



**Portfolio Medium – Preferred Drug List (PDL)**

**MemorialCare Select Health Plan**

**Applies to: MemorialCare Select Members**

**Last Updated: September 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>

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## 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.memorialcaresselecthealthplan.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 " <b>What is a Prior Authorization?</b> " 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 " <b>What is Step Therapy?</b> " 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
<b>Alternative Therapy - Vitamins and Minerals</b>		
<b>Alternative Therapy - Androgenic Agents - Vitamins and Minerals</b>		
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	
<b>Alternative Therapy - Antiarthritics - Vitamins and Minerals</b>		
<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 su dip-chondroit-c-mn oral capsule 500-400-66-3 mg</i>	Tier 1	
<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/chondroit-msm no.1/c/manganes/boswellia serrata</i> )	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 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
<b>glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg</b>	Tier 1	
<b>glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg-937.5 mg</b>	Tier 1	
<b>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</b>	Tier 1	
<b>glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg</b>	Tier 1	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG ( <b>glucosamine dipot chlchondroitin sul a nalboswellturmeric</b> )	Tier 3	
INVIGOFLEX CS ORAL TABLET 600-125 MG ( <b>chondroitin sulfateturmeric</b> )	Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG ( <b>glucosamine sulfate</b> )	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG ( <b>glucosamine sulfate dipotassium chlorlboswellia serrata ext</b> )	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG ( <b>glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate</b> )	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG ( <b>glucosamine/chondroitin/msm/d3/hyaluronic acid/cal borate</b> )	Tier 3	
SUPERIOR JOINT SUPPORT ORAL TABLET 300-100-100-50 MG ( <b>glucosam/chondr/msm/collag/boswell/turmeric/pancrlq uerclbrom</b> )	Tier 3	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG ( <b>glucosamin/chondroitin/msm/vit c/manganesel/hyaluronic/mussel</b> )	Tier 3	
SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG ( <b>glucosamine sulfate sodium/chondroitin sulfate sodium/msm</b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Alternative Therapy - Antidepressants - Vitamins and Minerals</b>		
<i>st. john's wort oral capsule 300 mg</i>	Tier 1	
<i>st. john's wort oral capsule 350 mg</i>	Tier 3	
<b>Alternative Therapy - Antioxidant - Vitamins and Minerals</b>		
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/zeaxanthlastaxan</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 oxidelcupric oxide</i> )	Tier 1	
<i>glutathione (bulk) powder 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
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG ( <i>vit clvit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i> )	Tier 1	
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG ( <i>vit clvit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i> )	Tier 3	
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG ( <i>lutein/lalacysteinelalalquercet/zinc/taurinelbilberry/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/laxanthin</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 clvit e acetate/zinc oxid/cupric oxidellutein/zeaxanthin</i> )	Tier 1	
PRESERVISION AREDS-2 ORAL TABLET,CHEWABLE 250-90-40-1 MG ( <i>vit clvit 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 clvit 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG ( <i>vit c/vit elzinc/copper/selen/lutein/zeaxanthin/glutathione</i> )	Tier 3	
<b>Alternative Therapy - Cough and Cold Agents - Vitamins and Minerals</b>		
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	
<b>Alternative Therapy - Pineal Hormone Agents - Vitamins and Minerals</b>		
<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	
<b>Alternative Therapy - Sedative/Hypnotics - Vitamins and Minerals</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Alternative Therapy - Unclassified - Vitamins and Minerals</b>		
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/indian 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	

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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>ashwagandha/magnolia bark/phellodiphanaba/flmaralrt/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 concentrate/ascorbic acid/bacillus 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 C/PLT MENOPAUSE RLF ORAL TABLET 4 MG ( <i>rhubarb root extract</i> )	Tier 3	

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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	

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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	

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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	
<b>Analgesic, Anti-inflammatory or Antipyretic</b>		
<b>Analgesic - Opioid Antagonists</b>		
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	
<b>Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever</b>		
<b>Analgesic - Central Alpha-2 Receptor Agonists - Arthritis and Pain Drugs</b>		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml</i>	Tier 1	
<b>Analgesic - Neurolysis Agents - Arthritis and Pain Drugs</b>		
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 % ( <i>ethyl alcohol</i> )	Tier 1	
<i>phenol injection solution 6 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML ( <i>ziconotide acetate</i> )	Tier 3	SP
<b>Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs</b>		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML ( <i>difelikefalin acetate</i> )	Tier 3	PA; SP
<b>Analgesic Opioid Agonists - Arthritis and Pain Drugs</b>		
<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	

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

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

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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

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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	

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

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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)

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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 15 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)

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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)

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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)
<b>Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs</b>		
<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)
<b>Analgesic Opioid Fentanyl Combinations - Arthritis and Pain Drugs</b>		
<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	

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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	
<b>Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
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)
<b>Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<b>Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs</b>		
<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)

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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	
<b>Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
<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)
<b>Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs</b>		
<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)
<b>Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs</b>		
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

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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	
<b>Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic or Antipyretic Non-Opioid - Arthritis and Pain Drugs</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs</b>		
<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	
<b>Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs</b>		
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	Tier 3	PA; SP
<b>Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab/1pf</i> )	Tier 3	PA; SP
<b>Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG ( <i>rilonacept</i> )	Tier 3	PA; SP
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis and Pain Drugs</b>		
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

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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
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs</b>		
<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

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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

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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
<b>DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs</b>		
<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

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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
<b><i>infliximab intravenous recon soln 100 mg</i></b>	Tier 1	PA; SP

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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
<b>DMARD - Antimalarials - Arthritis and Pain Drugs</b>		
<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)
<b>DMARD - Antimetabolites - Arthritis and Pain Drugs</b>		
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)

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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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs</b>		
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
<b>DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs</b>		
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
<b>DMARD - Gold Compounds - Arthritis and Pain Drugs</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	Tier 3	
<b>DMARD - Immunosuppressives - Arthritis and Pain Drugs</b>		
<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	

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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	
<b>DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs</b>		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML ( <i>anakinra</i> )	Tier 3	PA; SP
<b>DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs</b>		
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
<b>DMARD - Other - Arthritis and Pain Drugs</b>		
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	
<b>DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG ( <i>apremilast</i> )	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	Tier 2	PA; SP
<b>DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs</b>		
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs</b>		
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
<b>NSAID Analgesic and Non-Salicylate Analgesic Combination - Arthritis and Pain Drugs</b>		
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML ( <i>ibuprofen sodium/lacetaminophen</i> )	Tier 3	
<b>NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
<b>NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs</b>		
<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	

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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	
<b>NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs</b>		
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	
<b>NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<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	
<b>NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs</b>		
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	

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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	
<b>NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<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	
<b>Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs</b>		
<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	
<b>Salicylate Analgesic Combinations - Arthritis and Pain Drugs</b>		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<b>Salicylate Analgesics - Arthritis and Pain Drugs</b>		
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

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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
<b>Anesthetics - Drugs for Pain and Fever</b>		
<b>Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation</b>		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG ( <i>midazolam/ketamine hcl/ondansetron hcl</i> )	Tier 1	
<b>General Anesthetic - Inhalant Volatile - Drugs for Sedation</b>		
<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	
<b>General Anesthetic - Parenteral, Arylcyclohexylamines - Drugs for Sedation</b>		
<i>ketamine (pf)-nacl,iso-osmotic intravenous solution 10 mg/ml, 5 mg/ml</i>	Tier 1	
<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	

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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	
<b>General Anesthetic - Parenteral, Barbiturates - Drugs for Sedation</b>		
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	
<b>General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation</b>		
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	

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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	
<b>General Anesthetic - Parenteral, Others - Drugs for Sedation</b>		
<i>etomidate intravenous solution 2 mg/ml</i>	Tier 1	
<b>General Anesthetic - Parenteral, Phenol Derivatives - Drugs for Sedation</b>		
<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	
<b>General Anesthetic Adjuncts - Neuroleptic, Butyrophenone Derivative - Drugs for Sedation</b>		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
<b>General Anesthetic Adjuncts - Opioid - Drugs for Sedation</b>		
<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	

