		LITE TOUCH-MEDIUM	<i>lovastatin</i>	157
<i>osmo(pf)</i>	49, 152	MASK.....	Low-Ogestrel (28).....	247
Lidocaine Viscous.....	651	LITEAIRE MDI CHAMBER	<i>loxapine succinate</i>	201
<i>lidocaine with sod</i>		.....	Lo-Zumandimine (28).....	247
<i>phosphate</i>	49	LITETOUCH-LARGE MASK	<i>lubiprostone</i>	414, 432
<i>lidocaine-epinephrine</i>	51	.....	LUCEMYRA.....	231
<i>lidocaine-epinephrine (pf)</i> ...51		.....	LUCENTIS.....	665, 666, 672
<i>lidocaine-epinephrine bit</i>		LITETOUCH-SMALL MASK	LUCIRA CHECK-IT COVID	
.....	51, 649	.....	HOME TST.....	511, 606
<i>lidocaine-epineph-sodium</i>		LITFULO.....	LUGOLS.....	119, 316
<i>chlor</i>	52	<i>lithium carbonate</i>	<i>luliconazole</i>	267
<i>lidocaine-hydrocortisone-</i>		<i>lithium citrate</i>	LUMAKRAS.....	103
<i>aloe</i>	54	LITHOLYTE.....	LUMIGAN.....	671
		LITHOSTAT.....	LUMIZYME.....	644
		LIVALO.....		

LUMRYZ.....	227	magnesium citrate,mag	MAXORB EXTRA.....	296, 607
LUNSUMIO.....	90	oxide	MAYZENT.....	654
LUPKYNIS.....	469	magnesium citrate-lemon	MAYZENT STARTER(FOR	
LUPRON DEPOT.....	104, 396	balm	1MG MAINT).....	654
LUPRON DEPOT (3		MAGNESIUM COMPLEX....	MAYZENT STARTER(FOR	
MONTH).....	104, 396	magnesium glycinate	2MG MAINT).....	654
LUPRON DEPOT (4		MAGNESIUM OPTIMIZER..	MB HYDROGEL.....	274
MONTH).....	104	magnesium oxide	MC 300 NEBULIZER W-	
LUPRON DEPOT (6		magnesium sulfate	MOUTHPIECE.....	548, 607
MONTH).....	104	magnesium sulfate in 0.9	MC 300 NEBULIZER-	
LUPRON DEPOT-PED.....	396	%nacl	UNVRSL TUBING.....	548, 607
LUPRON DEPOT-PED (3		magnesium sulfate in d5w	MCT OIL.....	340
MONTH).....	396	.....	meclizine	404
lurasidone	198	magnesium sulfate in	meclofenamate	42
LUTATHERA.....	106, 110	water	mecobalamin (vitamin b12)	
lutein	12	malathion.....	.....	363
lutein-zeaxanthin	12	manganese chloride	MEDCAPS MENOPAUSE....	16
lutein-zeaxanthin-bilberry		mannitol 20 %	MEDIHONEY	
ext	12	mannitol 25 %	(HYDROCOLLOID-HONEY)	
Lutera (28).....	247	maraviroc.....	.....	296, 607
LYBALVI.....	202, 204, 214	Marcaine-Epinephrine.....	MEDISENSE THIN	
Lyleq.....	250	MARGENZA.....	LANCETS.....	523, 607
Lyllana.....	385	Marlissa (28).....	medium chain	
LYNPARZA.....	107	MARNATAL-F.....	triglycerides	340
lysine hcl	300	MARPLAN.....	MEDLANCE PLUS	
LYSODREN.....	93	MARVONA SUIK (PF).....	LANCETS.....	523, 607
LYTGOBI.....	102	MAS CARE-PAK (PF).....	MEDLANCE PLUS	
LYUMJEV KWIKPEN U-100		MATULANE.....	SPECIAL BLADE.....	523, 607
INSULIN.....	395	Matzim La.....	MEDROL.....	387
LYUMJEV KWIKPEN U-200		MAVENCLAD (10 TABLET	MEDROLOAN II SUIK.....	387
INSULIN.....	395	PACK).....	MEDROLOAN SUIK.....	387
LYUMJEV TEMPO PEN(U-		MAVENCLAD (4 TABLET	medroxyprogesterone	
100)INSULN.....	395	PACK).....	.....	241, 398
LYUMJEV U-100 INSULIN..	395	MAVENCLAD (5 TABLET	MEDTRONIC EXT	
Lyza.....	250	PACK).....	INFUSION SET 23".....	562, 607
M.V.I. ADULT (VIAL 1).....	338	MAVENCLAD (6 TABLET	MEDTRONIC EXT	
MACULAPF.....	12	PACK).....	INFUSION SET 32".....	562, 607
mafenide acetate	271	MAVENCLAD (7 TABLET	mefenamic acid	42
mag citrate-potassium		PACK).....	mefloquine	64
citrate	323	MAVENCLAD (8 TABLET	MEGARED ADV TOTAL	
MAGE.....	427	PACK).....	BODY REFRESH.....	161
MAGELLAN INSULIN		MAVENCLAD (9 TABLET	MEGARED ADVANCED 4-	
SAFETY SYRNG. 536, 537, 606		PACK).....	IN-1.....	161
MAGELLAN SYRINGE 537, 606		MAVYRET.....	MEGARED ADVANCED	
MAGIC3 INTERMITTENT		MAXFE (FOLATE).....	TOTAL BODY.....	161
CATHETER.....	560, 606	MAXICOMFORT INSULIN	MEGARED OMEGA-3	
MAGMIND.....	319	SYRINGE.....	KRILL OIL.....	161
magnesium	319	537, 606, 607	megestrol	108, 299
magnesium chloride	319	MAXI-COMFORT INSULIN	MEKINIST.....	105
magnesium citrate	319	SYRINGE.....	MEKTOVI.....	105
		537, 606, 607		
		MAXIDEX.....		
		661		

<i>melatonin</i>	13, 220	<i>metaxalone</i>	476	<i>methylprednisolone</i>	
MELATONINMAX.....	220	METDRAY.....	286	<i>sodium succ</i>	387, 388
<i>melatonin-pyridoxal phos</i>		<i>metformin</i>	395	<i>methyltestosterone</i>	371
<i>(b6)</i>	221	<i>methadone</i>	23	<i>methyltetrahydrofolate</i>	
<i>melatonin-pyridoxine (vit</i>		<i>methadone in 0.9 %</i>		<i>glucos</i>	367
<i>b6)</i>	16, 221	<i>sod.chlorid</i>	23	<i>metoclopramide hcl</i> ...	411, 412
<i>melatonin-pyridoxine hcl</i>		<i>methadone in sod</i>		<i>metolazone</i>	174
<i>(b6)</i>	16, 221	<i>chlor,iso-osm</i>	23	METOPIRONE.....	297
<i>melatonin-theanine</i>	221	Methadone Intensol.....	23	<i>metoprolol succinate</i>	164
<i>meloxicam</i>	43	Methadose.....	23	<i>metoprolol ta-</i>	
<i>melphalan hcl</i>	92	<i>methamphetamine</i>	207, 218	<i>hydrochlorothiaz</i>	168
<i>memantine</i>	240	<i>methazolamide</i>	172	<i>metoprolol tartrate</i>	164
MEMBRANEBLUE.....	667	<i>methenamine hippurate</i>		<i>metronidazole</i>	65, 290, 695
MEN 50 PLUS		.....	82, 443	<i>metronidazole in nacl (iso-</i>	
MULTIVITAMIN.....	332	<i>methenamine mandelate</i>		<i>os)</i>	65
MENEST.....	385	.....	82, 443	<i>metyrosine</i>	176
MENOFEM.....	16	<i>methen-sod phos-meth</i>		<i>mexiletine</i>	152
MENOSTAR.....	385	<i>blue-hyos</i>	83, 444	Mibelas 24 Fe.....	247
MENQUADFI (PF).....	138	<i>me-thfolate glucos-</i>		<i>micafungin</i>	61, 62
MEN'S 50 PLUS		<i>mecobalamin</i>	362	<i>micafungin in 0.9 %</i>	
MULTIVITAMIN.....	332	<i>methimazole</i>	380	<i>sodium chl</i>	61, 62
MEN'S DAILY GUMMIES....	332	METHITEST.....	371	<i>miconazole nitrate-zinc ox-</i>	
MEN'S MULTIVITAMIN		<i>methocarbamol</i>	476	<i>pet</i>	267
GUMMIES.....	333	METHOCEL E 4 M.....	238	MICONAZOLE-3.....	695
MEN'S ONE DAILY.....	333	<i>methohexital in water (pf)</i> ...	46	MICRHOGAM ULTRA-	
MENTAX.....	266	<i>methotrexate sodium</i>	37, 95	FILTERED PLUS.....	132
MENVEO A-C-Y-W-135-DIP		<i>methotrexate sodium (pf)</i>		MICRO BLOOD GLUCOSE	
(PF).....	138	.....	37, 95	.....	497, 607
MENVEO MENA		<i>methoxsalen</i>	269	MICRO THIN LANCETS	
COMPONENT (PF).....	138	<i>methscopolamine</i>	412	.....	523, 607
MENVEO MENCYW-135		<i>methsuximide</i>	188	MICROAIR MESH	
COMPNT (PF).....	139	METHYL PROTECT.....	361	NEBULIZER.....	548, 607
<i>meperidine</i>	23	<i>methyl salicylate</i>	293	MICROBORE EXTENSION	
<i>meperidine (pf)</i>	23	<i>methyldopa</i>	171	SET.....	544, 607
<i>meperidine (pf) in 0.9 %</i>		<i>methyldopa-</i>		MICROCHAMBER.....	554, 607
<i>nacl</i>	23	<i>hydrochlorothiazide</i>	171	MICRODOT BLOOD	
<i>mepivacaine</i>	49, 649	<i>methyldopate</i>	171	GLUCOSE SYSTEM	
<i>meprobamate</i>	180	<i>methylene blue (antidote)</i>		.....	497, 523, 607, 608
MEPSEVII.....	644	.....	55, 56	MICRODOT LANCET..	523, 608
<i>mercaptopurine</i>	96	<i>methylene blue (bulk-</i>		MICRODOT XTRA BLOOD	
<i>meropenem</i>	72	<i>solid)</i>	236	GLUCOSE.....	497, 608
<i>meropenem-0.9% sodium</i>		<i>methylergonovine</i>	398	Microgestin 1.5/30 (21).....	247
<i>chloride</i>	72	<i>methylphenidate</i>	208	Microgestin 1/20 (21).....	248
Merzee.....	247	<i>methylphenidate hcl</i>		Microgestin 24 Fe.....	248
<i>mesalamine</i>	416	.....	207, 208, 228	Microgestin Fe 1.5/30 (28)...	248
<i>mesalamine with</i>		<i>methylpred ac(pf)-nacl,iso-</i>		Microgestin Fe 1/20 (28).....	248
<i>cleansing wipe</i>	416	<i>osm</i>	387	MICROLET LANCET ...	523, 608
<i>mesna</i>	119	<i>methylprednisolone</i>	387	<i>microplegic solution no.1</i>	673
MESNEX.....	119	<i>methylprednisolone</i>		<i>microplegic solution no.1-</i>	
Metadate Er.....	207	<i>acetate</i>	387	<i>cp2d</i>	673

MICROSPACER.....	554, 608	MINIMED QUICK SET 43"	.....	562, 608	mometasone	281, 692
MICURADERM.....	270, 275	.....	.....	562, 608	Mondoxyne NI.....	88
midazolam	47, 212, 230	MINIMED SILHOUETTE 18"	.....	562, 609	MONJUVI.....	99
midazolam (pf)	46, 212	.....	.....	562, 609	MONOFERRIC.....	317
midazolam (pf) in 0.9 %		MINIMED SILHOUETTE 23"	.....	562, 609	MONO-FLO DRAINAGE	
nacl	46, 211, 212	.....	.....	562, 609	BAG.....	530, 609
midazolam in 0.9 % sod		MINIMED SILHOUETTE 32"	.....	562, 609	MONOJECT INSULIN	
chlorid	47, 212	.....	.....	562, 609	SAFETY SYRINGE.....	537, 609
midazolam in dextrose 5 %		MINIMED SILHOUETTE 43"	.....	562, 609	MONOJECT INSULIN	
.....	47, 212	.....	.....	562, 609	SYRINGE.....	537, 538, 609
midazolam in nacl, iso-		MINIMED SURE T 18" .	562, 609		MONOJECT LUER	
osmotic	47, 212	MINIMED SURE T 23" .	562, 609		ADAPTER.....	549, 609
midazolam in nacl, iso-		MINIMED SURE T 32" .	562, 609		MONOJECT SYRINGE	
osmo(pf)	47, 212	MINOCIN.....	88		.....	538, 610
midodrine	170	minocycline	41, 88		MONOJECT ULTRA	
MIEBO (PF).....	655	minoxidil	172		COMFORT INSULIN...	538, 610
MIFEPREX.....	369	MINREX.....	320		MONOLET LANCETS .	523, 610
mifepristone	369, 374	MIOCHOL-E.....	656		MONOLET THIN LANCETS	
miglitol	372	MIOSTAT.....	656		.....	523, 610
miglustat	645	MIRCERA.....	450		Mono-Linyah.....	248
Mili.....	248	MIRENA.....	241		MONOVISC.....	474
milk thistle	16	MIRO3D.....	294		MONSEL'S.....	457
milk thistle sd ext-blessed		MIRODERM			montelukast	684
th	16	FENESTRATED.....	294		morphine	24, 25
milk thistle seed extract	16	MIRODERM			morphine (pf)	24
milrinone	167	FENESTRATED PLUS.....	294		morphine (pf) in 0.9 % sod	
milrinone in 5 % dextrose .	167	mirtazapine	191		chl	23, 24
Mimvey.....	384	misoprostol	411		morphine concentrate	24
MIND AND MEMORY.....	16	MITIGO (PF).....	23		morphine in 0.9 % sodium	
MINI PLUS NEBULIZER		mitomycin	113		chlor	24
.....	548, 608	mitomycin (pf) in water	659		MOTTEGRITY.....	411
MINI WRIGHT PEAK FLOW		MITOPRIME.....	12		MOTPOLY XR.....	184
METER.....	550, 608	MITOSOL.....	659		MOUNJARO.....	374
MINIMED 630G INSULIN		mitoxantrone	113		MOVANTIK.....	57
PUMP.....	559, 608	MK-7.....	367		MOVE FREE PLUS MSM.....	10
MINIMED 770G INSULIN		MKO (MIDAZOLAM-			MOVE FREE PLUS MSM-	
PUMP.....	559, 608	KETAMINE-ONDAN).....	45		VIT D3.....	10
MINIMED 780G INSULIN		M-M-R II (PF)			MOVE FREE ULTRA	
PUMP.....	559, 608	.....	134, 143, 144, 145, 146		TURMERIC-TAMAR.....	17
MINIMED MIO ADVANCE		M-NATAL PLUS.....	352		MOXATAG.....	59
INF SET23".....	562, 608	MOBILE LANCETS.....	523, 609		moxifloxacin	77, 669
MINIMED MIO ADVANCE		modafinil	228		moxifloxacin (pf)-bss	669
INF SET43".....	562, 608	MODERNA COVID 23-			moxifloxacin-sod	
MINIMED QUICK SET 18"		24(6M-11Y)PF.....	141		chlor,iso(pf)	669
.....	562, 608	moexipril	148		moxifloxacin-sod.ace,sul-	
MINIMED QUICK SET 23"		MOISTURIZING CREAM...	275		water	77
.....	562, 608	MOISTURIZING NORMAL-			moxifloxacin-	
MINIMED QUICK SET 32"		DRY SKIN.....	274		sod.chloride(iso)	77
.....	562, 608	MOITURIZING LOTION.....	275		MRESVIA (PF).....	120
		molindone	201		MULPLETA.....	467