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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	
<b>Local Anesthetic - Amides - Drugs for Sedation</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>bupivacaine-lidocaine-sod chl injection syringe 0.375 %-2 % (10 ml), 0.375 %-2 % (5 ml)</b>	Tier 1	
<b>mepivacaine hcl</b> (Carbocaine Injection Cartridge 30 Mg/ML (3 %))	Tier 1	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML) ( <b>prilocaine hcl</b> )	Tier 3	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML) ( <b>bupivacaine liposome/pf</b> )	Tier 3	
<b>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 %)</b>	Tier 1	
<b>lidocaine (pf) injection syringe 10 mg/ml (1 %), 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %)</b>	Tier 1	
<b>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</b>	Tier 1	
<b>lidocaine hcl injection syringe 100 mg/5 ml (2 %)</b>	Tier 1	
<b>lidocaine hcl intradermal pen injector 0.5 mg</b>	Tier 1	
<b>lidocaine hcl laryngotracheal solution 4 %</b>	Tier 1	
<b>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)</b>	Tier 1	
<b>lidocaine in nacl,iso-osmo(pf) injection syringe 10 mg/0.5 ml (2 %), 100 mg/10 ml (1 %), 30 mg/3 ml (1%)</b>	Tier 1	
<b>lidocaine in nacl,iso-osmo(pf) intraocular syringe 12 mg/0.6 ml (2 %)</b>	Tier 1	
<b>lidocaine topical ointment 5 %</b>	Tier 1	QL (240 GM per 30 days)
<b>lidocaine with sod phosphate injection syringe 0.9 % (1 ml), 1 % (10 ml)</b>	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) ( <b>bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)</b> )	Tier 3	
<b>mepivacaine injection cartridge 30 mg/ml (3 %)</b>	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 %) ( <b>ropivacaine hcl/pf</b> )	Tier 3	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) ( <b>mepivacaine hcl</b> )	Tier 1	
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 % ( <b>mepivacaine hcl</b> )	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 5 MG/ML (0.5 %) ( <i>lidocaine hcllpf</i> )	Tier 1	
<b>Local Anesthetic - Esters - Drugs for Sedation</b>		
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	Tier 1	
CLOROTEKAL (PF) INTRATHECAL SOLUTION 10 MG/ML (1 %) ( <i>chloroprocaine hcllpf</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 hcllpf</i> )	Tier 1	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
<b>Local Anesthetic - NSAID Combinations - Drugs for Sedation</b>		
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	
<b>Local Anesthetic - Sympathomimetic Combinations - Drugs for Sedation</b>		
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>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 hcllepinephrine 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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> mpf (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> mpf)	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> mpf)	Tier 3	
<b>Local Anesthetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation</b>		
<i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>	Tier 1	
<b>Local Anesthetic-NSAID-NMDA Receptor Antagonist Combinations - Drugs for Sedation</b>		
<i>bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>	Tier 1	
<b>Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation</b>		
<i>ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>	Tier 1	
<b>Anorectal Preparations - Rectal Preparations</b>		
<b>Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
<b>Anorectal - Glucocorticoids - Rectal Preparations</b>		
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	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations</b>		
ANA-LEX KIT RECTAL KIT 2-2 % ( <i>hydrocortisone acetate/lidocaine hcl/aloe 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % ( <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	
<b>Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning</b>		
<b>Anticoagulant Reversal Agent for Direct Thrombin Inhibitors - Drugs for Overdose or Poisoning</b>		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML ( <i>idarucizumab</i> )	Tier 3	SP
<b>Anticoagulant Reversal Agent for Factor Xa Inhibitors - Drugs for Overdose or Poisoning</b>		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG ( <i>coagulation factor xa, inactivated-zhzo (recombinant)</i> )	Tier 3	SP
<b>Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning</b>		
<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	
<b>Antidote - Alcohol Dehydrogenase Enzyme Inhibitor - Drugs for Overdose or Poisoning</b>		
<i>fomepizole intravenous solution 1 gram/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning</b>		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML ( <i>physostigmine salicylate</i> )	Tier 3	
<b>Antidote - Anticholinesterase and Muscarinic Antagonist Combinations - Drugs for Overdose or Poisoning</b>		
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) ( <i>glycopyrrolate/neostigmine methylsulfate</i> )	Tier 3	
<b>Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning</b>		
<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	
<b>Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML ( <i>pralidoxime chloridelatropine sulfate</i> )	Tier 3	
<b>Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning</b>		
<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	
<b>Antidote - Digitalis Glycoside Toxicity Agents - Drugs for Overdose or Poisoning</b>		
DIGIFAB INTRAVENOUS RECON SOLN 40 MG ( <i>digoxin immune fab</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidote - Methemoglobinemia - Drugs for Overdose or Poisoning</b>		
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml), 5 mg/ml</i>	Tier 1	
<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	
<b>Antidote - Radioactive Agents - Drugs for Overdose or Poisoning</b>		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM ( <i>prussian blue (insoluble)</i> )	Tier 3	
<b>Antidote Others - Drugs for Overdose or Poisoning</b>		
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	
<b>Benzodiazepine Reversal Agents - Benzodiazepine Antagonists - Drugs for Overdose or Poisoning</b>		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
<b>Chelating Agents - Copper - Drugs for Overdose or Poisoning</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Chelating Agents - Iron - Drugs for Overdose or Poisoning</b>		
<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
<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
<b>Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning</b>		
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	
<b>Chelating Agents - Others - Drugs for Overdose or Poisoning</b>		
<i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<b>Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION ( <i>naloxone hcl</i> )	Tier 2	QL (4 EA per 30 days)
<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)
<b>Reversal Agents - Heparin Antagonists - Drugs for Overdose or Poisoning</b>		
<i>protamine intravenous solution 10 mg/ml</i>	Tier 1	
<b>Anti-Infective Agents</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
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
<b>Beta-lactam Antibiotic and Beta-lactamase Inhibitor Combinations</b>		
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2) ( <i>sulbactam sodium/durlobactam sodium</i> )	Tier 3	
<b>Catheter Lock - Taurolidine-based Solutions</b>		
DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG-1,000 UNIT/ML ( <i>taurolidine in heparin sodium, porcine</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anti-Infective Agents - Drugs for Infections</b>		
<b>Amebicides - Drugs for Parasites</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
<b>Aminoglycoside Antibiotic - Antibiotics</b>		
<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
<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	
<b>Aminomethylcycline Antibiotics - Antibiotics</b>		
NUZYRA INTRAVENOUS RECON SOLN 100 MG ( <i>omadacycline tosylate</i> )	Tier 3	
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	Tier 3	PA
<b>Aminopenicillin Antibiotic - Antibiotics</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics</b>		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<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	
<b>Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites</b>		
<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
<b>Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites</b>		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<b>Anthelmintic Agents Other - Drugs for Parasites</b>		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
<b>Antibacterial Folate Antagonist - Other Combinations - Antibiotics</b>		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Antibacterial Folate Antagonist Others - Antibiotics</b>		
PRIMSOL ORAL SOLUTION 50 MG/5 ML ( <i>trimethoprim</i> )	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<b>Antibacterial Nitrofurantoin Derivatives - Antibiotics</b>		
<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
<b>Antibacterial Other - Antibiotics</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<b>Antifungal - Allylamines - Drugs for Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<b>Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus</b>		
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	
<b>Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Antifungal - Glucan Synthesis Inhibitor, Echinocandins - Drugs for Fungus</b>		
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<b>Antifungal - Glucan Synthesis Inhibitors - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<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	
<b>Antifungal - Imidazoles - Drugs for Fungus</b>		
<i>ketconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG ( <i>miconazole</i> )	Tier 3	
<b>Antifungal - Tetrazoles - Drugs for Fungus</b>		
VIVJOA ORAL CAPSULE 150 MG ( <i>oteseconazole</i> )	Tier 3	PA
<b>Antifungal - Triazoles - Drugs for Fungus</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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	
<b>Antifungal other - Drugs for Fungus</b>		
<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	
<b>Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML ( <i>interferon gamma-1b, recomb.</i> )	Tier 3	PA; SP
<b>Antileprotic - Immunomodulators - Antibiotics</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	Tier 2	PA; SP
<b>Antileprotic - Sulfone Agents - Antibiotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antimalarial Combinations - Drugs for Parasites</b>		
<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	
<b>Antimalarials - Artemisinin and Derivatives - Drugs for Parasites</b>		
<i>artesunate intravenous recon soln 110 mg</i>	Tier 3	
<b>Antimalarials - Drugs for Parasites</b>		
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)
<b>Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites</b>		
LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )	Tier 3	
<b>Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites</b>		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiprotozoal Agents - Other - Drugs for Parasites</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	Tier 2	PA
<b>Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites</b>		
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)
<b>Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
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	
<b>Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
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	
<b>Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) ( <i>ibalizumab-uiyk</i> )	Tier 2	PA; SP
<b>Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections</b>		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG ( <i>fostemsavir tromethamine</i> )	Tier 2	PA; SP
<b>Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG ( <i>enfuvirtide</i> )	Tier 2	SP; QL (2 EA per 1 day)
<b>Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections</b>		
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 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<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 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections</b>		
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)
<b>Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections</b>		
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir sodium/lamivudine</i> )	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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
<b>Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections</b>		
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)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections</b>		
<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)
<b>Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections</b>		
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir sulfate/cobicistat</i> )	Tier 2	SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darunavir eth/cobicistat/lemtricitabine/tenofovir alafenamide</i> )	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir sodium/lemtricitabine/tenofovir alafenamide fumar</i> )	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elvitegravir/cobicistat/lemtricitabine/tenofovir alafenamide</i> )	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elvitegravir/cobicistat/lemtricitabine/tenofovir disoproxil</i> )	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir sulfate/dolutegravir sodium/lamivudine</i> )	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG ( <i>abacavir sulfate/dolutegravir sodium/lamivudine</i> )	Tier 2	SP; QL (6 EA per 1 day)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections</b>		
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i> )	Tier 3	SP; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirine/lamivudine/tenofovir disoproxil fumarate</i> )	Tier 3	SP; QL (1 EA per 1 day)
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil 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)
<b>Antitubercular - Aminobenzoic Acid Analogs - Antibiotics</b>		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM ( <i>aminosalicylic acid</i> )	Tier 3	
<b>Antitubercular - D-alanine Analogs - Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<b>Antitubercular - Diarylquinoline Antibiotics - Antibiotics</b>		
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	Tier 3	PA; SP
<b>Antitubercular - Isonicotinic Acid Derivatives - Antibiotics</b>		
<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	
<b>Antitubercular - Niacinamide Derivatives - Antibiotics</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antitubercular - Nitroimidazole Derivatives - Antibiotics</b>		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<b>Antitubercular - Rifamycin and Derivatives - Antibiotics</b>		
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	
<b>Antitubercular Agents Other - Antibiotics</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	Tier 3	
<b>Beta-lactamase Inhibitors - Antibiotics</b>		
<i>durlobactam intravenous recon soln 0.5 gram</i>	Tier 3	
<i>sulbactam sodium intravenous solution 1 gram</i>	Tier 3	
<b>Carbapenem Antibiotic Combinations - Antibiotics</b>		
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM ( <i>imipenem/cilastatin sodium/lelebactam</i> )	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM ( <i>meropenem/vaborbactam</i> )	Tier 3	
<b>Carbapenem Antibiotics (Thienamycins) - Antibiotics</b>		
<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	
<b>Catheter Lock - Antibiotic and Anticoagulant Combinations - Antibiotics</b>		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	

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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	
<b>Catheter Lock Solutions - Antibiotics</b>		
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	
<i>gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %</i>	Tier 1	
<b>Cephalosporin Antibiotic and Beta-lactamase Inhibitor Combinations - Antibiotics</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM ( <i>ceftazidime/lavibactam sodium</i> )	Tier 3	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM ( <i>ceftolozane sulfate/tazobactam sodium</i> )	Tier 3	
<b>Cephalosporin Antibiotics - 1st Generation - Antibiotics</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Cephalosporin Antibiotics - 2nd Generation - Antibiotics</b>		
<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	
<b>Cephalosporin Antibiotics - 3rd Generation - Antibiotics</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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	
<b>Cephalosporin Antibiotics - 4th Generation - Antibiotics</b>		
<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	
<b>Cephalosporin Antibiotics - 5th Generation - Antibiotics</b>		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG ( <i>ceftaroline fosamil acetate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cephalosporin Antibiotics - Siderophore - Antibiotics</b>		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM ( <i>cefiderocol sulfate tosylate</i> )	Tier 3	
<b>Chloramphenicol Antibiotics and Derivatives - Single Agents - Antibiotics</b>		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	Tier 1	
<b>CMV Antiviral Agent - Inorganic Pyrophosphate Analogs - Drugs for Viral Infections</b>		
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML ( <i>foscarnet sodium</i> )	Tier 3	SP
<b>CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections</b>		
<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	
<b>CMV Antiviral Agent - Nucleotide Analogs - Drugs for Viral Infections</b>		
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	
<b>CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections</b>		
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	Tier 2	PA; SP
<b>CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cyclic Lipopeptide Antibiotics - Antibiotics</b>		
<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	
<b>Fluorocycline Antibiotics - Antibiotics</b>		
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG ( <i>eravacycline di-hydrochloride</i> )	Tier 3	
<b>Fluoroquinolone Antibiotics - Antibiotics</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Glycopeptide Antibiotics - Antibiotics</b>		
<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	
<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, 1.75 gram, 2 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	
<b>Glycylcycline Antibiotics - Antibiotics</b>		
<i>tigecycline intravenous recon soln 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections</b>		
BARACLUDE 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)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections</b>		
<i>adefovir oral tablet 10 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<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)
<b>Hepatitis C - Interferons - Drugs for Viral Infections</b>		
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
<b>Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections</b>		
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuvir/velpatasvir/voxilaprevir</i> )	Tier 2	PA; SP
<b>Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir/velpatasvir</i> )	Tier 2	PA; SP
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
<b>Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections</b>		
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
<b>Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections</b>		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
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)
<b>Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections</b>		
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)
<b>Influenza-A Antiviral Agents - Drugs for Viral Infections</b>		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
<b>Lincosamide Antibiotics - Antibiotics</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Lipoglycopeptide Antibiotics - Antibiotics</b>		
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	
<b>Macrolide Antibiotics - Antibiotics</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML ( <i>fidaxomicin</i> )	Tier 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Misc Anti-Infective - Drugs for Infections</b>		
<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	
<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	
<b>Misc Anti-Infective Combinations - Drugs for Infections</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Monobactam Antibiotics - Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 1	
<b>Oxazolidinone Antibiotics - Antibiotics</b>		
<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	
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	
<b>Penicillin Antibiotic - Natural - Antibiotics</b>		
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Penicillin Antibiotic - Penicillinase-resistant - Antibiotics</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 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	
<b>Penicillin Antibiotic, Extended-spectrum and Beta-lactamase Inhib Comb - Antibiotics</b>		
<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	
<b>Penicillin Natural Antibiotic Combinations - Extended Release - Antibiotics</b>		
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	
<b>Pleuromutilin Antibiotics - Antibiotics</b>		
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
<b>Polymyxins and Derivatives - Single Agents - Antibiotics</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
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)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	Tier 2	SP; QL (16 EA per 1 day)
<b>Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
<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
<b>Quaternary protoberberine alkaloids - Antibiotics</b>		
<i>berberine chloride oral capsule 500 mg</i>	Tier 1	
BERBERINE ES-5 ORAL CAPSULE 200 MG ( <i>dihydroberberine</i> )	Tier 3	
<b>Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections</b>		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Rifamycins and Related Derivative Antibiotics - Antibiotics</b>		
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	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	Tier 2	PA
<b>SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections</b>		
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)
<b>SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections</b>		
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)
<b>Sulfonamide Antibiotic - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Tetracycline Antibiotics - Antibiotics</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<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)
<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, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 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</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
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> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>doxycycline monohydrate</b> (Mondoxyne 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 ( <b>omadacycline tosylate</b> )	Tier 3	
NUZYRA ORAL TABLET 150 MG ( <b>omadacycline tosylate</b> )	Tier 3	PA
<b>tetracycline oral capsule 250 mg, 500 mg</b>	Tier 1	
<b>tigecycline intravenous recon soln 50 mg</b>	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG ( <b>eravacycline di-hydrochloride</b> )	Tier 3	
<b>Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections</b>		
TEMBEXA ORAL SUSPENSION 10 MG/ML ( <b>brincidofovir</b> )	Tier 2	
TEMBEXA ORAL TABLET 100 MG ( <b>brincidofovir</b> )	Tier 2	
TPOXX (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 10 MG/ML ( <b>tecovirimat</b> )	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG ( <b>tecovirimat</b> )	Tier 2	
<b>Antineoplastics</b>		
<b>Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor</b>		
TRUQAP ORAL TABLET 160 MG, 200 MG ( <b>capivasertib</b> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Gamma-Secretase Inhibitor (GSI)</b>		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG ( <b>nirogacestat hydrobromide</b> )	Tier 3	PA; SP; OCH
<b>Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors</b>		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG ( <b>momelotinib dihydrochloride</b> )	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors</b>		
IWILFIN ORAL TABLET 192 MG ( <i>eflornithine hcl</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - PARP Inhibitor and Antiandrogen Combinations</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG ( <i>niraparib tosylate/abiraterone acetate</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Telomerase Inhibitors</b>		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG ( <i>imetelstat sodium</i> )	Tier 3	PA; SP
<b>Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj</b>		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML ( <i>mirvetuximab soravtansine-gynx</i> )	Tier 3	PA; SP
<b>Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody</b>		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML ( <i>glofitamab-gxbm</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
<b>Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody</b>		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG ( <i>tarlatamab-dlle</i> )	Tier 3	PA; SP
<b>Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody</b>		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML ( <i>talquetamab-tgvs</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastics - Drugs for Cancer</b>		
<b>ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer</b>		
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
<b>Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer</b>		
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA; SP; OCH
<b>Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer</b>		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML ( <i>amivantamab-vmjw</i> )	Tier 3	PA; SP
<b>Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer</b>		
<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
<b>Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer</b>		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 1	SP
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	Tier 2	SP; OCH
<b>Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer</b>		
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
<b>Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer</b>		
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Tier 2	SP; OCH
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer</b>		
<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>melphalan hcl/betadex sulfobutyl ether sodium</i> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG ( <i>melphalan hcl</i> )	Tier 3	SP
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG ( <i>melphalan hcl</i> )	Tier 3	SP
HEPZATO INTRA-ARTERIAL RECON SOLN 50 MG ( <i>melphalan 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>melphalan hcl intravenous recon soln 50 mg</i>	Tier 1	SP
<b>Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer</b>		
<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
GLIADEL WAFER IMPLANT WAFER 7.7 MG ( <i>carmustine in polifeprosan 20</i> )	Tier 3	SP
<b>Antineoplastic - Alkylating Agent - Other - Drugs for Cancer</b>		
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
<b>Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP; OCH
<b>Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Antiadrenals - Drugs for Cancer</b>		
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	Tier 2	SP; OCH
<b>Antineoplastic - Antiandrogens - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG ( <i>daunorubicin/cytarabine liposomal</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer</b>		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML ( <i>naxitamab-gqqk</i> )	Tier 3	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML ( <i>dinutuximab</i> )	Tier 3	PA; SP
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
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)
<b>Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer</b>		
<i>fluorouracil</i> (Adrucil Intravenous Solution 2.5 Gram/50 ML)	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
<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
<b>Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer</b>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine/tipiracil hcl</i> )	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer</b>		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML ( <i>nivolumab-relatlimab-rmbw</i> )	Tier 3	PA; SP
<b>Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG ( <i>elotuzumab</i> )	Tier 3	PA; SP
<b>Antineoplastic - Aromatase Inhibitors - Drugs for Cancer</b>		
<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
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
<b>Antineoplastic - Arsenic Compounds - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer</b>		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML ( <i>mogamulizumab-kpkc</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer</b>		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG ( <i>loncastuximab tesirine-lpyl</i> )	Tier 3	PA; SP
<b>Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG ( <i>tafasitamab-cxix</i> )	Tier 3	PA; SP
<b>Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
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
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
<b>Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML ( <i>isatuximab-irfc</i> )	Tier 3	PA; SP
<b>Antineoplastic - CD52 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer</b>		
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML ( <i>alemtuzumab</i> )	Tier 3	
<b>Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer</b>		
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
<b>Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer</b>		
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Epipodophyllotoxins - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Epothilones and Analogs - Drugs for Cancer</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG ( <i>ixabepilone</i> )	Tier 3	PA; SP
<b>Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer</b>		
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hydrobromide</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer</b>		
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
<b>Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer</b>		
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Interferons - Drugs for Cancer</b>		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	Tier 3	PA; SP
<b>Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG ( <i>siltuximab</i> )	Tier 3	PA; SP
<b>Antineoplastic - Interleukins - Drugs for Cancer</b>		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT ( <i>aldesleukin</i> )	Tier 3	SP
<b>Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer</b>		
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)
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
<b>Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Microtubule Inhibitors - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Monoclonal Antibodies for Radiopharmaceutical Therapy - Drugs for Cancer</b>		
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML ( <i>kit for prep yttrium-90/ibritumomab tiuxetan/albumin human</i> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer</b>		
<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
<i>everolimus</i> (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 1	PA; SP; OCH
<b>Antineoplastic - Multikinase Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	Tier 3	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Other - Drugs for Cancer</b>		
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	
<b>Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	Tier 3	PA; SP; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Photosensitizers - Drugs for Cancer</b>		
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	
<b>Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer</b>		
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
<b>Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	Tier 3	PA; SP; OCH
<b>Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Platinum Complexes - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer</b>		
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
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
<b>Antineoplastic - Progestins - Drugs for Cancer</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
<b>Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer</b>		
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCEMBLIX ORAL TABLET 100 MG, 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
<b>Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer</b>		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) ( <i>lutetium lu-177 vipivotide tetraxetan</i> )	Tier 3	PA; SP
<b>Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer</b>		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) ( <i>lutetium lu 177 dotatate</i> )	Tier 3	PA; SP
<b>Antineoplastic - Radiopharmaceuticals - Drugs for Cancer</b>		
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
<b>Antineoplastic - Retinoids - Drugs for Cancer</b>		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP; OCH
<b>Antineoplastic - Selective Estrogen Receptor Degradars (SERDs) - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer</b>		
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
<b>Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer</b>		
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
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG ( <i>selpercatinib</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; SP; OCH
<b>Antineoplastic - Taxanes - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Thalidomide Analogs - Drugs for Cancer</b>		
<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
<b>Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML ( <i>irinotecan hcl</i> )	Tier 3	SP
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	Tier 2	SP; OCH
<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
<b>Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer</b>		
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
<b>Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML ( <i>ramucirumab</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer</b>		
<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
<b>Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer</b>		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 1	SP
<b>Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer</b>		
<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	
<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
<b>Antineoplastic Antibiotic - Others - Drugs for Cancer</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<b>Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer</b>		
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
<b>Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer</b>		
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
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
<b>Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer</b>		
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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer</b>		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG ( <i>enfortumab vedotin-ejfv</i> )	Tier 3	PA; SP
<b>Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer</b>		
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine/cedazuridine</i> )	Tier 2	PA; SP; OCH
<b>Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer</b>		
TIVDAK INTRAVENOUS RECON SOLN 40 MG ( <i>tisotumab vedotin-tftv</i> )	Tier 3	PA; SP
<b>Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer</b>		
TRODELVY INTRAVENOUS RECON SOLN 180 MG ( <i>sacituzumab govitecan-hziy</i> )	Tier 3	PA; SP
<b>Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PIGF)Inhibitor - Drugs for Cancer</b>		
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
<b>Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer</b>		
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
<b>Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bone Marrow Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
COSELA INTRAVENOUS RECON SOLN 300 MG ( <i>trilaciclib dihydrochloride</i> )	Tier 3	PA; SP
<b>Cardiac Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
<b>Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer</b>		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) ( <i>pertuzumab</i> )	Tier 3	PA; SP
<b>Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML ( <i>cetuximab</i> )	Tier 3	PA; SP
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
<b>Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Fluorouracil and Related Rescue Agents - Drugs for Cancer</b>		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM ( <i>uridine triacetate</i> )	Tier 2	SP; OCH; QL (24 EA per 14 days)
<b>Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer</b>		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML ( <i>tebentafusp-tebn</i> )	Tier 3	PA; SP
<b>Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer</b>		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT ( <i>glucarpidase</i> )	Tier 3	SP
<b>Methotrexate Rescue Agents - Drugs for Cancer</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer</b>		
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
<b>Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) ( <i>sodium thiosulfate</i> )	Tier 3	SP
<b>Tissue Protective Agents for Tx of Cancer Chemotherapy Extravasation - Drugs for Cancer</b>		
TOTECT INTRAVENOUS RECON SOLN 500 MG ( <i>dexrazoxane hcl</i> )	Tier 3	
<b>Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
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
<b>Antiseptics and Disinfectants - Antiseptics and Disinfectants</b>		
<b>Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants</b>		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % ( <i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluole.water</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants</b>		
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	
<b>Antiseptic - Others - Antiseptics and Disinfectants</b>		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
<b>Antiseptic - Oxidizing Agents - Antiseptics and Disinfectants</b>		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 3	
<b>Antiseptic - Phenol Derivatives - Antiseptics and Disinfectants</b>		
<i>phenol liquid</i>	Tier 3	
<b>Biologicals</b>		
<b>Immune Globulin - Anthrax</b>		
ANTHRASIL (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 60 UNIT ( <i>anthrax immune globulin (human)</i> )	Tier 3	
<b>Vaccine Viral - Chikungunya Virus (CHIKV)</b>		
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML ( <i>chikungunya vaccine, live/preservative free</i> )	Tier 3	
<b>Vaccine Viral - Ebola</b>		
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML ( <i>ebola (zaire) recombinant vaccine, live, vero cell/pf</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Viral - Respiratory Syncytial Virus (RSV)</b>		
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, FEMALE, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, 60 YEARS OF AGE OR OLDER, 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, mrna/lpf</i> )	Tier 3	
<b>Biologicals - Biological Agents</b>		
<b>Allergenic Extract Others - Biological Agents</b>		
<i>aller ext-american cockroach injection solution 1:20</i>	Tier 3	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Allergenic Extracts - Cat Hair/Dander Extracts - Biological Agents</b>		
<i>cat hair std allergenic ext injection solution 10,000 baulml</i>	Tier 3	
<b>Allergenic Extracts - Cow Hair/Dander Extracts - Biological Agents</b>		
<i>allergen ext-cattle epithelium injection solution 1:20</i>	Tier 3	
<b>Allergenic Extracts - Crop Pollen - Biological Agents</b>		
<i>allergen ext-crop pollen-corn injection solution 1:20</i>	Tier 3	
<i>allergenic extract-alfalfa injection solution 1:20</i>	Tier 1	
<b>Allergenic Extracts - Dog Hair/Dander Extracts - Biological Agents</b>		
<i>allergenic ext-dog epithelium injection solution 1:10 , 1:20</i>	Tier 3	
<b>Allergenic Extracts - Grass Pollen - Biological Agents</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Allergenic Extracts - Horse Hair/Dander Extracts - Biological Agents</b>		
<i>allergenic ex-horse epithelium injection solution 1 :10, 1:20</i>	Tier 3	
<b>Allergenic Extracts - Hymenoptera Venom Derived - Biological Agents</b>		
<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	
<i>yellow jacket venom injection recon soln 550 mcg</i>	Tier 3	
<b>Allergenic Extracts - Mite Extracts - Biological Agents</b>		
<i>allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml</i>	Tier 3	
<i>allergen xt-mite,d.pteronys injection solution 10,000 unit/ml</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<b>Allergenic Extracts - Mold Extracts - Biological Agents</b>		
<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	
<i>allergenic xt-epicoccum nigrum injection solution 27,000 unit/ml</i>	Tier 3	
<b>Allergenic Extracts - Rabbit Hair/Dander Extracts - Biological Agents</b>		
<i>allergen ext-rabbit epithelium injection solution 1:10 , 1:20</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Allergenic Extracts - Rodent Hair/Dander Extracts - Biological Agents</b>		
<i>allergenic extract-guinea pig injection solution 1:20</i>	Tier 1	
<i>allergenic xt-mouse epithelium injection solution 1:20</i>	Tier 3	
<b>Allergenic Extracts - Weed Pollen - Biological Agents</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Allergenic Extracts- Tree Pollen - Biological Agents</b>		
<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>aller xt-tree pollen-white oak 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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Anthrax Monoclonal Antibody - Biological Agents</b>		
RAXIBACUMAB (NAT'L STOCKPILE) INTRAVENOUS SOLUTION 50 MG/ML ( <i>raxibacumab</i> )	Tier 3	
<b>Antivenoms - Scorpion Antivenoms - Biological Agents</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG ( <i>centruroides (scorpion) polyvalent antivenom</i> )	Tier 3	
<b>Antivenoms - Snake Antivenoms - Biological Agents</b>		
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	
<b>Antivenoms - Spider Antivenoms - Biological Agents</b>		
<i>antivenin latrodectus mactans injection recon soln 6,000 unit</i>	Tier 3	
<b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML ( <i>nirsevimab-alip</i> )	Tier 3	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML ( <i>palivizumab</i> )	Tier 3	PA; SP