MULTAQ.....	153	mycophenolate mofetil	NATACYN.....	670
MULTI PRO.....	333	.....	NATAL PNV.....	358
MULTIA DAILY		mycophenolate mofetil	NATAZIA.....	251
MULTIVITAMIN.....	333	(hcl)	nateglinide	374
MULTITOL-M.....	333	mycophenolate sodium	NATESTO.....	371
MULTITRACE-4		MYDRIATIC4(TROP-PROP-	NAYZILAM.....	183, 212
CONCENTRATE.....	324	PE-KTRLC).....	nebivolol	164
MULTITRACE-4		MYFEMBREE.....	nebulizer and compressor	
NEONATAL.....	325	MYGLUCOHEALTH	.....	554, 610
MULTITRACE-4		.....	NEBUSAL.....	237
PEDIATRIC.....	325	.....	Necon 0.5/35 (28).....	248
multivit with min-folic acid	333	MYGLUCOHEALTH	nefazodone	192
multivit,calc,min-fa-k1-		LANCETS.....	nelarabine	96
lycop	333	MYHIBBIN.....	NENDRUX.....	286
multivitamin	338	MYLERAN.....	neomycin	59
MULTIVITAMIN GUMMIES.	333	MYLK.....	neomycin-bacitracin-poly-	
MULTI-VITAMIN WITH		MYLOTARG.....	hc	657
FLUORIDE.....	350	MYNATAL.....	neomycin-bacitracin-	
MULTIVITAMIN WOMEN 50		MYNATAL ADVANCE.....	polymyxin	668
PLUS.....	333	MYNATAL PLUS.....	neomycin-polymyxin b gu	438
MULTIVITAMIN-ZINC-		MYNATAL-Z.....	neomycin-polymyxin b-	
STRESS.....	301	MYNATE 90 PLUS.....	dexameth	657
MULTI-VIT-FLOR.....	350	MYNEPHRON.....	neomycin-polymyxin-	
MULTIVIT-FLUORIDE		MYOBLOC.....	gramicidin	668
(METAFOLIN).....	350	MYRBETRIQ.....	neomycin-polymyxin-hc	
multivit-min-ferrous		MYROSINASE.....	.....	657, 675
fumarate	333	MYTESI.....	NEONATAL COMPLETE....	352
multivit-min-ferrous		MYXREDLIN.....	NEONATAL FE.....	317
gluconate	333	N.O.MAX ER.....	NEONATAL PLUS VITAMIN	
MULTRYS.....	325	NABI-HB.....	.....	353
mupirocin	264	nabumetone	NEONATAL-DHA.....	353
mupirocin calcium	264	nadolol	NEOPHE.....	343
MURI-LUBE.....	236	nafcillin	Neo-Polycin.....	668
MUSCUSOLICE.....	288	nafcillin in dextrose iso-	Neo-Polycin Hc.....	657
Mutamycin.....	113	osm	NEORAL.....	40, 469
MVASI.....	90	naftifine	neostigmine in sterile	
MVW COMPLETE FORM		NAGLAZYME.....	water	472
PROBIOT MINI.....	427	nalbuphine	neostigmine methylsulfate	
MVW MODULATOR		nalmefene.....	.....	472
FORMUL MULTIVIT.....	333	naloxone	NEO-SYNALAR.....	265
MVW MODULATR FORM		NALTREX.....	NEO-SYNALAR KIT.....	265
MINI MULTIVT.....	333	naltrexone	NEOVITE.....	333
MVW MODULATR		NAMENDA XR.....	NEPHRO VITAMINS.....	301
FORMLTN PEDIATRIC.....	349	NAMZARIC.....	NEPHRON FA.....	301
MX-SOL SF.....	237	NANRAN.....	NEPHRO-VITE.....	301
MY CHOICE.....	253, 254	naproxen	NEPRO CARB STEADY.....	342
MY WAY.....	253, 254	naproxen sodium	NERIA.....	557, 610
MYALEPT.....	396	naratriptan	NERIA MULTI (BI-	
MYCAPSSA.....	399	NAROPIN (PF).....	FURCATED).....	557, 610
		NATACHEW (FE BIS-		
		GLYCINATE).....		352

NERIA MULTI (QUAD-FURCATED).....	557, 610	NICOTINAMIDE (WITH CHROMIUM).....	334	<i>noreth-ethinyl estradiol-iron</i>	248
NERIA MULTI (TRI-FURCATED).....	557, 610	<i>nicotine</i>	234	<i>norethindrone (contraceptive)</i>	250
NERLYNX.....	91	<i>nicotine (polacrilex)</i>	234	<i>norethindrone acetate</i>	398
NESACAINE.....	51	NICOTROL NS.....	234	<i>norethindrone ac-eth estradiol</i>	248, 384
NESACAINE-MPF.....	51	<i>nifedipine</i>	167	<i>norethindrone-e.estradiol-iron</i>	248, 251
NESTABS ABC.....	353	NIGHTTIME UNDERPANTS L-XL.....	530, 611	<i>norgestimate-ethinyl estradiol</i>	248, 251
NESTABS DHA.....	353	Nikki (28).....	248	NORMAL SALINE FLUSH...	358
Neuac.....	257	<i>nilutamide</i>	94	NORMLGEL AG.....	264
NEULASTA.....	455	<i>nimodipine</i>	166	NORMOSOL-M IN 5 % DEXTROSE.....	315
NEULASTA ONPRO.....	455	NINLARO.....	108	NORMOSOL-R.....	322
NEUPOGEN.....	455	NIPENT.....	96	NORMOSOL-R IN 5 % DEXTROSE.....	316
NEUPRO.....	197	NIPRIDE RTU.....	172	NORMOSOL-R PH 7.4.....	322
NEURAPTINE.....	288	<i>nisoldipine</i>	167	NORPACE CR.....	151
NEURIVA DE-STRESS.....	17	<i>nitazoxanide</i>	64	Nortrel 0.5/35 (28).....	248
NEURIVA ORIGINAL.....	17	NITHIODOTE.....	55	NORTREL 1/35 (21).....	248
NEUTEK 2TEK TEST STRIPS.....	497, 610	<i>nitisinone</i>	646	Nortrel 1/35 (28).....	249
NEVANAC.....	662	Nitro-Bid.....	151	Nortrel 7/7/7 (28).....	251
<i>nevirapine</i>	67	NITRO-DUR.....	151	<i>nortriptyline</i>	195
NEW DAY.....	253, 254	<i>nitrofurantoin</i>	61, 443	NORVIR.....	86
NEW ZEALAND WHEY PROTEIN.....	343	<i>nitrofurantoin macrocrystal</i>	61, 443	NOSE CLIP.....	554, 611
NEWFLORA.....	427	<i>nitrofurantoin monohydlm-cryst</i>	61, 443	NOURIANZ.....	196
NEWGEN.....	353	<i>nitroglycerin</i>	53, 151	NOVA MAX GLUCOSE TEST.....	498, 611
NEXA PLUS.....	353	<i>nitroglycerin in 5 % dextrose</i>	151	NOVA MAX PLUS GLUC-KETON METER.....	508, 611
NEXAVIR.....	287	NITROMIST.....	151	NOVA SAFETY LANCETS.....	523, 611
NEXIUM PACKET.....	410	<i>nitroprusside in 0.9 % nacl</i>	172	NOVA SUREFLEX LANCETS.....	523, 611
NEXIVA.....	544, 610	NITRO-TIME.....	151	NOVAVAX COVID 2023-24(PF)(EUA).....	141
NEXLETOL.....	154	NITYR.....	646	NOVOEIGHT.....	453
NEXLIZET.....	163	NIVESTYM.....	455	NOVOLIN 70/30 U-100 INSULIN.....	391
NEXOBRID.....	271	<i>nizatidine</i>	409	NOVOLIN 70-30 FLEXPEN U-100.....	391
NEXOBRID POWDER COMPONENT.....	271	NOCDURNA (MEN).....	372	NOVOLIN N FLEXPEN.....	391
NEXPLANON.....	241	NOCDURNA (WOMEN).....	372	NOVOLIN N NPH U-100 INSULIN.....	391
NEXTERONE.....	153	NOCTIVA.....	372	NOVOLIN R FLEXPEN.....	392
NEXTSTELLIS.....	248	NORA-BE.....	250	NOVOLIN R REGULAR U100 INSULIN.....	392
NEXVIAZYME.....	644	NORDITROPIN FLEXPRO..	390	NOVOPEN ECHO.....	538, 611
NGENLA.....	390	<i>norelgestromin-ethin.estradiol</i>	252		
<i>niacin</i>	158, 363	<i>norepinephrine bitart in water</i>	170		
<i>niacin (inositol niacinate)</i>	363	<i>norepinephrine bitartrate</i> ..	170		
<i>niacinamide</i>	363	<i>norepinephrine bitartrate-d5w</i>	170		
Niacor.....	158	<i>norepinephrine bitartrate-nacl</i>	170		
<i>nicardipine</i>	166, 167				
<i>nicardipine in 0.9 % sod chlor</i>	166				
<i>nicardipine in nacl (iso-os)</i>	166				

NOVOSEVEN RT.....	452	OB COMPLETE WITH DHA	353	olmesartan-amlodipin-	
NOXAFIL.....	63	OBAGI ELASTIDERM.....	272	hcthiiazid	149
NP THYROID.....	400	OBAGI NU-DERM		olmesartan-	
NPLATE.....	467	BLENDER.....	272	hydrochlorothiazide	150
NRF2 ACTIVATOR.....	17	OBAGI NU-DERM CLEAR..	272	olopatadine	659, 691
NUBEQA.....	94	OBAGI NU-DERM		OLPRUVA.....	646
NUCALA.....	684	SUNFADER.....	273	OLUMIANT.....	41, 254
NUCORT.....	283	OBAGI-C CLARIFYING		OMBRA COMPRESSOR	
NUCYNTA.....	25	SERUM.....	273	SYSTEM.....	554, 611
NUCYNTA ER.....	25	OBAGI-C THERAPY NIGHT		OMECLAMOX-PAK.....	414
NUEDEXTA.....	230	.....	273	omega 3-dha-epa-fish oil ..	161
NUFOLA.....	361	OBIZUR.....	454	OMEGA MONOPURE.....	161
NU-IRON.....	317	OBSTETRIX DHA.....	353	OMEGA MONOPURE DHA	
NUJU.....	271	OBSTETRIX DHA		EC.....	161
NUJU.....	271	PRENATAL DUO.....	353	OMEGA MONOPURE EPA	
NULIBRY.....	644	OBSTETRIX EC.....	353	EC.....	161
NULOJIX.....	471	OBSTETRIX ONE.....	338, 353	OMEGA-3 2100.....	161
NUMAQUA VITAMIN... 12,	334	OICALIVA.....	468	omega-3 acid ethyl esters ..	158
NUMBONEX.....	292	OCELLA.....	249	omega-3 fatty acids-fish	
NUMOISYN.....	17, 650	OCREVUS.....	652	oil	162
NUPLAZID.....	202	OCTAGAM.....	131	OMEGA-3 KRILL OIL.....	162
NURTEC ODT.....	223	OCTAPLAS (BLOOD		omega-3s-dha-epa-fish oil	162
NUTRAMIGEN DHA-ARA... 306		GROUP A).....	462	OMEGAPURE 900-TG.....	162
NUTRAMIGEN TODDLER		OCTAPLAS (BLOOD		OMEGAPURE PRM.....	162
ENFLORA-LGG.....	306	GROUP AB).....	462	OMEGAPURE-600 EC.....	162
NUTRAMIGEN WITH		OCTAPLAS (BLOOD		OMEGAPURE-780 EC.....	162
PROBIOTIC LGG.....	306	GROUP B).....	462	OMEGAPURE-820.....	162
NUTRILIPID.....	346	OCTAPLAS (BLOOD		OMEGAPURE-900 EC.....	162
NUTRILYTE.....	322	GROUP O).....	463	OMEGAVEN.....	346
NUTRISOURCE FIBER.....	434	octreotide acetate	399, 437	omeprazole	410
NUTROPIN AQ NUSPIN.....	390	ODACTRA.....	123	omeprazole-sodium	
NUVESSA.....	695	ODEFSEY.....	71	bicarbonate	411
NUWIQ.....	454	ODOMZO.....	102	OMEZA.....	296
NUZYRA.....	59, 88	OFEV.....	109, 694	OMIDRIA.....	666
Nyamyc.....	266	OFF ACTIVE.....	285	OMNARIS.....	692
Nylia 1/35 (28).....	249	OFF DEEP WOODS.....	285	OMNI-BIOTIC AB-10.....	427
Nylia 7/7/7 (28).....	251	ofloxacin	77, 669, 675	OMNI-BIOTIC BALANCE... 427	
NYMALIZE.....	166	OGIVRI.....	117	OMNI-BIOTIC HETOX.....	427
Nymyo.....	249	OGSIVEO.....	89	OMNI-BIOTIC PANDA.....	427
NYNUTEY.....	292	OHC COVID-19 ANTIGEN		OMNI-BIOTIC STRESS	
nystatin	61, 266, 650	HOME TEST.....	511, 611	RELEASE.....	427
nystatin-triamcinolone	268	OJEMDA.....	98	OMNIFLEX DIAPHRAGM	
Nystop.....	266	OJJAARA.....	89	.....	511, 611
NYVEPRIA.....	455	olanzapine	202, 214	OMNIPOD 5 G6 INTRO KIT	
OASIS WOUND MATRIX		olanzapine-fluoxetine		(GEN 5).....	558, 611
FENESTRATED.....	294, 611	.....	194, 202, 214	OMNIPOD 5 G6 PODS	
OASIS WOUND MATRIX		OLINVYK.....	26	(GEN 5).....	558, 611
MESHED.....	294, 611	olive oil	236	OMNIPOD 5 G6-G7 INTRO	
OB COMPLETE.....	334	olmesartan	150	KT(GEN5).....	558, 612
OB COMPLETE PREMIER.	353				