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML ( <i>hepatitis b virus vaccine recombinant, isoform s,m,lpf</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 recombinantlpf</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 recombinantlpf</i> )	Tier 3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML ( <i>hepatitis b virus vaccine recombinantlpf</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 recombinantlpf</i> )	Tier 3	
<b>Immune Globulin - Botulinum neurotoxin a/b, human - Biological Agents</b>		
BABYBIG INTRAVENOUS RECON SOLN 100 MG ( <i>botulism immune globulin, human</i> )	Tier 3	
<b>Immune Globulin - Cytomegalovirus (CMV) - Biological Agents</b>		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML ( <i>cytomegalovirus immune globulin (human)</i> )	Tier 3	SP
<b>Immune Globulin - gamma globulin (IgG), human - Biological Agents</b>		
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/glycine</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
<b>Immune Globulin - Hepatitis B - Biological Agents</b>		
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	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML ( <i>hepatitis b immune globulin</i> )	Tier 3	
<b>Immune Globulin - Rabies - Biological Agents</b>		
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML ( <i>rabies immune globulin/pf</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Immune Globulin - Rho(D) - Biological Agents</b>		
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
<b>Immune Globulin - Tetanus - Biological Agents</b>		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML ( <i>tetanus immune globulin/pf</i> )	Tier 3	SP
<b>Immune Globulin - Varicella-zoster - Biological Agents</b>		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML ( <i>varicella-zoster immune globulin/maltose</i> )	Tier 3	
<b>Immune Serums - Biological Agents</b>		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML ( <i>lymphocyte immune globulin,antithymocyte (equine)</i> )	Tier 2	SP
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG ( <i>anti-thymocyte globulin,rabbit</i> )	Tier 2	SP
<b>Immune Serums - Botulinum Antitoxins - Biological Agents</b>		
<i>botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Live Vaccine and Live Virus Formulations - Vaccines</b>		
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	
DENG VAXIA (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	
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 livelpf</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 livelpf</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 livelpf</i> )	Tier 3	
<b>Peanut Desensitization Agents - Biological Agents</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 X1) ( <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
<b>Toxoid Vaccine Combinations - Vaccines</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML ( <i>diphtheria,pertussis(acellular),tetanus vaccine/pf</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML <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,rcmbldiphth,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 b/pf)</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	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML <i>(diphtheria, pertussis(acell),tetanus,polio vaccinelpf)</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	\$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/pf</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(acellular),tetanus/hepb/polio/hib conj-meng/pf</i> )	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML ( <i>diphtheria,pertus(acellular),tetanus/hepb/polio/hib conj-meng/pf</i> )	Tier 3	
<b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i> )	Tier 3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i> )	Tier 3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Bacterial - Gram Negative Cocci - Vaccines</b>		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML ( <i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoidlpf</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 conjlpf</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 conjlpf</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 2lpf</i> )	Tier 3	
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 2lpf</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 componentlpf</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Bacterial - Gram Positive Cocci - Vaccines</b>		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i> )	Tier 3	SP
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
<b>Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines</b>		
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 &amp; 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
<b>Vaccine Bacterial - Other - Vaccines</b>		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines</b>		
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	
<b>Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines</b>		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML ( <i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-menglpf</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-menglpf</i> )	Tier 3	
<b>Vaccine Viral - Adenovirus - Vaccines</b>		
<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	
<b>Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines</b>		
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)lpf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.25 AND AGE 6 MONTHS TO 11 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Vaccine Viral - Dengue - Vaccines</b>		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML ( <i>dengue tetravalent vaccine, live, vero cell/lpf</i> )	Tier 3	
<b>Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines</b>		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/lpf</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-valent/lpf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9 TO 45 YEARS
<b>Vaccine Viral - Influenza A and B - Vaccines</b>		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine trival split 2024-25 (36 mos up)/lpf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza vaccine trivalent 2024-2025 (65 yr up)/lmf59c.1/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML ( <i>influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>flu vaccine tri 2024-2025(6 month and older)cell derived/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML ( <i>flu vaccine triv 2024-2025(6 month and older)cell derived</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML ( <i>influenza virus vaccine trival split 2024-2025(65 yr up)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine tvs 2024-2025(6 months and older)/pf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML ( <i>influenza virus vaccine trivalent 2024-25 (6 mos and older)</i> )	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Viral - Japanese Encephalitis - Vaccines</b>		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML <i>(japanese encephalitis vaccine/lpf)</i>	Tier 3	
<b>Vaccine Viral - Measles - Vaccines</b>		
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
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <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
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/lpf)</i>	Tier 3	SP
<b>Vaccine Viral - Mpox - Vaccines</b>		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 <i>(smallpox and mpox vaccine, live, nonreplicating/lpf)</i>	Tier 3	
<b>Vaccine Viral - Mumps and Related - Vaccines</b>		
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
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <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
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/lpf)</i>	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Viral - Poliomyelitis - Vaccines</b>		
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
<b>Vaccine Viral - Rabies - Vaccines</b>		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT ( <i>rabies vaccine, human diploid cell/lpf</i> )	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT ( <i>rabies vaccine, purified chicken embryo cell (pcec)/lpf</i> )	Tier 3	
<b>Vaccine Viral - Rotavirus - Vaccines</b>		
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	
<b>Vaccine Viral - Rubella - Vaccines</b>		
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
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML ( <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
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 ( <i>measles, mumps, rubella, and varicella vaccine live/lpf</i> )	Tier 3	SP
<b>Vaccine Viral - Smallpox - Vaccines</b>		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML ( <i>smallpox vaccine, live</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 ( <i>smallpox and mpox vaccine, live, nonreplicating/lpf</i> )	Tier 3	
<b>Vaccine Viral - Varicella - Vaccines</b>		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 ( <i>measles, mumps, rubella, and varicella vaccine live/lpf</i> )	Tier 3	SP
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML ( <i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/lpf</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/lpf</i> )	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<b>Vaccine Viral - Yellow Fever - Vaccines</b>		
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML ( <i>yellow fever vaccine live/lpf</i> )	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML ( <i>yellow fever vaccine live/lpf</i> )	Tier 3	
<b>Vaccine Viral Combinations - Vaccines</b>		
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
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML ( <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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Vaccine Viral- Tick-borne Encephalitis - Vaccines</b>		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML ( <i>tick-borne encephalitis vaccine</i> )	Tier 3	
<b>Cardiovascular Therapy Agents</b>		
<b>Endothelin Receptor Antagonists</b>		
TRYVIO ORAL TABLET 12.5 MG ( <i>aprocitentan</i> )	Tier 3	PA; SP
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	Tier 3	PA; SP
<b>PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb</b>		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG ( <i>macitentan/tadalafil</i> )	Tier 3	PA; SP
<b>Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG ( <i>sotatercept-csrk</i> )	Tier 2	PA; SP
<b>Cardiovascular Therapy Agents - Drugs for the Heart</b>		
<b>ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 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	
<b>ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>ACE Inhibitors - Drugs for High Blood Pressure</b>		
<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	
<b>Aldosterone Receptor Antagonists - Drugs for High Blood Pressure</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Alpha-Beta Blockers - Drugs for High Blood Pressure</b>		
<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)
<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	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure</b>		
<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	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure</b>		
<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 medoxomil/chlorthalidone</i> )	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<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	
<b>Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure</b>		
ENTRESTO ORAL TABLET 24-26 MG ( <i>sacubitril/valsartan</i> )	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG ( <i>sacubitril/valsartan</i> )	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG ( <i>sacubitril/valsartan</i> )	Tier 2	QL (8 EA per 1 day)
<b>Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG ( <i>nitroglycerin</i> )	Tier 1	
<b>Antianginal and Anti-ischemic Agents - Drugs for Angina</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	Tier 3	PA
<b>Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina</b>		
<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)
<b>Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms</b>		
<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	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms</b>		
<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	
<b>Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms</b>		
<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
<b>Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms</b>		
<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	
<b>Antiarrhythmic Others - Drugs for Abnormal Heart Rhythms</b>		
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 1	
<b>Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol</b>		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML ( <i>evinacumab-dgnb</i> )	Tier 3	PA; SP
<b>Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<b>Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>cholestyraminelaspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyraminelaspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
<b>Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol</b>		
<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	
<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	
<b>Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol</b>		
<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	
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol</b>		
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
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
<b>Antihyperlipidemic - PCSK9 Inhibitor, small interfering RNA (siRNA) - Drugs for Cholesterol</b>		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML ( <i>inclisiran sodium</i> )	Tier 3	PA
<b>Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol</b>		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML ( <i>inclisiran sodium</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Antihyperlipidemic Agents - Dietary Source - Drugs for Cholesterol</b>		
PHOSPHALINE ORAL CAPSULE 900 MG ( <i>phosphatidylcholine</i> )	Tier 3	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML ( <i>phosphatidylcholine</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic Agents - Dietary Source Combinations - Drugs for Cholesterol</b>		
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/docosaehaenoic 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/docosaehaenoic acidlepalfish oil</i> )	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 500-115-30-64 mg</i>	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 600-125-32.5-60 mg</i>	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG ( <i>methioninelinositol/cholin/folic acid</i> )	Tier 3	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG ( <i>omega-3 fatty acids/dhalepalfish oil/krill/lutein/zeaxanth</i> )	Tier 3	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG ( <i>omega-3 fatty acids/dhalepalfish oil/krill oil</i> )	Tier 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG ( <i>omega-3 fatty acids/dhalepalfish oil/krill/lutein/zeaxanth</i> )	Tier 3	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG ( <i>krill oil/omega-3 fatty acids/dhalepalphospholipidslastaxan</i> )	Tier 3	
<i>omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>omega 3-dha-epa-fish oil oral capsule,delayed release(drlec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg</b>	Tier 1	
OMEGA MONOPURE DHA EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	
OMEGA MONOPURE EPA EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910-1,300 MG ( <b>omega-3 fatty acids/leicosapentaenoic acid (epa)/fish oil</b> )	Tier 3	
OMEGA MONOPURE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG ( <b>omega-3 fatty acids/dhalepal dpal fish oil</b> )	Tier 3	
OMEGA-3 2100 ORAL CAPSULE 1,050 MG(300 MG -675 MG-75 MG) ( <b>omega-3 fatty acids/dhalepal dpal fish oil</b> )	Tier 3	
<b>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</b>	Tier 1	
<b>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</b>	Tier 1	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG ( <b>krill oil omega-3 fatty acids/dhalepal phospholipids/astaxan</b> )	Tier 1	
<b>omega-3s-dha-epa-fish oil oral capsule 720-1,200 mg</b>	Tier 3	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	
OMEGAPURE PRM ORAL CAPSULE 590-195-245-800 MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	
OMEGAPURE-600 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	
OMEGAPURE-780 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG ( <b>omega-3 fatty acids/docosahexaenoic acidlepal fish oil</b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMEGAPURE-900 EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 967 MG-385 MG- 515 MG-1,290 MG ( <i>omega-3 fatty acids/docosahexaenoic acid/lepa fish oil</i> )	Tier 3	
OVEGA-3 ORAL CAPSULE 500-270-135 MG ( <i>omega-3 fatty acids/docosahexaenoic acid/lepa</i> )	Tier 3	
SUPERIOR OMEGA3 WITH VIT D ORAL CAPSULE 1,250 MG-1,375 MG-25 MCG ( <i>omega-3/dhalepa/other omega-3s/fish oil/vitamin d3</i> )	Tier 3	
TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG ( <i>fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1</i> )	Tier 1	
<b>Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol</b>		
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
<b>Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )	Tier 2	PA; SP
<b>Beta Blockers Cardiac Selective - Drugs for High Blood Pressure</b>		
<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	
<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	
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure</b>		
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	
<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	
<b>Bradykinin B2 Receptor Antagonists - Drugs for the Heart</b>		
<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
<b>Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
<i>diltiazem hcl</i> (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
<b>Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure</b>		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML ( <i>nimodipine</i> )	Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML ( <i>nimodipine</i> )	Tier 3	PA; SP
<b>Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML) ( <i>nicardipine in dextrose, iso-osmotic</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML) ( <i>nicardipine in sodium chloride, iso-osmotic</i> )	Tier 3	SP
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML ( <i>clevipidine butyrate</i> )	Tier 3	
CONJUPRI ORAL TABLET 2.5 MG ( <i>levamlodipine maleate</i> )	Tier 3	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml</i>	Tier 1	
<i>nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)</i>	Tier 1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	Tier 1	
<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	
<b>Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<b>Cardiac Inotropes - Phosphodiesterase Inhibitors - Drugs for the Heart</b>		
<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	
<b>Cardiac Myosin Inhibitor - Drugs for the Heart</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	Tier 3	PA; SP
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cardiovascular Sympathomimetic - Beta-Adrenergic Agonists - Drugs for Serious Allergic Reaction</b>		
<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	
<b>Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction</b>		
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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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 chl,iso(pf) injection syringe 1 mg/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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
REZIPRES INTRAVENOUS SOLUTION 4.7 MG/ML ( <i>ephedrine hcl</i> )	Tier 1	
<b>Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure</b>		
<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	
<b>Digitalis Glycosides - Drugs for the Heart</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Direct Acting Vasodilators - Drugs for High Blood Pressure</b>		
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
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	
<b>Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diuretic - Arginine Vasopressin V1a/V2 Receptor Antagonists - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Loop - Drugs for High Blood Pressure</b>		
<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	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML ( <i>furosemide</i> )	Tier 3	SP
<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	
<b>Diuretic - Osmotic - Drugs for High Blood Pressure</b>		
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	Tier 1	
<i>mannitol 25 % intravenous solution 25 %</i>	Tier 1	
UREAPRO ORAL POWDER 15 GRAM/SCOOP ( <i>urea</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diuretic - Potassium Sparing - Drugs for High Blood Pressure</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
<b>Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure</b>		
<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	
<b>Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure</b>		
<i>tolvaptan oral tablet 15 mg</i>	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 1	SP; QL (60 EA per 365 days)
<b>Diuretic - Thiazides and Related - Drugs for High Blood Pressure</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure</b>		
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)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs for the Heart</b>		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % ( <i>ethyl alcohol</i> )	Tier 3	
<b>Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML ( <i>atropine sulfite</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	
<b>Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
<b>PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) ( <i>selexipag</i> )	Tier 2	PA; SP
<b>Patent Ductus Arteriosus (PDA) Treatment Agents , NSAID-type - Drugs for the Heart</b>		
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	Tier 1	
<b>Patent Ductus Arteriosus (PDA) Treatment Agents, Prostaglandin-type - Drugs for the Heart</b>		
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML ( <i>alprostadi</i> )	Tier 3	
<b>Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure</b>		
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	
<b>Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure</b>		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure</b>		
<i>metyrosine oral capsule 250 mg</i>	Tier 1	
<b>Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) ( <i>ecallantide</i> )	Tier 3	PA; SP
<b>Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hydrochloride</i> )	Tier 3	PA; SP
<b>Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure</b>		
<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
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>treprostinillnebulizer and accessories</i> )	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) ( <i>treprostinillnebulizer accessories</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	Tier 2	PA; SP
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure</b>		
<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
<b>Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure</b>		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 1	PA; SP
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
<b>Renin Inhibitor, Direct - Drugs for High Blood Pressure</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Scclerosing Agents - Drugs for the Heart</b>		
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	
<b>Vasodilator Combinations - Drugs for High Blood Pressure</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
<b>Central Nervous System Agents - Drugs for the Nervous System</b>		
<b>Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) ( <i>galcanezumab-gnlm</i> )	Tier 2	PA
<b>Antianxiety Agent - Antihistamine Type - Drugs for Anxiety</b>		
<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	
<b>Antianxiety Agent - Benzodiazepines - Drugs for Anxiety</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	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 (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	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	
<b>Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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>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)
<b>Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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>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	
<b>Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA; SP
<i>vigabatrin</i> (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA; SP
<i>vigabatrin</i> (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA; SP
<b>Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML ( <i>fosphenytoin sodium</i> )	Tier 2	
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML ( <i>phenytoin</i> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosphenytoin injection solution 100 mg pel/2 ml, 500 mg pel/10 ml</i>	Tier 1	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
<b>Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
APTIOM ORAL TABLET 200 MG, 400 MG ( <i>eslicarbazepine acetate</i> )	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	
<b>Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	Tier 3	PA; SP
<b>Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<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	
<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	
<b>Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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	
<b>Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	QL (80 ML per 1 day)
<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)
<b>Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 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 (2 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) ( <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)
<b>Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression</b>		
<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	
<b>Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression</b>		
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	
<b>Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG ( <i>dextromethorphan hbrlbupropion hcl</i> )	Tier 3	PA
<b>Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression</b>		
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
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release (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	
<b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression</b>		
<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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<b>Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hydrobromide</i> )	Tier 2	QL (1 EA per 1 day)
<b>Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression</b>		
<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	
<b>Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<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	
<b>Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson</b>		
<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)
<b>Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson</b>		
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	Tier 3	PA; SP
<b>Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<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)
<b>Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )	Tier 3	PA
<b>Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson</b>		
<i>benztropine injection solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson</b>		
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
<b>Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson</b>		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson</b>		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG ( <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)
<b>Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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)
<b>Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders</b>		
<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)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders</b>		
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )	Tier 3	ST: Requires prior prescription Vraylar within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders</b>		
<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)
<b>Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders</b>		
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	
<b>Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders</b>		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders</b>		
<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	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Antipsychotic-Atyp Selective Serotonin 5-HT<sub>2A</sub> Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders</b>		
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
<b>Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>brexpiprazole</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>brexpiprazole</i> )	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
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)
<b>Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders</b>		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <i>olanzapine/samidorphan malate</i> )	Tier 3	PA
<b>Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder</b>		
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
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG ( <i>serdexmethylphenidate chlorideldexmethylphenidate 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)