OMNIPOD 5 G6-G7 PODS (GEN 5).....	558, 612	ondansetron in 0.9 % sod chlor	406	ONETOUCH VERIO REFLECT METER.....	524, 614
OMNIPOD CLASSIC PODS (GEN 3).....	558, 612	ONE A DAY MEN COMPLETE.....	334	ONETOUCH VERIO TEST STRIPS.....	499, 614
OMNIPOD DASH INTRO KIT (GEN 4).....	558, 612	ONE DAILY ESSENTIAL.....	334	ONEVITE DAILY MULTIVITAMIN.....	338
OMNIPOD DASH PDM KIT (GEN 4).....	538, 612	ONE DAILY MEN'S HEALTH.....	334	ONEXTON.....	257
OMNIPOD DASH PODS (GEN 4).....	558, 612	ONE DAILY MULTI-VIT W- MINERAL.....	334	ONGENTYS.....	196
OMNIPOD GO PODS..	559, 612	ONE DAILY MULTIVITAMIN	338	ON-GO COVID-19 AG AT HOME TEST.....	511, 614
OMNIPOD GO PODS 10 UNITS/DAY.....	558, 612	ONE DAILY MULTIVITAMIN-IRON.....	334	ONIVYDE.....	112
OMNIPOD GO PODS 15 UNITS/DAY.....	558, 612	ONE DAILY WOMEN 50 PLUS(VIT K).....	334	ONPATTRO.....	370
OMNIPOD GO PODS 20 UNITS/DAY.....	558, 612	ONE DAILY WOMEN'S.....	334	ON-THE-GO LANCETS	524, 614
OMNIPOD GO PODS 25 UNITS/DAY.....	558, 612	ONE-A-DAY MEN VITACRAVES.....	334	ONTRUZANT.....	117
OMNIPOD GO PODS 30 UNITS/DAY.....	559, 612	ONE-A-DAY MEN'S 50 PLUS.....	334	ONUREG.....	97
OMNIPOD GO PODS 40 UNITS/DAY.....	559, 612	ONE-A-DAY MEN'S COMPLETE.....	334	ONZDEAXIADEMTAR.....	258
OMNITROPE.....	390	ONE-A-DAY PRENATAL.....	358	ONZDEAXIADEMVAR.....	258
OMVOH.....	416	ONE-A-DAY PRENATAL-1..	354	ONZDEAXIATAR.....	258
OMVOH PEN.....	416	ONE-A-DAY TRIPLE IMMUNE SUPPRT.....	334	ONZDEAXIATAR.....	258
ON CALL EXPRESS METER.....	523, 612, 613	ONE-A-DAY TRUBIOTICS..	427	ONZDEAXIAVAR.....	259
ON CALL EXPRESS TEST STRIP.....	498, 613	ONE-A-DAY WOMEN VITACRAVES.....	335	ONZDEAXIAVAR.....	259
ON CALL LANCET.....	523, 613	ONE-A-DAY WOMEN'S 50 PLUS.....	335	ONZDEAXIAZAR.....	259
ON CALL PLUS LANCET	523, 613	ONE-A-DAY WOMEN'S COMPLETE.....	335	ONZDEOXIA.....	257
ON CALL PLUS METER	523, 613	ONE-DAILY MULTI.....	335	OPCICON ONE-STEP 253, 254	
ON CALL PLUS TEST STRIP.....	498, 613	ONETOUCH DELICA PLUS LANCET.....	524, 613	OPDIVO.....	114
ON CALL VIVID METER	523, 613	ONETOUCH DELICA SAFETY LANCET.....	524, 613	OPDUALAG.....	97
ON CALL VIVID PAL METER.....	523, 613	ONETOUCH ULTRA TEST	498, 614	OPFOLDA.....	644
ON CALL VIVID TEST STRIP.....	498, 613	ONETOUCH ULTRA2 METER.....	524, 614	OPILL.....	250
ONCASPAR.....	98	ONETOUCH ULTRASOFT 2 LANCET.....	524, 614	opium tincture	403, 404
ONCOPLEX.....	17	ONETOUCH VERIO FLEX METER.....	524, 614	OPSUMIT.....	177
ONCOPLEX ES.....	17	ONETOUCH VERIO FLEX START.....	524, 614	OPSYNVI.....	147
ondansetron	406	ONETOUCH VERIO REFLECT.....	524, 614	OPTICHAMBER ADULT MASK-LARGE.....	554, 614
ondansetron hcl	406			OPTICHAMBER DIAMOND LG MASK.....	554, 614
ondansetron hcl (pf)	406			OPTICHAMBER DIAMOND VHC.....	554, 614

ORABLOC.....	52, 649	OVACE PLUS.....	270	PADCEV.....	94, 115
ORACIT.....	442	OVACE PLUS SHAMPOO..	270	PALFORZIA (LEVEL 1).....	135
ORALAIR.....	122	OVEGA-3.....	162	PALFORZIA (LEVEL 2).....	135
Oralone.....	651	oxacillin	84	PALFORZIA (LEVEL 3).....	135
ORALYTE.....	321	oxacillin in dextrose(iso-		PALFORZIA (LEVEL 4).....	135
ORAMAGICRX.....	651	osm)	84	PALFORZIA (LEVEL 5).....	135
ORAQIX.....	650	oxaliplatin	107	PALFORZIA (LEVEL 6).....	135
ORAVIG.....	62	oxaprozin	44	PALFORZIA (LEVEL 7).....	135
ORAXINOL.....	17	oxazepam	179, 212	PALFORZIA (LEVEL 8).....	135
ORBACTIV.....	81	OXBRYTA.....	466	PALFORZIA (LEVEL 9).....	135
oregano oil-flaxseed oil	17	oxcarbazepine	186	PALFORZIA (LEVEL 10).....	135
ORENCIA.....	39	OXERVATE.....	664	PALFORZIA (LEVEL 11 UP-	
ORENCIA (WITH		OXIAICE.....	256	DOSE).....	135
MALTOSE).....	39	OXIANUJO.....	272	PALFORZIA INITIAL DOSE	135
ORENCIA CLICKJECT.....	39	OXIANUJO (WITH		PALFORZIA LEVEL 11	
ORENITRAM.....	176	HYALURONATE).....	271	MAINTENANCE.....	135
ORENITRAM MONTH 1		OXIATAR.....	259	paliperidone	199
TITRATION KT.....	176	OXIAVAR.....	259	palonosetron	406
ORENITRAM MONTH 2		OXIAVARRY.....	260	PALYNZIQ.....	647
TITRATION KT.....	176	OXIAVARY.....	260	pamidronate	381
ORENITRAM MONTH 3		OXIAZAR.....	260	PANCREAZE.....	408
TITRATION KT.....	176	oxiconazole	267	PANDEL.....	282
ORFADIN.....	646	OXISTAT.....	267	PANHEMATIN.....	449
ORGANIC NIPPLE BALM...	275	OXLUMO.....	439	PANRETIN.....	269
ORGOVYX.....	105	OXTELLAR XR.....	186	pantethine	364
ORIAHNN.....	397	oxybutynin chloride	445	pantoprazole	410
ORILISSA.....	397	oxycodone	26	PANXYME PH.....	408
ORKAMBI.....	690	oxycodone-		PANZYGA.....	131
ORLADEYO.....	176	acetaminophen	30	papaverine	175
Ormalvi.....	471	OXYCONTIN.....	26	PARADIGM RESERVOIR	
orphenadrine citrate ..	476, 477	oxymorphone	26, 27	.....	538, 615
orphenadrine-asa-caffeine	476	oxytocin	398	PARAGARD T 380A.....	241
ORSERDU.....	110	oxytocin in 0.9 % sod		PARI BABY CONV KIT -	
ORTHOVISC.....	474	chloride	398	SIZE 1.....	554, 615
OSAPLEX.....	314	oxytocin in dextrose 5 %		PARI BABY CONV KIT -	
OSAPLEX MK-7.....	314	in lr	398	SIZE 2.....	554, 615
OSCIMIN.....	412, 444	oxytocin in lactated		PARI BABY CONV KIT -	
OSCIMIN SL.....	412, 445	ringers	398	SIZE 3.....	554, 615
oseltamivir	80, 81	OXYTROL.....	445	PARI LC SPRINT	
OSMITROL 15 %.....	173	OYSTER SHELL CALCIUM		NEBULIZER SET.....	548, 615
OSPHENA.....	397	500.....	313	PARI LC SPRINT SINUS	
OSSOPAN MD.....	313	OYSTER SHELL CALCIUM-		.....	548, 615
OSSOPAN-1100.....	313	VIT D3.....	315	PARI SINUS AEROSOL	
OSTACHOL.....	360	OZEMPIC.....	374	SYSTEM.....	554, 615
OSTEOPRIME PLUS CALC-		OZURDEX.....	661	PARI TREK S COMBO	
MAGNESIUM.....	314	Pacerone.....	153	PACK.....	554, 615
OSTEO-VIT3.....	366	paclitaxel	111	PARI TREK S COMPACT	
OTEZLA.....	41, 270	paclitaxel protein-bound ..	111	COMPRESSOR.....	554, 616
OTEZLA STARTER.....	41, 270	PACNEX HP.....	259	PARI TREK S PORTABLE	
OTREXUP (PF).....	37	PACNEX LP.....	259	PWR KIT.....	554, 616

<i>paricalcitol</i>	645	PEN NEEDLE.....	538, 616	PHARMACIST CHOICE	.....	499, 616		
<i>paromomycin</i>	58	PENBRAYA (PF).....	139	PHARMACIST CHOICE	GLUCOSE SYS.....	524, 616			
<i>paroxetine hcl</i>	192	PENBRAYA MENACWY	COMPONENT(PF).....	139	PHASEAL ASSEMBLY	FIXTURE.....	549, 616		
<i>paroxetine</i>		PENBRAYA MENB	COMPONENT (PF).....	140	PHASEAL CONNECTOR	LUER LOCK.....	549, 616		
<i>mesylate(menop.sym)</i>	398	<i>penicillamine</i>	41, 56	<i>penicillin g pot in dextrose</i>	84	PHASEAL INFUSION	ADAPTER.....	549, 616	
PARSABIV.....	382	<i>penicillin g potassium</i>	84	<i>penicillin g sodium</i>	84	PHASEAL INFUSION	CLAMP.....	549, 616	
PASER.....	71	<i>penicillin v potassium</i>	84	PENTACEL (PF).....	136	PHASEAL INJECTOR LUER	549, 617	
PAXLOVID.....	87	PENTACEL ACTHIB	COMPONENT (PF).....	138	PENTACEL DTAP-IPV	COMPNT (PF).....	136		
<i>pazopanib</i>	109	<i>pentamidine</i>	82, 83	PENTAM.....	82	<i>pentetate calcium</i>	<i>trisodium</i>	57	
PCCA ACCUPEN-15... 512, 616		PENTASA.....	416	<i>pentetate zinc trisodium</i>	57	<i>pentobarbital sodium</i>	230		
PCCA SUSPENDIT		<i>pentazocine-naloxone</i>	31	<i>pentoxifylline</i>	456	PEPCIX.....	325		
ANHYDROUS.....	237	<i>pentetate calcium</i>	<i>trisodium</i>	57	PEPTAMEN JUNIOR PHGG	.....	342	
<i>pedi multivit no.194-iron</i>		<i>pentetate zinc trisodium</i>	57	<i>pentobarbital sodium</i>	230	PEPTICATE.....	306		
<i>sulf</i>	349	PEDIALYTE SPARKLING	RUSH.....	321	PEDIARIX (PF).....	128, 136	PEDIATRIC BEAR	NEBULIZER.....	554, 616
PEDIATRIC COMP-AIR	COMPRES NEB.....	555, 616	PEDIATRIC DINOSAUR	NEBULIZER.....	555, 616	PEDIATRIC DOG	NEBULIZER.....	555, 616	
PEDIATRIC ELECTROLYTE	321	PEDIATRIC FROG	NEBULIZER.....	555, 616	<i>pediatric multivitamin</i>	<i>no.171</i>	348	
PEDIATRIC FROG	NEBULIZER.....	555, 616	<i>pediatric multivitamin</i>	<i>no.171</i>	348	PEDIATRIC POLY-VITE.....	348		
<i>pediatric multivitamin</i>	<i>no.171</i>	348	PEDIATRIC POLY-VITE	WITH IRON.....	350	PEDIATRIC TRI-VITE.....	348		
PEDIATRIC POLY-VITE.....	348	PEDITRACE.....	325	PEDMARK.....	118	PEDVAX HIB (PF).....	137		
PEDIATRIC POLY-VITE	WITH IRON.....	350	<i>peg 3350-electrolytes</i>	435	<i>peg3350-sod sul-nacl-kcl-</i>	<i>asb-c</i>	435		
PEDIATRIC TRI-VITE.....	348	PEGASYS.....	79	<i>peg-electrolyte soln</i>	435	PEMAZYRE.....	102		
PEDITRACE.....	325	<i>pemetrexed</i>	95	<i>pemetrexed disodium</i>	95	PEMFEXY.....	95		
PEDMARK.....	118	PEMGARDA (EUA).....	127	PEMRYDI RTU.....	95	PERKABIVEN.....	346		
PEDVAX HIB (PF).....	137	PENBRAYA MENACWY	COMPONENT(PF).....	139	PENBRAYA MENB	COMPONENT (PF).....	140		
<i>peg 3350-electrolytes</i>	435	<i>penicillamine</i>	41, 56	<i>penicillin g pot in dextrose</i>	84	<i>penicillin g potassium</i>	84		
<i>peg3350-sod sul-nacl-kcl-</i>	<i>asb-c</i>	435	PENTACEL (PF).....	136	PENTACEL ACTHIB	COMPONENT (PF).....	138		
PEGASYS.....	79	<i>pentamidine</i>	82, 83	PENTASA.....	416	<i>pentazocine-naloxone</i>	31		
<i>peg-electrolyte soln</i>	435	<i>pentetate calcium</i>	<i>trisodium</i>	57	<i>pentetate zinc trisodium</i>	57	<i>pentobarbital sodium</i>	230	
PEMAZYRE.....	102	<i>pentetate zinc trisodium</i>	57	<i>pentobarbital sodium</i>	230	<i>pentoxifylline</i>	456		
<i>pemetrexed</i>	95	<i>pentobarbital sodium</i>	230	PEPCIX.....	325	PEPTAMEN JUNIOR PHGG	342	
<i>pemetrexed disodium</i>	95	PEPTICATE.....	306	Percocet.....	30	PERIKABIVEN.....	346		
PEMFEXY.....	95	<i>perindopril erbumine</i>	148	Periogard.....	650	PERJETA.....	116		
PEMGARDA (EUA).....	127	Periocard.....	650	<i>permethrin</i>	294	<i>perphenazine</i>	201		
PEMRYDI RTU.....	95	<i>perphenazine</i>	201	<i>perphenazine-amitriptyline</i>	194	PERSERIS.....	199	
PEN NEEDLE.....	538, 616	<i>perphenazine-amitriptyline</i>	194	PERTZYE.....	408	PETROLEUM GAUZE.....	513, 616	
PENBRAYA (PF).....	139	PERSERIS.....	199	PETROLEUM GAUZE.....	513, 616	PFIZER COVID 2023-24(5Y-11Y)PF.....	141		
PENBRAYA MENACWY	COMPONENT(PF).....	139	PERTZYE.....	408	PETROLEUM GAUZE.....	513, 616	PFIZER COVID 2023-24(6MO-4Y)PF.....	141	
PENBRAYA MENB	COMPONENT (PF).....	140	PETROLEUM GAUZE.....	513, 616	PFIZER COVID 2023-24(6MO-4Y)PF.....	141	Pfizerpen-G.....	84	
<i>penicillamine</i>	41, 56	PFIZER COVID 2023-24(5Y-11Y)PF.....	141	Pfizerpen-G.....	84	PFLEX INSPIRATORY	TRAINER.....	555, 616	
<i>penicillin g pot in dextrose</i>	84	PFLEX INSPIRATORY	TRAINER.....	555, 616	PHARMABASE BARRIER...289	PHARMACIST CHOICE	499, 616	
<i>penicillin g potassium</i>	84	PHARMABASE BARRIER...289	PHARMACIST CHOICE	499, 616	PHARMACIST CHOICE	GLUCOSE SYS.....	524, 616	
<i>penicillin g sodium</i>	84	PHASEAL ASSEMBLY	FIXTURE.....	549, 616	PHASEAL CONNECTOR	LUER LOCK.....	549, 616		
<i>penicillin v potassium</i>	84	PHASEAL INFUSION	ADAPTER.....	549, 616	PHASEAL INFUSION	CLAMP.....	549, 616		
PENTACEL (PF).....	136	PHASEAL INJECTOR LUER	.....	549, 617	PHASEAL INJECTOR LUER	LOCK.....	549, 617	
PENTACEL ACTHIB	COMPONENT (PF).....	138	PHASEAL INJECTOR LUER	LOCK.....	549, 617	PHASEAL SECONDARY	SET.....	544, 617	
PENTACEL DTAP-IPV	COMPNT (PF).....	136	PHASEAL SECONDARY	SET.....	544, 617	PHASEAL Y-SITE.....	544, 617		
PENTAM.....	82	<i>phenazopyridine</i>	443	<i>phenelzine</i>	191	PHENEX-1.....	306, 343		
<i>pentamidine</i>	82, 83	<i>phenelzine</i>	191	PHENEX-2.....	343	<i>phenobarbital</i>	182, 230		
PENTASA.....	416	PHENEX-1.....	306, 343	<i>phenobarbital</i>	182, 230	<i>phenobarbital sodium</i>	182, 230	
<i>pentazocine-naloxone</i>	31	<i>phenobarbital</i>	182, 230	<i>phenobarbital sodium</i>	182, 230	<i>phenol</i>	18, 120	
<i>pentetate calcium</i>	<i>trisodium</i>	57	<i>phenol</i>	18, 120	<i>phenoxybenzamine</i>	175	<i>phentolamine</i>	175	
<i>pentetate zinc trisodium</i>	57	<i>phenoxybenzamine</i>	175	<i>phentolamine</i>	175	<i>phenylephrine (pf)-bss</i>	656		
<i>pentobarbital sodium</i>	230	<i>phenylephrine (pf)-bss</i>	656	<i>phenylephrine hcl</i>	170, 663	<i>phenylephrine hcl in 0.9% nacl</i>	170		
<i>pentoxifylline</i>	456	<i>phenylephrine hcl</i>	170, 663	<i>phenylephrine hcl in 0.9% nacl</i>	170	<i>phenylephrine in sterile water</i>	170		
PEPCIX.....	325	<i>phenylephrine hcl in 0.9% nacl</i>	170	<i>phenylephrine in sterile water</i>	170	<i>phenyleph-tropicamide in water</i>	656		
PEPTAMEN JUNIOR PHGG	170	<i>phenylephrine in sterile water</i>	170	<i>phenyleph-tropicamide in water</i>	656	Phenytek.....	185	
PEPTICATE.....	306	<i>phenylephrine in sterile water</i>	170	<i>phenytoin</i>	185	<i>phenytoin sodium</i>	152, 185		
Percocet.....	30	<i>phenyleph-tropicamide in water</i>	656	<i>phenytoin</i>	185	<i>phenytoin sodium</i>	<i>extended</i>	185	
PERIKABIVEN.....	346	<i>phenytoin</i>	185	<i>phenytoin sodium</i>	<i>extended</i>	185	PHEODOYO.....	265	
<i>perindopril erbumine</i>	148	<i>phenytoin sodium</i>	152, 185	<i>phenytoin sodium</i>	<i>extended</i>	185	PHEOXIA.....	266	
Periogard.....	650	<i>phenytoin sodium</i>	<i>extended</i>	185	PHEODOYO.....	265	PHEXGO.....	117	
PERJETA.....	116	<i>extended</i>	185	PHEODOYO.....	265	PHEXGO.....	117		
<i>permethrin</i>	294	PHEOXIA.....	266	PHEXXI.....	241	PHEYO.....	268		
<i>perphenazine</i>	201	PHEXXI.....	241	Philith.....	249				
<i>perphenazine-amitriptyline</i>	.....	PHEYO.....	268					
.....	194	Philith.....	249						
PERSERIS.....	199								
PETROLEUM GAUZE.....	513, 616								
PFIZER COVID 2023-24(5Y-11Y)PF.....	141								
PFIZER COVID 2023-24(6MO-4Y)PF.....	141								
Pfizerpen-G.....	84								
PFLEX INSPIRATORY	TRAINER.....	555, 616							
PHARMABASE BARRIER...289	PHARMACIST CHOICE	.....	499, 616					