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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>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)
DYANAVEL 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i></b>	Tier 1	QL (90 EA per 30 days)
<b><i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i></b>	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 ( <b><i>methylphenidate hcl</i></b> )	Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG ( <b><i>methylphenidate hcl</i></b> )	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) ( <b><i>methylphenidate hcl</i></b> )	Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) ( <b><i>methylphenidate hcl</i></b> )	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) ( <b><i>methylphenidate hcl</i></b> )	Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) ( <b><i>methylphenidate hcl</i></b> )	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	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 ( <b><i>dextroamphetamine</i></b> )	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenzedi 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)
<b>Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
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>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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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/MI)	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	
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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)
<b>Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> (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>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders</b>		
<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	
<b>Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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)
<b>CNS and Respiratory Stimulant - Drugs for the Nervous System</b>		
<i>doxapram intravenous solution 20 mg/ml</i>	Tier 1	
<b>CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: 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)
DYANAVEL 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)
<b>CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System</b>		
<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	
<b>Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<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	
<b>Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>duloxetine oral capsule, delayed release(dr/lec) 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System</b>		
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	Tier 3	PA
<b>HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System</b>		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML ( <i>bremelanotide acetate</i> )	Tier 3	PA
<b>Hypnotics - Melatonin - Single Agents - Drugs for Insomnia</b>		
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	
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML ( <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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Hypnotics - Melatonin Combinations - Drugs for Insomnia</b>		
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 xtl/black cohosh xtl/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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/gaba/tryptophan/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	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM ( <i>melatonin/mag carbonate,glycinat/pot bic/gabalglycinellemon</i> )	Tier 3	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG ( <i>melatonin/gaba/5-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	
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia</b>		
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
<b>Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches</b>		
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
<b>Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches</b>		
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
<b>Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<b>Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches</b>		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) ( <i>celecoxib</i> )	Tier 3	PA
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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 (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches</b>		
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	Tier 2	PA
<b>Movement Disorder Drug Therapy - Drugs for the Nervous System</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 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 12-18-24-30 MG ( <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
<b>Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 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 12-18-24-30 MG ( <i>deutetrabenazine</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP
<b>Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 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 12-18-24-30 MG ( <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
<b>Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder</b>		
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
<b>Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	Tier 3	PA
<b>Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder</b>		
<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)
<b>Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder</b>		
<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)
<b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder</b>		
<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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders</b>		
NUDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan hbrlquinidine sulfate</i> )	Tier 3	PA
<b>Sedative-Hypnotic - Barbiturates - Drugs for Insomnia</b>		
AMYTAL INJECTION RECON SOLN 500 MG ( <i>amobarbital sodium</i> )	Tier 1	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia</b>		
<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	
<b>Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia</b>		
<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)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia</b>		
<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	
<b>Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia</b>		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Chemical Dependency, Agents to Treat - Drugs for Addiction</b>		
<b>Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction</b>		
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	Tier 3	PA
<b>Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <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)
<b>Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
<b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction</b>		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG ( <i>naltrexone microspheres</i> )	Tier 3	SP
<b>Alcohol Deterrents - Drugs for Alcohol Addiction</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction</b>		
<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
<b>Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, TRIAL OF NICOTINE TRANSDERMAL PATCH, 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction</b>		
<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)
<b>Chemicals-Pharmaceutical Adjuvants</b>		
<b>Bulk Chemicals</b>		
<i>alum, ammonium (bulk) powder</i>	Tier 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Chemicals - Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 % ( <i>dimethyl sulfoxide</i> )	Tier 3	
<b>Chemicals - Fixed Oils</b>		
<i>olive oil oil</i>	Tier 1	
<b>Chemicals - Solvents</b>		
<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	
<b>Pharmaceutical Adjuvant - Anticorrosive Agents</b>		
<i>butylated hydroxytoluene powder</i>	Tier 3	
<b>Pharmaceutical Adjuvant - Capsule Excipients</b>		
CAPSUBLEND-H POWDER ( <i>cellulose/silica gellmannitol/magnesium stearate</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Coloring Agents</b>		
<i>methylene blue (bulk-solid) powder</i>	Tier 3	
<b>Pharmaceutical Adjuvant - External Vehicles</b>		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL ( <i>vehicle gel for anacaulase-bcdb</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Flavoring Agents</b>		
<i>ethyl acetate liquid</i>	Tier 3	
<b>Pharmaceutical Adjuvant - Gelatin Capsules (Empty)</b>		
CAPSULE #1 ORAL CAPSULE ( <i>gelatin capsules (empty)</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)</b>		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE ( <i>hypromellose capsules (empty)</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>		
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	
<b>Pharmaceutical Adjuvant - Liquid Vehicles</b>		
<b>Other</b>		
PCCA SUSPENDIT ANHYDROUS TOPICAL LIQUID ( <i>liquid base no.261</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Oral Thickening Agents</b>		
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	
<b>Pharmaceutical Adjuvant - Oral Vehicles</b>		
MX-SOL SF ORAL LIQUID ( <i>compounding vehicle sugar-free no.9</i> )	Tier 3	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pharmaceutical Adjuvant - Parenteral Vehicles</b>		
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	
<b>Pharmaceutical Adjuvant - Preservatives</b>		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
<b>Pharmaceutical Adjuvant - Surfactants</b>		
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION ( <i>stabilizer for blinatumomab</i> )	Tier 3	
IV SOLN STABILIZER-IMDELLTRA INTRAVENOUS SOLUTION ( <i>stabilizer for tarlatamab-dlle</i> )	Tier 3	SP
<i>polysorbate 80 solution</i>	Tier 3	
<b>Pharmaceutical Adjuvant - Suspending Agents</b>		
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i>	Tier 3	
METHOCEL E 4 M POWDER ( <i>hypromellose</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Tableting</b>		
<i>cellulose (bulk) powder</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pharmaceutical Adjuvant - Troche/Soft Lozenge Base</b>		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER ( <i>troche base no.247</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Vaccine Adjuvants</b>		
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, as01b1pf, component vial 1 of 2</i> )	Tier 3	SP
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION ( <i>cholera vaccine buffer component</i> )	Tier 3	
<b>Cognitive Disorder Therapy</b>		
<b>Rett Syndrome Agents - Glypromate (GPE) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	Tier 3	PA; SP
<b>Cognitive Disorder Therapy - Drugs for the Nervous System</b>		
<b>Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease</b>		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML ( <i>aducanumab-avwa</i> )	Tier 3	PA; SP
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML ( <i>donanemab-azbt</i> )	Tier 3	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML ( <i>lecanemab-irmb</i> )	Tier 3	PA; SP
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease</b>		
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	