PHLEXY-VITS.....	335	PLEXION NS.....	271	<i>potassium chloride in</i>	
PHOSPHALINE.....	160	PLUVICTO.....	106, 109	<i>0.9%nacl.....</i>	323
PHOSPHOLINE IODIDE.....	655	PMS SOOTHE.....	17	<i>potassium chloride in 5 %</i>	
PHOSPHOROUS		PNEUMOVAX-23.....	139	<i>dex.....</i>	323
SUPPLEMENT.....	322	PNV-DHA.....	339	<i>potassium chloride in Ir-d5</i>	
PHOTOFRIN.....	107	PNV-DHA + DOCUSATE....	354	.....	323
PHOTREXA.....	657	PNV-OMEGA.....	335	<i>potassium chloride in</i>	
PHOTREXA CROSS-		PNV-SELECT.....	354	<i>water.....</i>	323
LINKING KIT.....	657	POCKET CHAMBER...555, 617		<i>potassium chloride-0.45 %</i>	
PHOTREXA VISCOUS.....	657	PODOCON.....	286	<i>nacl.....</i>	323
PHOXILLUM B22K.....	676	<i>podofilox.....</i>	286	<i>potassium chloride-d5-</i>	
PHOXILLUM BK.....	676	POGO AUTOMATIC		<i>0.2%nacl.....</i>	323
PHYSICIANS EZ USE B-12	363	BLOOD GLUC SYS....	524, 617	<i>potassium chloride-d5-</i>	
PHYSIOLYTE.....	311	POLIVY.....	94, 115	<i>0.9%nacl.....</i>	323
PHYSIOSOL IRRIGATION..	311	POLOCAINE.....	49, 650	<i>potassium citrate.....</i>	324, 442
<i>phytonadione (vitamin k1)</i>	367	Polocaine-Mpf.....	49	<i>potassium citrate-citric</i>	
PIFELTRO.....	68	Polycin.....	668	<i>acid.....</i>	442
PILLOW MASK CHILD	555, 617	<i>polymyxin b sulfate.....</i>	85	<i>potassium cl-lido-0.9 %</i>	
<i>pilocarpine hcl.....</i>	651, 656	<i>polymyxin b sulf-</i>		<i>sodchl.....</i>	323
PILOT COVID-19 AT-HOME		<i>trimethoprim.....</i>	668	<i>potassium gluconate.....</i>	324
TEST.....	511, 617	<i>polysaccharide iron</i>		<i>potassium iodide.....</i>	316
<i>pimecrolimus.....</i>	272	<i>complex.....</i>	317	<i>potassium phos in 0.9 %</i>	
<i>pimozide.....</i>	201	<i>polysorbate 80.....</i>	238	<i>nacl.....</i>	322
Pimtree (28).....	242	POLY-VI-FLOR		<i>potassium phosphate m-</i>	
<i>pindolol.....</i>	164	(ARCOFOLIN).....	350	<i>ld-basic.....</i>	322
<i>pioglitazone.....</i>	396	POLY-VI-FLOR DROPS....	350	<i>potassium, sodium</i>	
<i>pioglitazone-glimepiride...</i>	378	POLY-VI-FLOR DROPS		<i>phosphates.....</i>	322
<i>pioglitazone-metformin.....</i>	377	(ARCOFOLIN).....	350	POTELIGEO.....	99
PIP BLOOD GLUCOSE		POLY-VI-FLOR IRON		<i>povidone-iodine.....</i>	670
MONITOR.....	524, 617	DROP(ARCOFO).....	350	PR BENZOYL PEROXIDE..	259
PIP BLOOD GLUCOSE		POLY-VI-FLOR W-		PR CREAM.....	289
TEST STRIP.....	500, 617	IRON(ARCOFOLIN).....	350	PR NATAL 400.....	354
PIP LANCET.....	524, 617	POLY-VITA DROPS.....	348	PR NATAL 400 EC.....	354
<i>piperacillin-tazobactam.....</i>	85	POLY-VITA WITH IRON....	350	PR NATAL 430.....	354
PIQRAY.....	107	POMALYST.....	111	PR NATAL 430 EC.....	354
<i>pirfenidone.....</i>	694	POMBILITI.....	644	PRADAXA.....	466
<i>piroxicam.....</i>	43	PONVORY.....	654	PRAKETAMIDE.....	293
PITOCIN.....	398	PONVORY 14-DAY		<i>pralatrexate.....</i>	95
PIVOT SILVER ALGINATE.	296	STARTER PACK.....	654	<i>pralidoxime.....</i>	55
PLANTAGO-HOMACCORD	402	POPULUS COMPOSITUM..	402	PRALUENT PEN.....	158, 159
PLASMA-LYTE 148.....	322	PORTABLE NEBULIZER		<i>pramipexole.....</i>	197
PLASMA-LYTE A.....	322	SYSTEM.....	555, 617	PRAMOSONE.....	284
PLATINUM GLUCOSE		Portia 28.....	249	<i>prasterone (dhea).....</i>	9
METER.....	524, 617	PORTAZZA.....	117	<i>prasugrel.....</i>	465
PLATINUM TEST STRIP		<i>posaconazole.....</i>	63	<i>pravastatin.....</i>	157
.....	500, 617	POSIMIR.....	50	PRAXBIND.....	54
PLEGRIDY.....	653	<i>potassium acetate.....</i>	323	<i>praziquantel.....</i>	60
PLENAMINE.....	345	<i>potassium chlorid-d5-</i>		<i>prazosin.....</i>	175
PLENVU.....	436	<i>0.45%nacl.....</i>	323	PREBIOMAX.....	427
<i>plerixafor.....</i>	449	<i>potassium chloride....</i>	323, 324	PREBIOTIC FIBER.....	434

PREBIOTIC FIBER (FOS)...	434	PRELIEF.....	402	PRENATE ELITE.....	356
PREBIOTIC INULIN-FOS....	434	PREMARIN.....	385, 696	PRENATE ESSENTIAL.....	339
PRECEDEX IN 0.9 %		PREMASOL 10 %.....	345	PREPIDIL.....	369
SODIUM CHLOR.....	231	PREMIER BLU GLUCOSE		PRESERA.....	275
PRECISION.....	524, 617	METER.....	524, 618	PRESERVISION AREDS 2	
PRECISION PCX PLUS		PREMIER CLASSIC		PLUS MV.....	12, 335
TEST.....	500, 618	GLUCOSE METER.....	524, 618	PRESERVISION AREDS-2... 12	
PRECISION PCX TEST		PREMIER COMPACT		PRESSURE ACTIVATED	
.....	500, 618	GLUCOSE METER.....	524, 618	LANCETS.....	525, 619
PRECISION POINT OF		PREMIER TEST STRIP		PRESTO PRO BLOOD	
CARE TEST.....	500, 618	.....	501, 619	GLUCOSE METER.....	525, 619
PRECISION Q-I-D TEST		PREMIER VOICE		pretomanid	71
.....	501, 618	GLUCOSE METER.....	524, 619	Prevalite.....	154
PRECISION XTRA		PREMIUM BLOOD		PREVDUO.....	55
KETONE-GLUCOSE... 508, 618		GLUCOSE MONITOR. 524, 619		PREVNAR 20 (PF).....	139
PRECISION XTRA		PREMIUM V10.... 501, 524, 619		PREVYMIS.....	76
MONITOR.....	524, 618	PREMPHASE.....	384	PREZCOBIX.....	69, 85
PRECISION XTRA TEST		PREMPRO.....	384	PREZISTA.....	85, 86
.....	501, 618	PRENA1 CHEW.....	354	PRIALT.....	19
PRED MILD.....	661	PRENA1 PEARL.....	354	PRIFTIN.....	71, 86
prednicarbate	282	PRENA1 TRUE.....	354	PRILOSEC.....	410
prednisoln sp-moxiflox-		PRENAISSANCE.....	354	PRIMADOPHILUS BIFIDUS 427	
bromfen	658	PRENAISSANCE PLUS.....	354	PRIMADOPHILUS	
prednisolone	388	PRENATA.....	354	ORIGINAL.....	428
prednisolone acetate	661	PRENATABS FA.....	355	primaquine	64
prednisolone acetate (pf) ..	661	PRENATABS RX.....	355	PRIMEAIRE.....	555, 619
prednisolone acetate-		PRENATAL 19.....	355	PRIMIDAR.....	428
bromfenac	663	PRENATAL 19 (WITH		primidone	182
prednisolone acetate-		DOCUSATE).....	355	PRIMSOL.....	60
nepafenac	664	PRENATAL ESSENTIALS..	355	PRIORIX (PF)	
prednisolone sod ph-		PRENATAL GUMMIES		.....	134, 144, 145, 146
bromf (pf)	664	(DHA-EPA).....	335	PRISMASOL B22GK.....	676
prednisolone sod ph-		PRENATAL		PRISMASOL BGK.....	676
moxiflox	657	GUMMIES(ZINC CHELATE)		PRISMASOL BK.....	676
prednisolone sodium		.....	358	PRIVIGEN.....	131
phosphate	388, 661	PRENATAL MULTI-		PRO COMFORT INSULIN	
prednisolone-moxiflo-		DHA(WITH VIT K).....	355	SYRINGE.....	538, 619
nepafenac	658	PRENATAL		PRO COMFORT LANCET	
prednisolone-moxifloxacin		MULTIVITAMINS.....	355	.....	525, 619
hcl	657	PRENATAL PLUS.....	355	PRO COMFORT SAFETY	
prednisolone-moxiflox-		PRENATAL PLUS		LANCET.....	525, 619
bromfen	658	(CALCIUM CARB).....	355	PRO COMFORT TENS	
prednisolon-moxiflox-		PRENATAL PLUS DHA.....	355	ELECTRODE.....	547, 619
bromf(pf)	658	PRENATAL PLUS VITAMIN-		PRO COMFORT TENS	
prednisone	388	MINERAL.....	355	UNIT.....	547, 619
PREDNISON INTENSOL..	388	PRENATAL VITAMIN.....	355	PRO VOICE V8 GLUCOSE	
pregabalin	184, 219	PRENATAL VITAMIN PLUS		MONITOR.....	525, 620
PREGEN DHA.....	354	LOW IRON.....	356	PRO VOICE V8-V9 TEST	
PREGESTIMIL.....	306	PRENATAL-U.....	339	STRIP.....	501, 620
PREHEVBRIO (PF).....	129	PRENATE DHA.....	339		

PRO VOICE V9 GLUCOSE MONITOR.....	525, 620	PROCARE COMPRESSOR NEBULIZER.....	555, 620	PROMACTA.....	467
PROBACAP.....	428	PROCARE PEDIATRIC NEBULIZER.....	555, 620	PROMELLA.....	430
probenecid	446	PROCARE SPACER WITH ADULT MASK.....	555, 620	promethazine	405, 680, 681
probenecid-colchicine	446	PROCARE SPACER WITH CHILD MASK.....	555, 620	promethazine in 0.9 % nacl	680, 681
PROBICHEW.....	428	PRO-C-DURE 5.....	388	Promethazine Vc.....	678
PROBIO DEFENSE.....	428	PRO-C-DURE 6.....	388	promethazine-codeine	693
PROBIOFLEX.....	428	PROCEL SINGLES.....	343	promethazine-dm	693
PROBIOMAX 350 DF.....	428	PRO-CEPTION.....	547, 620	Promethegan.....	405, 680, 681
PROBIOMAX COMPLETE DF.....	428	PROCHAMBER.....	555, 620	PRONAL.....	286
PROBIOMAX DAILY DF.....	428	prochlorperazine	405	PRONEB MAX COMPRESSOR-LC PLUS.....	555, 621
PROBIOMAX DF.....	428	prochlorperazine edisylate	405	PRONEB MAX COMPRESSOR-LC SPRINT.....	555, 621
PROBIOMAX IG 26 DF.....	428	prochlorperazine maleate	201, 405	PRONEB ULTRA II FILTER ASSEM.....	555, 621
PROBIOMAX LEAN DF.....	428	PROCORT.....	54	PROOXIA.....	273
PROBIOMAX PLUS DF.....	428	PROCRT.....	450	propafenone	152
PROBIOMAX SB DF.....	429	PROCTOFOAM HC.....	54	proparacaine	665
PROBIOMAX SERENITY.....	429	Procto-Med Hc.....	53, 282	PRO-PHREE.....	306
PROBIONEXX.....	429	Proctosol Hc.....	53, 282	PROPIMEX-1.....	306, 343
PROBIOTIC.....	430	Proctozone-Hc.....	53, 282	PROPIMEX-2.....	343
PROBIOTIC (B. COAGULANS).....	429	PROCYSBI.....	438	propofol	47
PROBIOTIC (S.BOULARDII).....	429	PRODIGY AUTOCODE METER.....	525, 620	PROPOVEN (EUA) (PF).....	47
PROBIOTIC (WITH VITAMIN D3).....	429	PRODIGY AUTOCODE MONITOR SYST.....	525, 620	propranolol	164
PROBIOTIC ACIDOPHILUS(14-STRN).....	429	PRODIGY INSULIN SYRINGE.....	538, 620	propranolol-hydrochlorothiazid	175
PROBIOTIC COLON SUPPORT.....	429	PRODIGY LANCETS..	525, 620	propylthiouracil	380
PROBIOTIC DIGEST SUPP (4-STRN).....	429	PRODIGY MINI-MIST NEBULIZER.....	548, 620	PROQUAD (PF).....	134, 144, 145, 146
PROBIOTIC DIGEST SUPP (6-STRN).....	429	PRODIGY NO CODING.....	501, 621	PROSOL 20 %.....	345
PROBIOTIC DIGEST(L.RHAM,INULN).....	429	PRODIGY POCKET METER.....	525, 621	PROSOURCE.....	343
PROBIOTIC DIGEST(LACTO,BIFIDO).....	429	PRODIGY TWIST TOP LANCET.....	525, 621	PROSTIN VR PEDIATRIC..	175
PROBIOTIC DUO.....	429	PRODIGY VOICE GLUCOSE METER.....	525, 621	protamine	58
PROBIOTIC FORMULA (INULIN).....	430	PROFILNINE.....	451	PROTECT IRON LIQUID....	318
PROBIOTIC PEARLS ACIDOPHILUS.....	430	PROFOLA.....	335	PROTOPAM CHLORIDE.....	55
PROBIOTIC PEARLS WOMEN'S.....	430	progesterone	398	protriptyline	195
PROBIOTIC YEAST SUPPORT.....	430	progesterone micronized ..	398	PROVAYBLUE.....	56
PROBIOTIC-IMMUNE.....	430	PROGRAF.....	469	PROVENT.....	555, 621
PROBIZEN.....	430	PROLASTIN-C.....	690	PROVENT STARTER..	555, 621
procainamide	151	PROLEUKIN.....	103	PROVIDA OB.....	356
		PROLIA.....	399	PROVIMIN.....	342
				PROVISC.....	668
				PSORINOHEEL.....	402
				psyllium husk	434
				psyllium husk (with sugar)	434
				pterostilbene	17