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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)
<b>Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease</b>		
<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)
<b>Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<b>Contraceptives - Drugs for Women</b>		
<b>Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic acid/citric acid/potassium bitartrate</i> )	\$0	CT; EHB
<b>Contraceptive Implant - Progestin - Birth Control Pills</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG ( <i>etonogestrel</i> )	\$0	CT; EHB
<b>Contraceptive Injectable - Progestin - Birth Control Pills</b>		
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
<b>Contraceptive Intrauterine - Copper IUD - Birth Control Pills</b>		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM ( <i>copper</i> )	\$0	CT; EHB
<b>Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills</b>		
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

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

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

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

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

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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/ferrous fumarate</i> (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/ferrous fumarate</i> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> (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/ferrous fumarate</i> (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>Contraceptive Oral - Quadruphasic - Birth Control Pills</b>		
<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 valerate/dienogest</i> )	\$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB
<b>Contraceptive Oral - Triphasic - Birth Control Pills</b>		
<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>levonorgestrel/ethinyl 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>levonorgestrel/ethinyl 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

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

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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
<b>Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills</b>		
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
<b>Emergency Contraceptives - Birth Control Pills</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills</b>		
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	\$0	CT; EHB
<b>Emergency Contraceptives - Progestin Type - Birth Control Pills</b>		
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
<b>Spermicides - Birth Control Pills</b>		
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
<b>Dermatological</b>		
<b>Hair Growth Agents - Kinase Inhibitor</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Drugs for the Skin</b>		
<b>Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin</b>		
<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	
<b>Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin</b>		
WINLEVI TOPICAL CREAM 1 % ( <i>clascoterone</i> )	Tier 3	PA
<b>Acne Therapy Topical - Anti-infective - Drugs for the Skin</b>		
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	

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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	
<b>Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin</b>		
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	
<b>Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin</b>		
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	

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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)