PTS COLLECT CAPILLARY TUBE.....	547, 621	QUIHOXVAR.....	285	RAXIBACUMAB (NAT'L STOCKPILE).....	126
PTS PANELS EGLU TEST STRIP.....	502, 621	QUILLICHEW ER.....	208	RAYALDEE.....	645
PULMICORT FLEXHALER.....	683	QUILLIVANT XR.....	208	REBIF (WITH ALBUMIN)....	653
PULMO-AIDE COMPRESSOR.....	555, 621	quinapril	148	REBIF REBIDOSE.....	653
PULMONEB LT COMPRESSOR NEBUL.....	556, 621	quinapril-hydrochlorothiazide	147	REBIF TITRATION PACK...	653
PULMOZYME.....	691	quinidine gluconate	151	REBINYN.....	451
PURACOL PLUS AG...	296, 621	quinidine sulfate	152	REBLOZYL.....	456, 467
PURATHICK.....	237	quinine sulfate	64	REBYOTA.....	402
PURE BLISS NON-GMO....	306	QUINTET AC.....	502, 525, 622	RECARBRIO.....	72
PURE COMFORT LANCETS.....	525, 621	QUINTET BLOOD GLUCOSE METER.....	525, 622	RECEDO.....	289
PURE COMFORT SAFETY LANCETS.....	525, 622	QUINTET GLUCOSE TEST STRIPS.....	502, 622	Reclipsen (28).....	249
PUREAIR MINI NEBULIZER.....	556, 622	QUIT 2.....	234, 235	RECOMBINATE.....	454
PURELAN.....	275	QUIT 4.....	235	RECOMBIVAX HB (PF).....	129
PURIXAN.....	96	QULIPTA.....	223	RECONSTITUTE.....	547, 622
PUSH BUTTON SAFETY LANCETS.....	525, 622	QUTENZA.....	293	RECORLEV.....	369
pyrazinamide	71	QUVIVIQ.....	231	RECOTHROM.....	457
pyridostigmine bromide	472	QUZYTIR.....	681, 682	RECOTHROM SPRAY KIT.....	457
pyridoxine (vitamin b6)	364	QVAR REDIMALER.....	683	RECTIV.....	53
pyrimethamine	64	RABAVERT (PF).....	145	red beet root-sour cherry ext.	17
PYRUKYND.....	465	rabeprazole	410	red yeast rice	17
QALSODY.....	471	racepineph in sod chl,iso (pf)	170	red yeast rice extract	17
QBRELIS.....	148	racepineph-lidocaine-bss 7(pf)	656	REFUAH PLUS.....	502, 623
QBREXZA.....	265	RADIAGEL.....	275	REFUAH PLUS GLUCOSE MONITOR.....	525, 622
Q-CARE RX Q2.....	511	RADICAVA.....	471	REGENECARE.....	292
Q-CARE RX Q4.....	511	RADICAVA ORS.....	471	REGIOCIT (EUA).....	448
Q-CLIQ PEN (FOR NATPARA).....	550, 622	RADICAVA ORS STARTER KIT SUSP.....	471	REGONOL.....	472
QELBREE.....	210	RADIOGARDASE.....	56	REGRANEX.....	296
QINLOCK.....	109	RAGWITEK.....	124	REGULOID (ASPARTAME).....	434
QNASL.....	692	raloxifene	399	REGULOID (PSYLLIUM HUSK).....	434
QTERN.....	376	ramipril	148	REGULOID (PSYLLIUM HUSK-SUCRO).....	434
QUADRACEL (PF).....	136, 137	RANGER READY REPELLENT.....	285	REJUVAFLOR.....	430
QUAKE VIBRATORY PEP.....	556, 622	ranolazine	151	RELAGARD.....	695
quazepam	212, 230	RAPAMUNE.....	470	RELAX NIGHT CALM.....	221
quercetin	364	RAPID SARS-COV-2 AG HOME TEST.....	511, 622	RELENZA DISKHALER.....	81
quetiapine	202, 214, 215	RAPIVAB (PF).....	81	RELEUKO.....	455
QUICKVUE AT-HOME COVID-19 TEST.....	511, 622	RAPPORT VACUUM THERAPY.....	546, 622	RELIAMED LANCET...	525, 623
QUIDROXZAR.....	285	rasagiline	196	RELIAMED SAFETY SEAL LANCETS.....	525, 623
QUIHOXAXIA.....	285	RASUVO (PF).....	37, 38	RELIAMED TWIST AND CAP LANCET.....	525, 623
		RATE FLOW REGULATOR IV SET.....	544, 622	RELION ALL-IN-ONE METER.....	526, 623
		RAVICTI.....	646	RELION CONFIRM.....	526, 623

RELION CONFIRM-MICRO 502, 623	REUSABLE NEBULIZER KIT 556, 624	RIGHTEST GT333 TEST STRIP 504, 625
RELION MICRO GLUCOSE MONITOR 526, 623	REVCIVI 644	RIGHTEST MAX PLUS GLUCOSE MTR 526, 625
RELION PRIME METER 526, 623	REVEAL BLOOD GLUCOSE METER 526, 624	RIGHTEST MAX TEST STRIP 504, 625
RELION PRIME TEST STRIPS 503, 623	REVEAL TEST STRIP 503, 624	<i>rilpivirine</i> 68
RELION ULTIMA 503, 624	REVITAFLO 430	<i>riluzole</i> 472
RELISTOR 57	REVLIMID 111	<i>rimantadine</i> 81
RELIZORB 512, 624	Revonto 477	RIMSO-50 439
REMEDIENT 335	REXULTI 203	<i>ringer's</i> 311, 358
REMIFEMIN MENOPAUSE .. 17	REYATAZ 86	RINVOQ 41, 263, 417
<i>remifentanil</i> 48	REYVOW 225	RINVOQ LQ 41
RENACARB 312	REZDIFFRA 467	RIOMET ER 395
RENACIDIN 438	REZIPRES 171	<i>risedronate</i> 381, 382
RENAMENT 342	REZLIDHIA 106	<i>risperidone</i> 199, 215
RENEEL 402	REZUROCK 41	<i>risperidone microspheres</i> 199
RENFLEXIS 34, 37, 419	REZVOGLAR KWIKPEN 393	RITEFLO AEROCHAMBER 556, 625
<i>repaglinide</i> 374	REZZAYO 61	<i>ritonavir</i> 86
REPATHA PUSHTRONEX 158, 159	RHO GAM ULTRA- FILTERED PLUS 132	RITUXAN 39, 100
REPATHA SURECLICK 159, 160	RHOPHYLAC 132	RITUXAN HYCELA 100
REPATHA SYRINGE .. 159, 160	RHOPRESSA 672	<i>rivastigmine</i> 240
REPEL 285	RIABNI 39, 99	<i>rivastigmine tartrate</i> 240
REPEL SPORTSMEN 285	RIASTAP 456	RIVELSA 251
REPHRESH PRO-B 430	<i>ribavirin</i> 80, 86	RIVFLOZA 439
REPLENS EXTERNAL COMFORT 696	<i>riboflavin (vitamin b2)</i> 363	RIXUBIS 452
REPOZEN SLEEP AID 221	<i>ribose</i> 340	<i>rizatriptan</i> 224
RESISTANCE FORMULA PROBIOTIC 430	RIDAURA 39	<i>r-lipoic acid-biotin</i> 12
RESPA-AR 679	<i>rifabutin</i> 71, 86	R-NATAL OB 356
RESTASIS 662	<i>rifampin</i> 72, 86	ROAOXIA 288
RESTASIS MULTIDOSE 662	RIGHTEST GL300 LANCETS 526, 624	ROBINSON CLEAR VINYL CATHETER 560, 626
RESTORE 296, 513, 624	RIGHTEST GM250S GLUCOSE METER 526, 624	ROCKLATAN 667
RESTORE CALCIUM ALGINATE 296	RIGHTEST GM260 GLUCOSE METER 526, 624	<i>rocuronium</i> 475
RESTORE FUSION RENAL SUPPORT 342	RIGHTEST GM550 SYSTEM 526, 624	<i>roflumilast</i> 685
RESTORE RENAL SUPPORT 342	RIGHTEST GM700SB GLUCOSE METER 526, 624	ROLVEDON 455
<i>resveratrol-ascorbic acid</i> 17	RIGHTEST GS250S TEST STRIPS 503, 624	<i>romidepsin</i> 102
RETACRIT 451	RIGHTEST GS260 TEST STRIPS 503, 625	<i>ropinirole</i> 197, 198
RETAVASE 467	RIGHTEST GS550 TEST STRIPS 504, 625	<i>ropivacaine (pf)</i> 50
RETEVMO 111	RIGHTEST GS700 TEST STRIP 504, 625	<i>ropivacaine (pf)-nacl,iso- osm</i> 50
RETIN-A MICRO PUMP 260	RIGHTEST GT333 GLUCOSE METER 526, 625	<i>ropivacaine(pf)-0.9 % sodchlor</i> 50
RETISERT 661		<i>ropivacaine-clonidin- ketorolac</i> 52
RETROVIR 69		<i>ropivacaine-epi-clonid- ketorol</i> 53
		<i>ropivacaine-ketorolac- ketamine</i> 52

Rosadan.....	290	SAMI THE SEAL.....	556, 626	SENOKOT-CHAMOMILE....	436
ROSULA.....	257	SAMI THE SEAL MASK		SENSITIVITY WITH IRON..	306
ROSULA CLEANSING		.....	556, 626	Sensorcaine-Epinephrine.....	52
CLOTHS.....	257	SANCUSO.....	406	Sensorcaine-Mpf.....	50
rosuvastatin	157	SANDIMMUNE.....	40, 469	Sensorcaine-Mpf Spinal.....	50
ROTARIX.....	134, 145	SANDOSTATIN LAR		Sensorcaine-	
ROTATEQ VACCINE..	134, 145	DEPOT.....	399, 437	Mpf/Epinephrine.....	52
ROXYBOND.....	27	SANTYL.....	276	SENSORCAINE-	
ROZLYTREK.....	109	SAPHNELO.....	468	MPF/EPINEPHRINE.....	52
RUBBER MOUTHPIECE		sapropterin	647	SEPTOCAINE.....	52, 650
.....	556, 626	SARCLISA.....	100	SEREVENT DISKUS.....	686
RUBRACA.....	107	SAROXIA.....	260	SERNIVO.....	282
RUCONEST.....	449	SAVAYSA.....	450	SEROQUEL XR.....	202
rufinamide	188, 189	SAVELLA.....	193, 219	SEROSTIM.....	390
RUKOBIA.....	65	saw palmetto	17	sertraline	192
RUXIENCE.....	39, 100	SAWYER CONTROLLED		sesame oil	236
RYANODEX.....	477	RELEASE.....	285	Setlakin.....	249
RYBELSUS.....	374	saxagliptin	373	sevelamer carbonate	440
RYBREVANT.....	91	saxagliptin-metformin	379	sevelamer hcl	440
RYDAPT.....	109	SCALACORT DK.....	282	SEVENFACT.....	452
RYKINDO.....	199	Scandonest Plain.....	50, 650	sevoflurane	45
RYLAZE.....	98	SCSEMBLIX.....	109	SEZABY.....	182
RYPLAZIM.....	463	SCENESSE.....	289	SF.....	649
RYSTIGGO.....	472	schisandra	17	SF 5000 PLUS.....	649
RYTARY.....	195	SCLEROSOL		Sharobel.....	250
SABAL-HOMACCORD.....	402	INTRAPLEURAL.....	694	shilajit	17
SABRIL.....	184	scopolamine base	404	SHINGRIX (PF).....	146
saccharin	308	SECUADO.....	198	SHINGRIX ADJUVANT	
saccharomyces boulardii	430	SECURESAFE INSULIN		COMPONENT-PF.....	239
saccharomyces boulardii-		SYRINGE.....	539, 626	SHINGRIX GE ANTIGEN	
yeast	430	SEGLUROMET.....	375	COMPONENT.....	146
SAFESNAP INSULIN		SELECT-OB.....	356	SIDESTREAM.....	548, 626
SYRINGE.....	538, 539, 626	SELECT-OB (FOLIC ACID).....	356	SIDESTREAM MASK..	556, 626
SAFETY LANCETS.....	526, 626	SELECT-OB + DHA.....	356	SIDESTREAM NEBULIZER	
SAFETY SEAL LANCETS		selegiline hcl	197	.....	548, 626
.....	526, 626	SELENIUM ACID.....	325	SIDESTREAM PLUS...	548, 626
SAFETY-LET LANCETS		selenium	325	SIGNIFOR.....	399
.....	526, 626	selenium sulfide	271	SIGNIFOR LAR.....	399
SAIZEN SAIZENPREP.....	390	SELF-CATHETER, FEMALE		SIKLOS.....	466
Sajazir.....	165	.....	560, 626	SILASTIC FOLEY	
salicylic acid	286, 287	SELZENTRY.....	65	CATHETER.....	560, 626
SALIMEZ FORTE.....	287	SEMGLEE(INSULIN		sildenafil	298
SALOXICIN.....	17	GLARGINE-YFGN).....	393	sildenafil	
salsalate	45	SEMGLEE(INSULIN		(pulm.hypertension)	178
SALVAX.....	287	GLARG-YFGN)PEN.....	393	SILICONE MASK.....	556, 626
SALVAX DUO PLUS.....	286	SE-NATAL 19 CHEWABLE.....	356	SILICONE MASK - INFANT	
SAMBUCUS ELDERBERRY		SE-NATAL-19.....	356	.....	556, 626
ORIGINAL.....	17	SENIOR PROBIOTIC.....	430	SILIGENTLE AG.....	296
SAMBUCUS ELDERBERRY		SENOKOT.....	436	SILIKON.....	667
VITAMIN C.....	359	SENOKOT KIDS.....	436	SILINOIN.....	557, 626

SILIQ.....	263	SIRTURO.....	71	sodium acetate	312
silodosin	441	sitagliptin	373	sodium benzoate-sod	
SILVASORB.....	296	SIVEXTRO.....	83, 84	phenylacet	646
silver nitrate	264	SKYCLARYS.....	471	sodium bicarbonate	312
silver nitrate applicators ...	286	SKYLA.....	241	sodium bicarbonate in	
silver sulfadiazine	271	SKYRIZI.....	262, 416	d5w	312
SIMBRINZA.....	656	SKYTROFA.....	390	sodium chlor 0.9%	
SIMILAC 360 TOTAL CARE	306	SLEEP CALM.....	221	bacteriostat	309, 358
SIMILAC 360 TOTAL CARE		SLEEP IMMUNE HEALTH..	221	sodium chloride	
SENSITV.....	306, 307	SLEEP OPTIMIZER.....	221	237, 288, 309, 311, 324, 358,	
SIMILAC ADVANCE		SLEEP SUPPORT		359	
KOSHER.....	307	(MELATONIN-HERB).....	221	sodium chloride 0.325 % ...	359
SIMILAC ALIMENTUM.....	307	SLEEP TONITE VALERIAN..	13	sodium chloride 0.45 %	359
SIMILAC EXPERT CARE		SLEEP3.....	221	sodium chloride 0.9 %	
ALIMENTUM.....	307	SLOW FE.....	317	.....	309, 358, 359
SIMILAC FOR SPIT-UP.....	307	SLOW RELEASE IRON.....	317	sodium chloride 0.9 %	
SIMILAC NEOSURE.....	307	SLOWMAG MG CALM-		(flush)	358
SIMILAC ORGANIC A2		SLEEP.....	13, 221	sodium chloride 3 %	
MILK NO-GMO.....	307	SLOWMAG MUSCLE		hypertonic	358, 359
SIMILAC ORGANIC NON-		RECOVERY.....	320	sodium chloride 5 %	
GMO.....	307	SLYND.....	250	hypertonic	358, 359
SIMILAC PRO-ADVANCE		SMART SENSE LANCETS		sodium citrate	448
NON-GMO.....	307	.....	526, 627	sodium citrate in 0.9 %	
SIMILAC PROBIOTIC TRI-		SMART SENSE		nacl	448
BLEND.....	431	MONITORING SYSTEM		sodium citrate-citric acid ..	442
SIMILAC PRO-SENSITIVE		.....	526, 627	sodium ferric gluconat-	
NON-GMO.....	307	SMART SENSE TEST		sucrose	317
SIMILAC PRO-TOTAL		STRIPS.....	504, 627	SODIUM FLUORIDE 5000	
CMFT NON-GMO.....	307, 308	SMARTEST EJECT.....	526, 627	DRY MOUTH.....	649
SIMILAC SENSITIVE FUSS-		SMARTEST LANCET..	526, 627	SODIUM FLUORIDE 5000	
GAS.....	308	SMARTEST PERSONA		PLUS.....	649
SIMILAC SPECIAL CARE		GLUCOSE METER.....	526, 627	sodium fluoride-pot nitrate	
24.....	308	SMARTEST PERSONA		.....	649
SIMILAC SPECIAL CARE		STARTER.....	526, 627	sodium iodide-123	297
30.....	308	SMARTEST PRONTO		sodium iodide-131	297
Simliya (28).....	243	GLUCOSE METER.....	527, 627	sodium nitrite	55
Simpesse.....	243	SMARTEST PRONTO		sodium nitroprusside	172
SIMPLY SALINE WOUND		STARTER.....	527, 627	sodium oxybate	227
WASH.....	295	SMARTEST PROTEGE		sodium phenylbutyrate	647
SIMPLYTHICK.....	237	.....	527, 627	sodium phosphate	322
SIMPONI.....	34, 37, 419	SMARTEST SMART CODE		sodium polystyrene	
SIMPONI ARIA.....	34, 37	METER.....	527, 627	sulfonate	311
SIMULECT.....	470	SMARTEST TALKING		sodium succinate	236
simvastatin	157, 158	METER.....	527, 627	sodium tetradecyl sulfat e..	178
sincalide	296	SMARTEST TEST.....	505, 627	sodium thiosulfate	55
SINGLE-LET.....	526, 626	SMARTNEB		sodium,potassium,mag	
SINUSTAR NEBULIZER		COMPRESSOR		sulfates	436
.....	548, 626	NEBULIZER.....	556, 627	SOFT TOUCH LANCETS	
SINUVA.....	689, 692	SMOFLIPID.....	346	.....	527, 627
sirolimus	470	SMOOTH TEXTURE FIBER	434	SOFT-GLIDE SAF-Q...	557, 627

SOGROYA.....	390	SPECTRAVITE ADULT 50 PLUS.....	335	STERILE WATER DILUENT-CABLIVI.....	309
SOHONOS.....	471	SPECTRAVITE MEN 50 PLUS.....	335	Sterile Water For Injection...	309
SOLESTA.....	563	SPECTRAVITE MEN'S.....	335	STERITALC.....	694
solifenacin	444	SPECTRAVITE WOMEN....	339	STIMUFEND.....	455
SOLQUA 100/33.....	379	SPECTRAVITE WOMEN 50 PLUS.....	336	STIOLTO RESPIMAT.....	687
SOLIRIS.....	448, 465	SPEEDICATH (FEMALE).....	560, 628	STIVARGA.....	106
SOLOSEC.....	65	SPEEDYSWAB COVID-19 HOME TEST.....	511, 628	STOP SMOKING AID.....	235
SOLTAMOX.....	110	SPEVIGO.....	262	STRATACTX.....	296, 628
SOLU-CORTEF.....	388	SPIKEVAX 2023-2024(12Y UP)(PF).....	142	STRATAGRT.....	296, 628
SOLU-CORTEF ACT-O-VIAL (PF).....	388	spinosad	294	STRATAXRT.....	296, 628
SOLU-MEDROL.....	388	SPINRAZA (PF).....	477	STRAVIX.....	293
SOLU-MEDROL (PF).....	388	SPIRIVA RESPIMAT.....	685	STRENSIQ.....	643
SOLUS V2 AUDIBLE METER.....	527, 628	SPIRIVA WITH HANDIHALER.....	685	streptomycin	59
SOLUS V2 LANCETS.....	527, 628	spironolactone	148, 172	STRIBILD.....	70
SOLUS V2 TEST STRIPS.....	505, 628	spironolacton-hydrochlorothiaz	173	STRIVE PEAK FLOW METER.....	550, 628
SOMATULINE DEPOT.....	399	SPRAVATO.....	191	STRIVERDI RESPIMAT.....	686
SOMAVERT.....	389	SPRAY AND STRETCH.....	288	STRONG IODINE.....	119, 316
SOOLANTRA.....	290	Sprintec (28).....	249	strontium-89 chloride	110
SOOTHENEB COMPRESSOR NEBULIZER.....	556, 628	SPRYCEL.....	109	SUBLOCADE.....	233
SOOTHENEB MESH NEBULIZER.....	548, 628	Sps (With Sorbitol).....	311	Subvenite.....	187
SOOTHING NIGHT.....	222	SPS (WITH SORBITOL).....	311	Subvenite Starter (Blue) Kit.....	187, 214
SOPORDREN.....	222	Sronyx.....	249	Subvenite Starter (Green) Kit.....	188, 214
sorafenib	106	SSD.....	271	Subvenite Starter (Orange) Kit.....	188, 214
sorbitol	238, 435, 438	SSKI.....	316	succinylcholine chloride	474
sorbitol-mannitol	438	SSS 10-5.....	257	succinylcholine-0.9% nacl (pf)	474
SORILUX.....	270	ST JOSEPH ASPIRIN..	45, 464	succinylcholine-sod cl,iso(pf)	474, 475
sotalol	152, 165	st. john's wort	10	SUCRAID.....	408
Sotalol Af.....	152, 164	ST. JOSEPH ASPIRIN..	45, 464	sucrafate	437
SOTRADECOL.....	178	STAMARIL (PF).....	134, 146	sufentanil citrate	48
Sotradecol.....	178	stavudine	69	SUFLAVE.....	436
SOTYKTU.....	262	std grass pollen-sweet vernal	122	sulbactam sodium	72
SOTYLIZE.....	152, 165	STEGLATRO.....	377	sulconazole	267
SOVALDI.....	80	STEGLUJAN.....	376	sulfacetamide sodium	271, 669
SOVUNA.....	37, 64	STELARA.....	262, 415	sulfacetamide sodium (acne)	256
SPACE CHAMBER.....	556, 628	STENDRA.....	298	sulfacetamide sodium-sulfur	257
SPACE CHAMBER WITH LARGE MASK.....	556, 628	STERILANCE TL.....	527, 628	sulfacetamide sod-sulfur-urea	257, 290
SPACE CHAMBER WITH MEDIUM MASK.....	556, 628	STERILE DILUENT FOR HUMALOG.....	308	sulfacetamide-prednisolone	657
SPACE CHAMBER WITH SMALL MASK.....	556, 628	STERILE HYDROGEL FOR JELMYTO.....	309	sulfadiazine	87
SPECTRAGEL.....	296, 628	sterile talc	694		
SPECTRAVITE ADULT.....	339				

sulfamethoxazole-trimethoprim 60	SURE-TOUCH LANCET..... 527, 629	T:SLIM X2 BASAL-IQ
SULFAMYLON..... 271	SURGIFLO..... 457	INSULIN PMP..... 559, 630
sulfasalazine 41, 416	SURVANTA..... 691	T:SLIM X2 CONTROL-IQ
SULFATRIM..... 60	SUSTOL..... 406	..... 559, 630
sulindac 43	SUSVIMO..... 666, 672	TAB-A-VITE..... 339
SUMADAN XLT..... 258, 290	SUSVIMO (INITIAL FILL)	TAB-A-VITE MULTIVITAMIN
sumatriptan 224	..... 666, 672	W-IRON..... 336, 339
sumatriptan succinate	SUSVIMO IMPLANT AND	TABLOID..... 96
..... 224, 225	INS. TOOL..... 547, 630	TABRECTA..... 109
sunitinib malate 109	SUTAB..... 436	TACHOSIL..... 458
SUNLENCA..... 58	SWEET CHEEKS..... 370	tacrolimus 272, 469
SUNOSI..... 228	Syeda..... 249	tadalafil 298, 441
SUNRISE COMPRESSOR-NEBULIZER..... 556, 628	SYFOVRE (PF)..... 655, 666	tadalafil (pulm. hypertension) 178
SUPARTZ FX..... 474	SYLVANT..... 103	TAFINLAR..... 98
SUPER B-50 COMPLEX..... 301	SYMAX DUOTAB..... 412, 445	tafluprost (pf) 671
SUPER THIN LANCETS	SYMDEKO..... 690	TAGRISO..... 91
..... 527, 628	SYMJEPI..... 168	TAKE ACTION..... 254
SUPERIOR JOINT	SYMLINPEN 120..... 372	TAKHZYRO..... 176
SUPPORT..... 10	SYMLINPEN 60..... 372	TALICIA..... 414
SUPERIOR MEN'S MULTI.. 336	SYMPROIC..... 57	TALTZ AUTOINJECTOR..... 263
SUPERIOR OMEGA3 WITH	SYMTUZA..... 70	TALTZ AUTOINJECTOR (2
VIT D..... 162	SYNAGIS..... 127	PACK)..... 263
SUPERIOR PROBIOTIC..... 431	SYNALAR CREAM KIT..... 283	TALTZ AUTOINJECTOR (3
SUPERIOR SLEEP..... 222	SYNALAR OINTMENT KIT. 283	PACK)..... 263
SUPERIOR WOMEN'S	SYNALAR TS..... 284	TALTZ SYRINGE..... 263
MULTI..... 336	SYNAREL..... 396	TALVEY..... 90
SUPLENA CARB STEADY. 342	SYNDROS..... 215, 299, 404	TALZENNA..... 108
SUPPOSITORY SHELL,	SYNJARDY..... 375	tamoxifen 110
SMALL..... 547, 628	SYNJARDY XR..... 375	tamsulosin 441
SUPPRELIN LA..... 396	SYNOJOYNT..... 474	TANDEM MOBI
SUPRANE..... 45	SYNOVX CALM..... 13	CARTRIDGE..... 547, 630
SURE COMFORT INS.	SYNOVX DJD..... 10	TANDEM MOBI SYSTEM
SYR. U-100..... 539, 628	SYNOVX RECOVERY..... 10	..... 559, 630
SURE COMFORT INSULIN	SYNOVX RELIEF..... 18	TARDEOXIA..... 259
SYRINGE..... 539, 629	SYNVISC..... 474	TARDIMAXIA..... 260
SURE COMFORT	SYNVISC-ONE..... 474	Tarina 24 Fe..... 249
LANCETS..... 527, 629	SYRINGE AVITENE..... 457	Tarina Fe 1/20 (28)..... 249
SURE-JECT INSULIN	SYRPALTA VEHICLE..... 238	Tarina Fe 1-20 Eq (28)..... 249
SYRINGE..... 539, 629	SYZYGIUM COMPOSITUM 402	TARON-C DHA..... 336
SURE-LANCE..... 527, 629	T.E.D. ANTI-EMBOLISM	TARON-PREX PRENATAL-
SURE-LANCE ULTRA THIN	STOCKING..... 509, 547, 630	DHA..... 339, 356
..... 527, 629	T.E.D. KNEE LENGTH-M-	TAROXIA..... 260
SURE-TEST EASYPLUS	LONG..... 509, 630	TARPEYO..... 388
MINI..... 505, 629	T.E.D. KNEE LENGTH-S-	TASCENSO ODT..... 654
SURE-TEST EASYPLUS	REGULAR..... 509, 630	TASIGNA..... 109
MINI METER..... 527, 629	T.R.U.E. TEST ALLERGEN 127	tasimelton 222
	T:FLEX..... 547, 630	taurine 300
	T:SLIM X2..... 547, 630	tavaborole 267
		TAVALISSE..... 449