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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/sulfurlavobenzoneloctinoxateloctyl sal</i> )	Tier 3	
<b>Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin</b>		
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	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % ( <i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
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	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % ( <i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i> )	Tier 3	
<b>Acne Therapy Topical - Keratolytic - Drugs for the Skin</b>		
<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	
<b>Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % ( <i>benzoyl peroxide/hydrocortisone</i> )	Tier 2	
<b>Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<b>Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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	
<b>Acne Therapy Topical Combinations Other - Drugs for the Skin</b>		
DIMOXIA TOPICAL GEL 5-4 % ( <i>spironolactone/niacinamide</i> )	Tier 3	
<b>Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin</b>		
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)
<b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WYNZORA TOPICAL CREAM 0.005-0.064 % ( <i>calcipotriene/betamethasone dipropionate</i> )	Tier 3	
<b>Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin</b>		
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
<b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin</b>		
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
<b>Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin</b>		
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
<b>Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin</b>		
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	Tier 3	PA; SP
<b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 3	PA; SP
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 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML ( <i>ixekizumab</i> )	Tier 2	PA; SP
<b>Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin</b>		
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
<b>Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML ( <i>tralokinumab-ldrm</i> )	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin</b>		
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
<b>Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin</b>		
EUCRISA TOPICAL OINTMENT 2 % ( <i>crisaborole</i> )	Tier 2	
ZORYVE TOPICAL CREAM 0.15 % ( <i>roflumilast</i> )	Tier 3	PA
<b>Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin</b>		
<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)
<b>Dermatological - Antibacterial Other - Drugs for the Skin</b>		
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	
<b>Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin</b>		
ALTABAX TOPICAL OINTMENT 1 % ( <i>retapamulin</i> )	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antibacterial Quinolones - Drugs for the Skin</b>		
XEPI TOPICAL CREAM 1 % ( <i>ozenoxacin</i> )	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin</b>		
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
<b>Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin</b>		
QBREXZA TOPICAL TOWELETTE 2.4 % ( <i>glycopyrronium tosylate</i> )	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) ( <i>sofpironium bromide</i> )	Tier 3	PA
<b>Dermatological - Antifungal Allylamines - Drugs for the Skin</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antifungal Benzylamines - Drugs for the Skin</b>		
MENTAX TOPICAL CREAM 1 % ( <i>butenafine hcl</i> )	Tier 3	
<b>Dermatological - Antifungal Combinations Other - Drugs for the Skin</b>		
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	
<b>Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin</b>		
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)

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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	
<b>Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antifungal Oxaborole - Drugs for the Skin</b>		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin</b>		
<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	
<b>Dermatological - Antifungals Other - Drugs for the Skin</b>		
<i>triacetin liquid 100 %</i>	Tier 3	
<b>Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin</b>		
VALCHLOR TOPICAL GEL 0.016 % ( <i>mechlorethamine hcl</i> )	Tier 2	PA; SP
<b>Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin</b>		
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	
<b>Dermatological - Antineoplastic or Premalignant Lesions - Antimicrotubule - Drugs for the Skin</b>		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % ( <i>tirbanibulin</i> )	Tier 2	QL (5 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin</b>		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<b>Dermatological - Antineoplastic Retinoids - Drugs for the Skin</b>		
PANRETIN TOPICAL GEL 0.1 % ( <i>alitretinoin</i> )	Tier 3	SP; QL (60 GM per 28 days)
<b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin</b>		
<i>bexarotene topical gel 1 %</i>	Tier 1	PA; SP
<b>Dermatological - Antiperspirants - Drugs for the Skin</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
<b>Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin</b>		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	SP
<b>Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin</b>		
<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	