TAVNEOS.....	32	tenofovir disoproxil fumarate	69, 79	THIN LANCETS.....	527, 632
tazarotene	270, 290	TENS 502.....	547, 631	THINPRO INSULIN	
Tazicef.....	75	TENS 504.....	548, 631	SYRINGE.....	540, 632
TAZICEF.....	75	TENSCARE ITOUCH SURE		THIOLA EC.....	439
TAZORAC.....	270	.....	530, 631	thioridazine	201
Taztia Xt.....	166	TEPADINA.....	92	thiotepa	92
TAZVERIK.....	102	TEPEZZA.....	400	thiothixene	202
TD GOLD BLOOD		TEPMETKO.....	109	THRESHOLD IMT TRAINER	
GLUCOSE MONITOR. 527, 630		terazosin	175	.....	556, 632
TD GOLD TEST STRIP		terbinafine hcl	61	THRESHOLD PEP DEVICE	
.....	505, 630	terbutaline	687	.....	556, 632
TD GOLD VOICE		terconazole	695	THRIVITE RX.....	356
GLUCOSE MONITOR. 527, 630		teriflunomide	654	THROMBATE III.....	463
TDVAX.....	137	teriparatide	380	THROMBI-GEL.....	458
TECENTRIQ.....	114	TERLIVAZ.....	372	THROMBIN-JMI.....	458
TECHLITE INSULIN		Terrell.....	45	THROMBI-PAD.....	458
SYRINGE.....	539, 630	TERSIFOAM.....	271	THYMOGLOBULIN.....	133
TECHLITE INSULN		TERUMO INSULIN		THYQUIDITY.....	401
SYR(HALF UNIT) 540, 630, 631		SYRINGE.....	540, 631	THYROGEN.....	297
TECHLITE LANCETS.. 527, 631		TEST N'GO BLOOD		thyroid (pork)	400
TECHNA NAT UNSWT		GLUCOSE SYSTEM... 527, 631		Tiadyt Er.....	166
TROCHE BASEG2.....	236, 239	TEST N'GO TEST.....	506, 632	tiagabine	184
TECVAYLI.....	116	TESTONE CIK.....	371	TIBSOVO.....	106
TEFLARO.....	75	TESTOPEL.....	371	TICE BCG.....	106, 134
TEGLUTIK.....	472	TESTOPLEX PLUS.....	18	TICOVAC.....	146
TEGRETOL.....	186, 214	testosterone	371	TIGAN.....	405
TEGRETOL XR.....	186, 214	testosterone cypionate	371	tigecycline	78, 88
TEGSEDI.....	370	testosterone enanthate	371	TIGLUTIK.....	472
TELCARE LANCETS.. 527, 631		TETOXIA.....	283	Tilia Fe.....	252
TELCARE TEST STRIPS		tetrabenazine	226, 227	timolol maleate	165, 664
.....	505, 631	tetracaine hcl	665	timolol maleate (pf)	664
telmisartan	150	tetracaine hcl (pf)	51, 665	tinidazole	65
telmisartan-amlodipine	149	tetracycline	88	tiopronin	439
telmisartan-		TEXACORT.....	282	tirofiban-0.9% sodium	
hydrochlorothiazid	150	TEZSPIRE.....	685	chloride	463
temazepam	212, 230	THALOMID.....	63, 111	TIROSINT.....	401
TEMBEXA.....	89	THAM.....	312	TIROSINT-SOL.....	401
TEMODAR.....	93	THEO-24.....	685	TISSEEL VHSD	
temozolomide	93	theophylline	685	(APROTININ, SYN).....	291
TEMPO REFILL KIT WITH		THERAHONEY.....	296, 632	TISSUEBLUE.....	667
GAUZE.....	527, 631	THERAPEUTIC-M.....	336	TIS-U-SOL PENTALYTE.....	311
TEMPO SMART BUTTON		THERA-VITE MAX-M.....	336	TIVDAK.....	94, 115
.....	547, 631	THEREMS MULTIVITAMIN.....	339	TIVICAY.....	67
TEMPO WELCOME KIT		thiamine hcl (vitamin b1) ..	361	TIVICAY PD.....	67
.....	527, 631	thiamine in 0.9 % sod		tizanidine	477
temsirolimus	105	chloride	361	TLANDO.....	371
Tencon.....	32	thiamine mononitrate (vit		TM-VITE RX.....	301
teniposide	101	b1)	361	TNKASE.....	467
TENIVAC (PF).....	137	THICK AND EASY.....	237	TOBI PODHALER.....	689
				TOBRADEX.....	658

TOBRADEX ST.....	658	<i>tranylcypromine</i>	191	<i>trihexyphenidyl</i>	196
<i>tobramycin</i>	668, 689	TRANZAREL.....	292	TRIJARDY XR.....	379
<i>tobramycin in 0.225 % nacl</i>		TRAVASOL 10 %.....	345	TRIKAFTA.....	690
.....	689	<i>travoprost</i>	671	Tri-Legest Fe.....	252
<i>tobramycin sulfate</i>	59	TRAZIMERA.....	117	Tri-Linyah.....	252
<i>tobramycin with nebulizer</i>	689	<i>trazodone</i>	192	TRILOAN II SUIK.....	389
<i>tobramycin-</i>		TRECTOR.....	72	TRILOAN SUIK.....	389
<i>dexamethasone</i>	658	<i>tree pollen-arizona</i>		Tri-Lo-Estarylla.....	252
<i>tobramycin-vancomycin</i>		<i>cypress</i>	126	Tri-Lo-Marzia.....	252
.....	658, 668, 669	<i>tree pollen-bald cypress</i> ...	126	Tri-Lo-Mili.....	252
TOBREX.....	669	<i>tree pollen-privet</i>	126	Tri-Lo-Sprintec.....	252
TODDLER BEGINNINGS....	308	<i>tree pollen-sweet gum</i>	126	TRI-LUMA.....	273
TOLAK.....	268	TRELEGY ELLIPTA.....	689	TRILURON.....	474
<i>tolcapone</i>	196	TRELSTAR.....	104	<i>trimethobenzamide</i>	405
<i>tolmetin</i>	43	TREMFYA.....	262	<i>trimethoprim</i>	61
<i>tolterodine</i>	445	<i>treprostinil sodium</i>	176	Tri-Mili.....	252
<i>tolvaptan</i>	173, 174	TRESIBA FLEXTOUCH U-		<i>trimipramine</i>	195
TOPCARE ULTRA		100.....	393	TRI-MIX (PAPAVRN-	
COMFORT.....	540, 632	TRESIBA FLEXTOUCH U-		PHNTLMN-PGE1).....	298
TOPCARE UNIVERSAL1		200.....	393	TRIMO-SAN JELLY.....	695
LANCET.....	528, 632	TRESIBA U-100 INSULIN... 393		TRINATAL RX 1.....	356
<i>topiramate</i>	186	<i>tretinoin</i>	261	TRINATE.....	356
<i>topotecan</i>	112	<i>tretinoin (antineoplastic)</i> ... 110		TRINTELLIX.....	194
<i>toremifene</i>	110	<i>tretinoin microspheres</i> 261		Tri-Nymyo.....	252
TORONOVA II SUIK.....	43	TRETTEN.....	455	TRIPLE OMEGA 3-6-9..... 162	
TORONOVA SUIK.....	43	TREXALL.....	38, 95	TRIPTODUR.....	396
<i>torseamide</i>	173	<i>triacetin</i>	268	TRISENOX.....	98
TOTALVISC.....	668	<i>triamcinol ac (pf) in</i>		Tri-Sprintec (28)..... 252	
TOTECT.....	119	<i>0.9%nacl</i>	389	TRIUMEQ.....	70
TOUCH-TROL.....	560, 632	<i>triamcinolone acetone-0.9%</i>		TRIUMEQ PD.....	70
TOUJEO MAX U-300		<i>nacl</i>	389	TRIVISC.....	474
SOLOSTAR.....	393	<i>triamcinolone acetonide</i>		Trivora (28).....	252
TOUJEO SOLOSTAR U-300		.....	282, 389, 651	Tri-Vylibra.....	252
INSULIN.....	393	<i>triamterene</i>	173	Tri-Vylibra Lo.....	252
TPN ELECTROLYTES.....	322	<i>triamterene-</i>		TRODELVY.....	115
TPOXX (NATIONAL		<i>hydrochlorothiazid</i>	173	TROGARZO.....	65
STOCKPILE).....	89	<i>triazolam</i>	212, 230	<i>tromethamine in sterile</i>	
TRACE ELEMENTS		TRICARE.....	356	<i>water</i>	312
4/PEDIATRIC.....	325	TRI-CHLOR.....	287	TROPHAMINE 10 %..... 346	
TRACLEER.....	177	<i>trichloroacetic acid</i> 287		<i>tropicamide</i>	659
TRADJENTA.....	373	TRICITRASOL.....	448	<i>tropium</i>	445
TRALEMENT.....	325	TRICITRATES.....	442	TRUBIOTICS.....	431
<i>tramadol</i>	27	Tridacaine li.....	292	TRUBIOTICS BABY.....	431
<i>tramadol-acetaminophen</i> ... 31		Triderm.....	283	TRUBIOTICS GUMMY.....	431
<i>trandolapril</i>	148	<i>trientine</i>	56	TRUBIOTICS KIDS	
<i>trandolapril-verapamil</i> 147		TRIESENCE (PF).....	661	CHEWABLE.....	431
<i>tranexamic acid</i>	456	Tri-Estarylla.....	252	TRUBIOTICS KIDS GUMMY	
<i>tranexamic acid in</i>		TRIFERIC.....	317	.....	431
<i>nacl,iso-os</i>	456	<i>trifluoperazine</i>	201	TRUDHESA.....	223
TRANSFER SET.....	544, 632	<i>trifluridine</i>	670		

TRUE COMFORT INSULIN SYRINGE....	540, 541, 632, 633	TRUSTEX-RIA LUB/SPERMICIDE.....	545, 635	ULESFIA.....	294
TRUE COMFORT LANCET.....	528, 633	TRUSTEX-RIA LUBRICATED CONDOMS.....	546, 635	ULTICARE.....	541, 635
TRUE COMFORT PRO INS SYRINGE.....	541, 633	TRUSTEX-RIA NON-LUB CONDOMS.....	546, 635	ULTICARE INSULIN SYRINGE.....	541, 635
TRUE COVER CONDOM.....	545, 633	TRUXIMA.....	39, 100	ULTICARE INSULN SYR(HALF UNIT).....	541, 635
TRUE METRIX AIR GLUCOSE METER.....	528, 633	TRUZONE PEAK FLOW METER.....	550, 635	ULTIGUARD SAFEPACK-INSULIN SYR.....	542, 635, 636
TRUE METRIX GLUCOSE METER.....	528, 633	tryptophan	13	ULTILET BASIC LANCETS.....	528, 636
TRUE METRIX GLUCOSE TEST STRIP.....	506, 633	TRYVIO.....	147	ULTILET CLASSIC LANCETS.....	528, 636
TRUE METRIX GO GLUCOSE METER.....	528, 633	TUDORZA PRESSAIR.....	686	ULTILET INSULIN SYRINGE.....	542, 636
TRUE METRIX PRO TEST STRIP.....	506, 633	TUKYSA.....	101	ULTILET LANCETS.....	528, 636
TRUE2GO BLOOD GLUCOSE SYSTEM...	528, 633	Tulana.....	251	ULTILET SAFETY LANCETS.....	528, 636
TRUEPLUS INSULIN..	541, 634	TULIVITE.....	319	ULTIMA MONITOR.....	528, 636
TRUEPLUS LANCETS	528, 634	TURALIO.....	109	ULTIMA TEST STRIPS.....	507, 636
TRUERESULT BLOOD GLUCOSE SYSTM.....	528, 634	turmeric root extract	18	ULTIMATE FLORA BABY PROBIOTIC.....	431
TRUETEST TEST STRIPS.....	506, 634	turmeric root-ginger root ext	18	ULTOMIRIS.....	448, 465
TRUETRACK BLOOD GLUCOSE SYSTEM...	528, 634	turmeric-ginger-black pepper	18	ULTRA B-100 COMPLEX (FOODBASE).....	301
TRUETRACK SMART SYSTEM.....	528, 634	turmeric-turmeric root extract	18	ULTRA BONEUP.....	314
TRUETRACK TEST....	506, 634	Turqoz (28).....	249	ULTRA CMFT INS SYR (HALF UNIT).....	542, 636
TRULANCE.....	407, 415	TUXARIN ER.....	693	ULTRA COMFORT INSULIN SYRINGE.....	542, 636, 637
TRULICITY.....	374	TWINRIX (PF).....	127	ULTRA FINE LANCETS.....	528, 637
TRUMENBA.....	140	TWIRLA.....	253	ULTRA FLO INSUL SYR(HALF UNIT).....	543, 637
TRUNEB NEBULIZER.	549, 634	TWIST LANCETS.....	528, 635	ULTRA FLO INSULIN SYRINGE.....	543, 637
TRUQAP.....	89	TYBLUME.....	249	ULTRA MOISTURE.....	275
TRUSKIN.....	293	TYBOST.....	647	ULTRA PRENATAL PLUS DHA.....	357
TRUSTEEL INFUSION PACK 23".....	562, 634	Tydemy.....	249	ULTRA THIN II LANCETS.....	528, 637
TRUSTEEL INFUSION SET 23".....	562, 634	TYMLOS.....	380	ULTRA THIN LANCETS.....	528, 637
TRUSTEEL INFUSION SET 32".....	562, 634	TYPHIM VI.....	138	ULTRA THIN PLUS LANCETS.....	528, 637
TRUSTEX LATEX CONDOM.....	545, 635	TYREX-1.....	308, 344	ULTRA TLC LANCETS	528, 637
TRUSTEX LUBRICATED CONDOMS.....	545, 635	TYREX-2.....	344	ULTRABAG/DIANEAL PD-2/1.5% DEX.....	678
TRUSTEX NON-LUB CONDOMS.....	545, 635	TYRVAYA.....	692	ULTRABAG/DIANEAL PD-2/2.5% DEX.....	678
		TYSABRI.....	652		
		TYVASO.....	177		
		TYVASO DPI.....	177		
		TYVASO INSTITUTIONAL START KIT.....	177		
		TYVASO REFILL KIT.....	177		
		TYVASO STARTER KIT.....	177		
		TZIELD.....	368		
		UBRELVY.....	223		
		UDENYCA.....	456		
		UDENYCA AUTOINJECTOR.....	455		
		UDENYCA ONBODY.....	455		

ULTRABAG/DIANEAL PD- 2/4.25%DEX..... 678	UNISTIK PRO LANCET 529, 639	<i>valerian root-valerian root</i> <i>xt</i> 13
ULTRABAG/DIANEAL/2.5% DEXTROSE..... 678	UNISTIK SAFETY..... 529, 639	<i>valerian-flower-hops-</i> <i>lemon</i> 13
ULTRACARE INSULIN SYRINGE..... 543, 637	UNISTIK TOUCH LANCETS 529, 639	<i>valganciclovir</i> 76
ULTRA-CARE LANCETS 528, 637	UNISTRIP1 TEST STRIP 507, 639	<i>valproate sodium</i> 184
ULTRAFLOA WOMEN'S.. 431	UNITUXIN.....95	<i>valproic acid</i>.....184, 214
ULTRAFOAM..... 458	UNIVERSAL 1 LANCETS 529, 639	<i>valproic acid (as sodium</i> <i>salt)</i> 184, 214
ULTRALANCE LANCETS 528, 637	UP4 PROBIOTICS ADULT..431	<i>valrubicin</i> 113
ULTRASAL-ER.....287	UP4 PROBIOTICS ADULT 50 PLUS..... 431	<i>valsartan</i> 150
ULTRA-THIN II (SHORT) INS SYR..... 543, 638	UP4 PROBIOTICS KIDS CUBES..... 431	<i>valsartan-</i> <i>hydrochlorothiazide</i> 150
ULTRA-THIN II INSULIN SYRINGE..... 543, 638	UP4 PROBIOTICS MEN'S.. 431	VALSTAR..... 113
ULTRA-THIN II LANCETS 529, 638	UP4 PROBIOTICS PLUS PREBIOTIC..... 432	VALTOCO..... 183, 213
ULTRATRAK..... 507, 638	UP4 PROBIOTICS ULTRA..432	<i>vancomycin</i> 78
ULTRATRAK GLUCOSE METER..... 529, 638	UP4 PROBIOTICS WOMEN'S..... 432	<i>vancomycin in 0.9 %</i> <i>sodium chl</i>.....77, 658
ULTRATRAK ULTIMATE 507, 529, 638	UP4 PROBIOTICS- PREBIOTICS KIDS..... 432	<i>vancomycin in dextrose 5</i> <i>%</i> 77, 78
UNILET COMFORTOUCH LANCET..... 529, 638	UPCAL D..... 315	<i>vancomycin-0.9 % sod</i> <i>chlor(pf)</i> 78
UNILET GP LANCET .. 529, 638	UPLIZNA..... 469	<i>vancomycin-diluent</i> <i>combo no.1</i> 78
UNILET LANCET.....529, 638	UPNEEQ (PF)..... 656	VANFLYTA..... 102
UNILET LANCETS..... 529, 638	UPTRAVI..... 175	VANISHPOINT INSULIN SYRINGE..... 543, 639
UNILET SUPER THIN LANCETS..... 529, 638	URAMAXIN.....287	VANISHPOINT SYRINGE 543, 639
UNISOM SIMPLE SLUMBERS.....222	URAMAXIN GT.....286	VANOXIDE-HC.....259
UNISPEND ANHYDROUS SWEET.....238	<i>urea</i> 275, 287	VAPRISOL IN 5 % DEXTROSE..... 172
UNISTIK 3 COMFORT LANCET..... 529, 639	UREA NAIL STICK.....287	VAPRO PLUS INTERMITT CATHETER..... 560, 639
UNISTIK 3 EXTRA LANCET 529, 639	UREAPRO..... 173	VAQTA (PF)..... 127, 128
UNISTIK 3 GENTLE.... 529, 639	URETRON D-S.....83, 443	<i>wardenafil</i>.....298
UNISTIK 3 NORMAL LANCET..... 529, 639	URIBEL TABS..... 83, 443	VARDIMAXIA..... 260
UNISTIK COMFORT LANCETS..... 529, 639	URIMAR-T..... 83, 443	<i>varenicline</i>.....235
UNISTIK CZT LANCET 529, 639	URO-458..... 83, 443	VARISOFT INFUSION SET 23"..... 563, 639
UNISTIK EXTRA LANCETS 529, 639	UROGESIC-BLUE..... 83, 444	VARISOFT INFUSION SET 32"..... 563, 639
UNISTIK NORMAL LANCETS..... 529, 639	URO-MP..... 83, 444	VARISOFT INFUSION SET 43"..... 563, 639
	UROQID-ACID NO.2.... 83, 443	VARITHENA..... 178
	<i>ursodiol</i> 408	VARITHENA ADMINISTRATION PACK 550, 640
	UVADEX..... 107	VARIVAX (PF)..... 134, 146
	UZEDY..... 199, 200	VARIZIG..... 132
	VABOMERE..... 72	
	VABYSMO.....655	
	VAGINAL CONTRACEPTIVE FILM.....254	
	<i>valacyclovir</i> 80	
	VALCHLOR..... 268	
	<i>valerian root</i> 18	

VAROXIA.....	260	VERIFINE SAFETY		VISTA ADVANCED	
VARUBI.....	406	LANCET MINI.....	529, 640	AREDS2.....	12, 336
VASCEPA.....	158	VERIFINE UNIVERSAL		VISTA MEIBO EYELID	
VASELINE WHITE		LANCET.....	529, 640	CLEANSING.....	276
PETROLEUM.....	289	VERKAZIA.....	662	VISTASEAL-FIBRIN	
VASHE.....	295	VERQUVO.....	151	SEALANT.....	458
vasopressin	372	VERSACLOZ.....	200	VISTOGARD.....	117
vasopressin in 0.9 % sod		VERTIGOHEEL.....	402	VISUDYNE.....	666
chlor	372	VERZENIO.....	100	vit a palmitate-vit c-vit d3 ..	348
vasopressin in dextrose 5		VESICARE LS.....	444	vit b comp-folic-choline-	
%	372	Vestura (28).....	250	inosi	301
VASOSTRICT.....	372	VEVYE.....	662	vit c-echinacea purpurea	
VAXCHORA ACTIVE		V-GO 20.....	559, 640	xt	18
COMPONENT.....	134, 140	V-GO 30.....	559, 640	vit c-zinc cit,gluc-echin	
VAXCHORA BUFFER		V-GO 40.....	559, 640	purp	326
COMPONENT.....	239	VIBATIV.....	81	VITABEX IRON.....	319
VAXCHORA VACCINE	134, 140	VIBERZI.....	415, 432	VITAFOL FE PLUS.....	357
VAXELIS (PF)		VIBRANT.....	548, 640	VITAFOL FE+ (WITH	
.....	128, 137, 140, 141	VIBRANT STARTER KIT		DOCUSATE).....	357
VAXNEUVANCE (PF).....	139	.....	548, 640	VITAFOL GUMMIES.....	357
VCF CONTRACEPTIVE		VICTOZA 2-PAK.....	374	VITAFOL ULTRA.....	357
FILM.....	254	VICTOZA 3-PAK.....	374	VITAFOL-OB.....	357
VCF CONTRACEPTIVE		Vienna.....	250	VITAFOL-OB+DHA.....	357
GEL.....	254	vigabatrin	184	VITAFOL-ONE.....	357
VECTIBIX.....	117	Vigadrone.....	185	VITAJoy ADULT MULTI.....	336
vecuronium bromide	475	Vigpoder.....	185	VITAJoy BIOTIN.....	364
vecuronium in sterile		VIJOICE.....	646	VITAJoy DAILY C.....	365
water	475	VILACTIN AA PLUS 15 PE.	341	VITAL AF 1.2 CAL.....	342
VEGETARIAN BONEUP.....	314	vilazodone	194	VITALIPID N INFANT.....	348
VEGZELMA.....	90	VILTEPSO.....	473	VITALVASC.....	18
VEKLURY.....	87	VIMIZIM.....	644	VITAMEDMD ONE RX.....	357
VELETRI.....	177	VIMPAT.....	184	vitamin a	360
Velivet Triphasic Regimen		vinblastine	112	vitamin a palmitate	360
(28).....	252	Vincasar Pfs.....	112	vitamin b complex	302
VELPHORO.....	440, 441	vincristine	112	VITAMIN B-12.....	363
VELSIPITY.....	417	vinorelbine	112	vitamin b12-folic acid	362
VELTASSA.....	311	VIOKACE.....	408	VITAMIN C FIZZY DRINK...	359
VEMLIDY.....	79	Viorele (28).....	243	VITAMIN C POWDER	
VENCLEXTA.....	98	VIOS AEROSOL DELIVERY		BLEND.....	359
VENCLEXTA STARTING		SYSTEM.....	556, 640	VITAMIN C WITH ROSE	
PACK.....	98	VIRACEPT.....	86	HIPS.....	365
venlafaxine	193	VIRAGRAPHIS.....	18	Vitamin D2.....	366
VENOFER.....	318	VIREAD.....	69, 79	vitamin d2-vitamin k1	365
VENTAVIS.....	177	VISBIOME.....	432	vitamin d3-vitamin k2	365
VEOPOZ.....	402	VISCO-3.....	474	vitamin e (dl, acetate)	366, 367
VEOZAH.....	368	VISCOAT.....	668	vitamin e acetate (bulk)	
verapamil	153, 167	VISION HEALTH.....	12	.....	236, 367
VERIFINE INSULIN		VISION OPTIMIZER.....	12, 336	vitamin e-safflower oil	275
SYRINGE.....	544, 640	VISIONBLUE.....	667	vitamin e-vitamins a and d	275
				VITAMIN K.....	367

Vitamin K1.....	367	VPRIV.....	643	WESTAB ONE.....	361, 367
vitamin k2	368	VRAYLAR.....	204, 215	WESTAB PLUS.....	357
vitamin k2 (mk-4)	368	VTAMA.....	270	whey protein, conc-isolate	343
VITLIPID N ADULT.....	339	VUITY.....	657	WIDE-SEAL DIAPHRAGM	
VITLIPID N INFANT.....	348	VUMERITY.....	653	60.....	511, 641
VITRAKVI.....	112	VYEPTI.....	222	WIDE-SEAL DIAPHRAGM	
VITREXYL.....	336	Vyfemla (28).....	250	65.....	511, 641
VITREXYL PLUS IRON.....	336	VYLEESI.....	219	WIDE-SEAL DIAPHRAGM	
VITRON-C.....	319	Vylibra.....	250	70.....	511, 641
VITRUM 50 PLUS.....	336	VYNDAMAX.....	370	WIDE-SEAL DIAPHRAGM	
Vivacaine.....	650	VYNDAQEL.....	370	75.....	511, 641
VIVAGUARD INO		VYONDYS-53.....	473	WIDE-SEAL DIAPHRAGM	
GLUCOSE METER.....	529, 640	VYVANSE.....	209	80.....	512, 641
VIVAGUARD INO SMART		VYVGART.....	472	WIDE-SEAL DIAPHRAGM	
GLUC METER.....	529, 640	VYVGART HYTRULO.....	472	85.....	512, 641
VIVAGUARD INO TEST		VYXEOS.....	94	WIDE-SEAL DIAPHRAGM	
STRIP.....	507, 640	VYZULTA.....	671	90.....	512, 642
VIVAGUARD LANCET	529, 640	WAINUA.....	370	WIDE-SEAL DIAPHRAGM	
VIVAGUARD SAFETY		WAKIX.....	228	95.....	512, 642
LANCET.....	529, 640	warfarin	448	WILATE.....	454
VIVIMUSTA.....	93	water for inject,		WILLIS THE WHALE	
VIVITROL.....	233	bacteriostat	309	COMPRESSR NEB.....	557, 642
VIVJOA.....	62	water for injection, sterile		WILZIN.....	56
VIVOTIF.....	134, 138	.....	309, 359	WINLEVI.....	255
VIXONE NEBULIZER..	549, 641	water for irrigation, sterile	311	WINREVAIR.....	147
VIXONE NEBULIZER-		WAVESENSE AMP.....	530, 641	WINRHQ SDF.....	132
ADULT MASK.....	549, 641	WAVESENSE JAZZ....	508, 641	WINTERGREEN OIL.....	293
VIXONE NEBULIZER-		WAVESENSE PRESTO		Wixela Inhub.....	689
PEDIATRIC MSK.....	549, 641	.....	508, 530, 641	WOMEN'S 50 PLUS	
VIZIMPRO.....	91	weed pollen-carelessweed	124	ADVANCED.....	337
VOCABRIA.....	67	weed pollen-short		WOMENS DAILY GUMMIES	
Volnea (28).....	243	ragweed	125	.....	337
VONJO.....	103	weed pollen-true marsh		WOMEN'S MULTIVITAMIN	
VONVENDI.....	456	elder	125	COLLAGEN.....	337
VOQUEZNA.....	402	weed pollen-western		WOMEN'S MULTIVITAMIN	
VOQUEZNA DUAL PAK.....	414	ragweed	125	GUMMIES.....	337
VOQUEZNA TRIPLE PAK...	414	WEEKLY-D.....	366	WOMEN'S ONE DAILY.....	337
VORAXAZE.....	118	WELIREG.....	103	WOUNDGELHA MATRIX....	289
voriconazole	63	WELLFOLA.....	336	Wymzya Fe.....	250
VORTEX HOLDING		WELLPRO-31.....	432	WYNZORA.....	261
CHAMBER.....	557, 641	Wera (28).....	250	XACDURO.....	58
VORTEX VHC FROG		WESCAP-C DHA.....	337	XADAGO.....	197
MASK-CHILD.....	557, 641	WESCAP-PN DHA.....	339	XALIX.....	287
VORTEX VHC LADYBUG		WESCAPS.....	301	XALKORI.....	93
MASK-TODDLR.....	557, 641	WESNATAL DHA		XARACOLL.....	50
VOSEVI.....	79	COMPLETE.....	357	XARELTO.....	450
VOWST.....	402	WESNATE DHA.....	357	XARELTO DVT-PE TREAT	
VOXZOGO.....	380	WES-PHOS 250 NEUTRAL		30D START.....	450
VOYDEYA.....	447, 448	.....	322, 442	XATMEP.....	38, 96
VP-CH-PNV.....	357	WESTAB MAX.....	361, 367	XCELLENT C.....	365

XCELLENT E.....	360	XYMOBOLX.....	300	ZEPOSIA STARTER PACK	
XCLAIR.....	275	XYMODINE.....	316	(7-DAY).....	418, 655
XCOPRI.....	190	XYNTHA.....	454	ZEPZELCA.....	113
XCOPRI MAINTENANCE		XYNTHA SOLOFUSE.....	454	ZERBAXA.....	73
PACK.....	189	XYOSTED.....	371	ZETONNA.....	692
XCOPRI TITRATION PACK	190	XYWAV.....	227	ZEVALIN (Y-90).....	105
XDEMVI.....	655	Yargesa.....	645	zidovudine	69
XELJANZ.....	41, 417	YAXATARXYN.....	273	ZIEXTENZO.....	456
XELJANZ XR.....	41, 417	YCANTH.....	287	ZILBRYSQ.....	473
XELPROS.....	671	yellow jacket venom	123	ZILRETTA.....	389
XELSTRYM.....	209, 218	YERVOY.....	101	ZIMHI.....	58
XEMBIFY.....	131	YF-VAX (PF).....	134, 146	ZINC BALANCE.....	326
XENLETA.....	85	YOGURT PLUS CALCIUM		zinc chloride	325
XENOVIEW EMPTY		GUMMIES.....	315	zinc citrate	326
DELIVERY BAG.....	548, 642	YOKATAR.....	273	zinc gluconate	326
XENPOZYME.....	642	YONDELIS.....	113	zinc glycinate	326
XEOMIN.....	475	YONSA.....	91, 94	zinc oxide	289
XEPI.....	265	YUM-YUM DOPHILUS.....	432	zinc sulfate	326
XERAFA.....	76, 88	YUPELRI.....	686	ZINGIBER.....	361
XERMELO.....	403	YUTIQ.....	661	ZINPLAVA.....	127
XEROFORM		Yuvaferm.....	696	ziprasidone hcl	198, 215
PETROLATUM DRESSING		Zafemy.....	253	ziprasidone mesylate	198, 215
.....	513, 642	zafirlukast	684	ZIRABEV.....	90
XGEVA.....	399	zaleplon	230	ZIRGAN.....	670
XHANCE.....	692	ZALTRAP.....	116	ZITHRANOL.....	270
XIAFLEX.....	474	ZANOSAR.....	113	ZITUVIO.....	373
XIFAXAN.....	87	Zarah.....	250	ZOKINVY.....	648
XIGDUO XR.....	375	ZARXIO.....	456	ZOLADEX.....	104
XIIDRA.....	662	ZATEAN-PN DHA.....	339	zoledronic acid	382
XIPERE (PF).....	661	ZATEAN-PN PLUS.....	337	zoledronic acid-mannitol-	
XOFIGO.....	110	ZAVZPRET.....	223	water	382
XOFLUZA.....	81	ZEEL.....	402	zoledronic ac-mannitol-	
XOLAIR.....	682	ZEGALOGUE		0.9nacl	382
XOLREMDI.....	449	AUTOINJECTOR.....	370	ZOLINZA.....	102
XOSPATA.....	102	ZEGALOGUE SYRINGE.....	370	zolmitriptan	225
XPHOZAH.....	299	ZEJULA.....	108	zolpidem	230, 231
XPOVIO.....	101, 110	ZELAPAR.....	197	ZOMACTON.....	390
XTAMPZA ER.....	27, 28	ZELBORAF.....	98	Zomig.....	225
XTANDI.....	94	ZELNORM.....	415, 432	ZONISADE.....	188
Xulane.....	253	ZEMAIRA.....	691	zonisamide	188
XULTOPHY 100/3.6.....	379	ZEMDRI.....	59, 443	ZONTIVITY.....	465
XURIDEN.....	646	Zenatane.....	255	ZORYVE.....	270, 271
XYBIOTIC.....	432	ZENPEP.....	408	ZOSYN IN DEXTROSE	
XYLIGEL.....	651	ZENPHOR.....	296, 642	(ISO-OSM).....	85
XYLIMELTS.....	651	Zenedi.....	209, 218, 229	Zovia 1-35 (28).....	250
Xylocaine Dental-		ZEPATIER.....	79	ZTALMY.....	187
Epinephrine.....	52, 650	ZEPOSIA.....	417, 655	ZUBSOLV.....	233
XYLOCAINE-MPF.....	50	ZEPOSIA STARTER KIT		ZULRESSO.....	191
XYLOCAINE-		(28-DAY).....	417, 655	Zumandimine (28).....	250
MPF/EPINEPHRINE.....	52			ZURZUVAE.....	191

ZYDELIG.....	107
ZYKADIA.....	93
ZYLET.....	658
ZYMFENTRA.....	35, 419, 420
ZYNLONTA.....	99
ZYNRELEF.....	51
ZYNYZ.....	114
ZYPRAM.....	54
ZYPREXA RELPREVV.....	202
ZYVOX.....	84