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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
<b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG ( <i>apremilast</i> )	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	Tier 2	PA; SP
<b>Dermatological - Antiseborrheic - Drugs for the Skin</b>		
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
PLEXION NS TOPICAL SHAMPOO 9.8 % ( <i>sulfacetamide sodium</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<b>Dermatological - Antiviral, Herpes - Drugs for the Skin</b>		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
<b>Dermatological - Burn Products - Drugs for the Skin</b>		
NEXOBRID POWDER COMPONENT TOPICAL POWDER ( <i>anacaulase-bcdb</i> )	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % ( <i>anacaulase-bcdb</i> )	Tier 3	
<b>Dermatological - Burn Products Anti-infective - Drugs for the Skin</b>		
<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	
<b>Dermatological - Calcineurin Inhibitors - Drugs for the Skin</b>		
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	
OXIANUJO TOPICAL OINTMENT 0.1-4 % ( <i>tacrolimus/niacinamide</i> )	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
<b>Dermatological - Depigmenting Agents - Drugs for the Skin</b>		
<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	
<b>Dermatological - Depigmenting Combinations - Drugs for the Skin</b>		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Dermatological - Emollient Combinations - Drugs for the Skin</b>		
<i>ceramides 1,3,6-ii topical cream</i>	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Dermatological - Emollient Combinations Other - Drugs for the Skin</b>		
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/namgfs/naphos/nacl/hypochlorous acid/nahypocl</i> )	Tier 1	
<b>Dermatological - Emollient Mixtures - Drugs for the Skin</b>		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/olivel/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	
<b>Dermatological - Emollients - Drugs for the Skin</b>		
<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	
<b>Dermatological - Enzymes - Drugs for the Skin</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM ( <i>collagenase clostridium histolyticum</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Eyelid Cleansers - Drugs for the Skin</b>		
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	
<b>Dermatological - Glucocorticoid - Drugs for the Skin</b>		
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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>fluocinonide</b> emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<b>fluocinonide-emollient topical cream 0.05 %</b>	Tier 1	
<b>flurandrenolide topical cream 0.05 %</b>	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
<b>flurandrenolide topical lotion 0.05 %</b>	Tier 1	
<b>flurandrenolide topical ointment 0.05 %</b>	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)
<b>fluticasone propionate topical cream 0.05 %</b>	Tier 1	
<b>fluticasone propionate topical lotion 0.05 %</b>	Tier 1	
<b>fluticasone propionate topical ointment 0.005 %</b>	Tier 1	
<b>halcinonide topical cream 0.1 %</b>	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide topical solution 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
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>hydrocortisone butyrate topical lotion 0.1 %</i></b>	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)
<b><i>hydrocortisone butyrate topical ointment 0.1 %</i></b>	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
<b><i>hydrocortisone butyrate topical solution 0.1 %</i></b>	Tier 1	
<b><i>hydrocortisone topical cream 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical lotion 2 %</i></b>	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<b><i>hydrocortisone topical lotion 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical ointment 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone valerate topical cream 0.2 %</i></b>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>hydrocortisone valerate topical ointment 0.2 %</i></b>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<b><i>hydrocortisone-pramoxine topical cream 2.5-1 %</i></b>	Tier 1	
<b><i>mometasone topical cream 0.1 %</i></b>	Tier 1	
<b><i>mometasone topical ointment 0.1 %</i></b>	Tier 1	
<b><i>mometasone topical solution 0.1 %</i></b>	Tier 1	
PANDEL TOPICAL CREAM 0.1 % ( <b><i>hydrocortisone probutate</i></b> )	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)
<b><i>prednicarbate topical cream 0.1 %</i></b>	Tier 1	
<b><i>prednicarbate topical ointment 0.1 %</i></b>	Tier 1	
<b><i>hydrocortisone</i></b> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<b><i>hydrocortisone</i></b> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<b><i>hydrocortisone</i></b> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % ( <b><i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i></b> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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)
<b>Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin</b>		
NUCORT TOPICAL LOTION 2 % ( <i>hydrocortisone acetate/aloe vera</i> )	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % ( <i>fluocinolone acetone/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 acetone/emollient combination no.65</i> )	Tier 3	QL (375 GM per 30 days)
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	Tier 2	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
<b>Dermatological - Immunomodulator - Interferons - Drugs for the Skin</b>		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML ( <i>interferon alfa-n3</i> )	Tier 3	SP
<b>Dermatological - Immunomodulator Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Insect Repellents - Drugs for the Skin</b>		
BULLFROG MOSQUITO COAST TOPICAL AEROSOL, SPRAY 20 %- SPF 30 ( <i>aminoprop ethyloxybenzonoctinoxateloctocryleneloctyl 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Dermatological - Keratolytic Combinations Other - Drugs for the Skin</b>		
METDRAY TOPICAL GEL 17-2 % ( <i>salicylic acid/libuprofen</i> )	Tier 3	
NENDRUX TOPICAL GEL 40-5 % ( <i>salicylic acid/lidocaine</i> )	Tier 3	
PRONAL TOPICAL GEL 10-40 % ( <i>lactic acid/urea</i> )	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % ( <i>urea/emollient combination no.65</i> )	Tier 3	
<b>Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin</b>		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % ( <i>salicylic acid/urea</i> )	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<b>Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Keratoplastic Tar Products - Drugs for the Skin</b>		
<i>coal tar topical solution 20 %</i>	Tier 3	
<b>Dermatological - Liver Derivative Complex - Drugs for the Skin</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML ( <i>liver extract (beef-pork)</i> )	Tier 3	
<b>Dermatological - Local Anesthetic Combinations - Drugs for the Skin</b>		
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	
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	
<b>Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin</b>		
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	
<b>Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin</b>		
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
<b>Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin</b>		
HYFTOR TOPICAL GEL 0.2 % ( <i>sirolimus</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Miscellaneous Single Agents - Drugs for the Skin</b>		
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	
<b>Dermatological - NSAID Combinations - Drugs for the Skin</b>		
ROAOXIA TOPICAL GEL 3-2-4 % ( <i>diclofenac sodium/hyaluronate sodium/niacinamide</i> )	Tier 3	
<b>Dermatological - NSAID Single Agents - Drugs for the Skin</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
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)
<b>Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin</b>		
AMELUZ TOPICAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
<b>Dermatological - Pigmenting, Melanocyte-Stimulating Hormone Analog - Drugs for the Skin</b>		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG ( <i>afamelanotide acetate</i> )	Tier 3	PA; SP
<b>Dermatological - Protectant Combinations - Drugs for the Skin</b>		
PR CREAM TOPICAL CREAM ( <i>protectives combination no.2/ceramides 1,3,6-ii</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECEDO TOPICAL GEL ( <i>polydimethylsiloxanes/silicon dioxide</i> )	Tier 3	
SCARTRATE TOPICAL CREAM 5-2.25 % ( <i>dimethicone/allantoin</i> )	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % ( <i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i> )	Tier 3	
<b>Dermatological - Protectants - Drugs for the Skin</b>		
<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	
<b>Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin</b>		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<b>Dermatological - Rosacea Therapy, Topical - Drugs for the Skin</b>		
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/sulfurlurea</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDARAN TOPICAL OINTMENT 1-2 % ( <i>metronidazole/mupirocin</i> )	Tier 3	
<i>ivermectin topical cream 1 %</i>	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<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	
<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/avobenzon/octinoxate/octyl sal</i> )	Tier 3	
<b>Dermatological - Soap and/or Cleanser Combinations - Drugs for the Skin</b>		
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	
TECNU TOPICAL CLEANSER ( <i>skin cleanser combination no.41</i> )	Tier 3	
<b>Dermatological - Sunscreens - Drugs for the Skin</b>		
CERAVE AM TOPICAL LOTION 30 SPF ( <i>homosalate/meradimate/octinoxate/octocrylene/zinc oxide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin</b>		
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)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML ( <i>thrombin(hum plas)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML ( <i>thrombin(hum plas)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
<b>Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin</b>		
ANASTIA TOPICAL LOTION 2.75 % ( <i>lidocaine hcl</i> )	Tier 3	
<i>lidocaine</i> (Dermacinrx 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	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % ( <i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i> )	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % ( <i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i> )	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % ( <i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i> )	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % ( <i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i> )	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine</i> (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % ( <i>lidocaine hcl</i> )	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % ( <i>lidocaine</i> )	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % ( <i>lidocaine</i> )	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % ( <i>lidocaine hcl</i> )	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % ( <i>lidocaine/tetracaine</i> )	Tier 3	
REGENECARE TOPICAL GEL 2 % ( <i>lidocaine hcl/collagen</i> )	Tier 3	
TRANZAREL TOPICAL GEL 4 % ( <i>lidocaine</i> )	Tier 3	
<i>lidocaine</i> (Tridacaine Ii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Tridacaine Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<b>Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin</b>		
ANACAINE TOPICAL OINTMENT 10 % ( <i>benzocaine</i> )	Tier 3	
<b>Dermatological - Topical Local Anesthetic Others - Drugs for the Skin</b>		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % ( <i>ketamine hcl</i> )	Tier 3	
<b>Dermatological Irritants-Counter-Irritant Combinations - Drugs for the Skin</b>		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT ( <i>eucalyptus oil/lavender oil/pine needle oil/beeswax</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin</b>		
<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	
<b>Human Cellular Regenerative Tissue Matrix - Drugs for the Skin</b>		
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	
<b>Nail Protectives - Drugs for the Skin</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG ( <i>biotin/carbitol/lequisetum xtlethanol/hydroxypropyl chitol/msm</i> )	Tier 3	
<b>Porcine Skin Dressings, Non-Living - Drugs for the Skin</b>		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM ( <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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM ( <i>extracellular matrix (ecm), porcine derived, fenestrated</i> )	Tier 3	
<b>Scabicide and Pediculicide Single Agents - Drugs for the Skin</b>		
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	
<b>Skin Replacement, Live Tissue Dressings - Drugs for the Skin</b>		
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	
<b>Wound Care - Cleanser Combinations - Drugs for the Skin</b>		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % ( <i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluole.water</i> )	Tier 3	
<b>Wound Care - Cleansers - Drugs for the Skin</b>		
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	
<b>Wound Care - Dressings - Drugs for the Skin</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 " ( <i>silver/silicone/foam bandage</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" ( <i>polyhexamethylene biguanidelfoam bandage</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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " ( <i>silvercalcium alginate</i> )	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " ( <i>silvercalcium 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	
STRATAVRT 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	
<b>Wound Care - Growth Factor Agents - Drugs for the Skin</b>		
REGRANEX TOPICAL GEL 0.01 % ( <i>becaplermin</i> )	Tier 2	DD
<b>Wound Care Combinations Other - Drugs for the Skin</b>		
FILSUVEZ TOPICAL GEL 10 % ( <i>birch bark extract</i> )	Tier 3	PA; SP
<b>Diagnostic Agents</b>		
<b>Diagnostic Drugs - In Vivo Other</b>		
KINEVAC INJECTION RECON SOLN 5 MCG ( <i>sincalide</i> )	Tier 3	SP
<i>sincalide injection recon soln 5 mcg</i>	Tier 1	
<b>Diagnostic Drugs - Metabolic Function</b>		
METOPIRONE ORAL CAPSULE 250 MG ( <i>metyrapone</i> )	Tier 3	SP
<b>Diagnostic Drugs - Thyroid Function</b>		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG ( <i>thyrotropin alfa</i> )	Tier 3	PA; SP
<b>Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging</b>		
CERETEC INTRAVENOUS KIT 0.5 MG ( <i>kit for prep tc-99m/lexametazime</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diagnostic Radiopharmaceuticals - Endocrine</b>		
<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
<b>Diagnostic Radiopharmaceuticals - Intra-abdominal and GI Imaging</b>		
CERETEC INTRAVENOUS KIT 0.5 MG ( <i>kit for prep tc-99m/exametazime</i> )	Tier 3	
<b>Drugs to treat Erectile Dysfunction - Drugs for the Urinary System</b>		
<b>Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction</b>		
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
<b>Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML ( <i>papaverine hcl/phentolamine mesylate in water</i> )	Tier 1	
<b>Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG ( <i>papaverine hcl/phentolamine mesylate/alprostadil</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction</b>		
<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)
<b>Eating Disorder Therapy - Drugs for Eating Disorders</b>		
<b>Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	Tier 3	PA; SP
<b>Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders</b>		
<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
<b>Electrolyte Balance-Nutritional Products</b>		
<b>Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors</b>		
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)
<b>Specific Flush Solutions</b>		
LANTIDRA RINSE BAG INTRAPORTAL SOLUTION ( <i>rinse media solution for donislecel-jujn</i> )	Tier 3	SP
<b>Electrolyte Balance-Nutritional Products - Drugs for Nutrition</b>		
<b>Amino Acid - Carnitine Derivatives - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Amino Acid-Amino Acid Combinations, Oral - Drugs for Nutrition</b>		
XYMOBOLX ORAL POWDER ( <i>amino acids</i> )	Tier 3	
<b>Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition</b>		
<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 (sickle cell) oral powder in packet 5 gram</i>	Tier 1	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>B-Complex Vitamin Combinations - Drugs for Nutrition</b>		
B ACTIV ORAL CAPSULE 680 MCG DFE ( <i>vitamin b complex/methyltetrahydrofolate glucosamine</i> )	Tier 3	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 comp/c/folic acid/zinc sulfate/cupric sulfate/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 fumarate/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 bitartrate/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 bitartrate/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	
<b>B-Complex Vitamins - Drugs for Nutrition</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML ( <i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i> )	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2- 100-2-2 MG/ML ( <i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i> )	Tier 1	
<i>vitamin b complex oral capsule</i>	Tier 1	
<i>vitamin b complex oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin b complex oral tablet,disintegrating</i>	Tier 1	
<b>Bioflavonoid Combinations - Drugs for Nutrition</b>		
ACTIFLOVIT ORAL TABLET 200-100 MG ( <i>bioflavonoid, lemon/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/bioflavonoids</i> )	Tier 3	
DIOVASC ORAL CAPSULE 500 MG ( <i>hesperidin/diosmin</i> )	Tier 3	
LIPO-FLAVONOID ORAL TABLET 500 MG ( <i>inositol/choline bitart/bioflavonoid,lemon/vit b complex c</i> )	Tier 3	
<b>Dextrose and Lactated Ringer's Solutions - Drugs for Nutrition</b>		
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	Tier 1	
<b>Dextrose and Sodium Chloride Solutions - Drugs for Nutrition</b>		
<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	
<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	
<b>Dextrose Solutions - Drugs for Nutrition</b>		
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Dextrose Solutions, Concentrated - Drugs for Nutrition</b>		
<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	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	Tier 1	
<b>Dietary Product - Infant Formulas - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 GENTLESE 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 GENTLESE 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	
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 GENTLESE NONGMO ORAL LIQUID 2.3-5.3 GRAM/100 KCAL <i>(infant formula with iron/docosahexaenoic acid/larachidonic ac)</i>	Tier 3	
ENFAMIL NEURO GENTLESE NONGMO ORAL POWDER 2.3-5.3 GRAM/100 KCAL <i>(infant formula with iron/docosahexaenoic acid/larachidonic ac)</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/dhalaralpolydextroselgos</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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/docosaehaenoic 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/docosaehaenoic 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/docosaehaenoic 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/docosaehaenoic 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/docosaehaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC 360 TOTAL CARE SENSITV ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL ( <i>infant formula with iron/docosaehaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC ADVANCE KOSHER ORAL LIQUID 2.15-5.4-10.7 GRAM/100 KCAL ( <i>infant formula with iron/docosaehaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC ADVANCE ORAL LIQUID 2.07-5.40-11.2 GRAM/100 KCAL ( <i>infant formula with iron/docosaehaenoic acid/larachidonic ac</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC ADVANCE WITH IRON ORAL POWDER 2.07-5.6 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC ALIMENTUM ORAL POWDER 2.75-5.54-10.2 GRAM/100 KCAL ( <i>infant form. iron, lactose free/dhalarachidonic 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 free/dhalarachidonic acid (ara)</i> )	Tier 3	
SIMILAC FOR SPIT-UP ORAL POWDER 2.1-5.4-11 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC NEOSURE ORAL POWDER 2.8-5.5 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC ORGANIC A2 MILK NO-GMO ORAL POWDER 2.07 GRAM-5.63 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC ORGANIC NON-GMO ORAL POWDER 2.07 GRAM-5.63 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL POWDER 2.07-5.6-10.5 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL ( <i>infant formula with iron/docosahexaenoic acid/larachidonic 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 iron/docosahexaenoic acid/larachidonic ac</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC SENSITIVE FUSS AND GAS ORAL LIQUID 2.1-5.4-10.9 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 SOY ISOMIL ORAL LIQUID 2.45-5.46 GRAM/100 KCAL ( <i>infant formula,soy,iron,lac-freeldhalarachidonic acid (ara)</i> )	Tier 3	
SIMILAC SOY ISOMIL ORAL POWDER 2.45-5.46 GRAM/100 KCAL ( <i>infant formula,soy,iron,lac-freeldhalarachidonic acid (ara)</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/soy/dhalarachidonic acid</i> )	Tier 1	
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL ( <i>infant formula, special metabolic, tyrosinemia, with iron</i> )	Tier 3	
<b>Dietary Product - Sweeteners - Drugs for Nutrition</b>		
DANDLELION KISSES ORAL DROPS 24 % ( <i>sucrose</i> )	Tier 3	
<i>saccharin powder</i>	Tier 3	
<b>Diluents - Insulin Diluting Solutions - Drugs for Nutrition</b>		
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	
<b>Diluents - Others - Drugs for Nutrition</b>		
<i>diluent for artesunate intravenous solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 acetone 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
<b>Diluents - Sodium Chloride - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diluents - Sterile Water for Injection - Drugs for Nutrition</b>		
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	
<b>Diluents - Vaccine Diluents - Drugs for Nutrition</b>		
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,yhaemophilus 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 RABAVERT 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition</b>		
<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
<b>Geriatric Vitamins - Drugs for Nutrition</b>		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML ( <i>vitamin b complex/zinc sulfatelmanganese sulfate</i> )	Tier 3	
<b>Intraventricular Electrolyte Flush Solutions - Drugs for Nutrition</b>		
<i>intraventricular electrolytes1 intraventricular solution</i>	Tier 3	
<b>Irrigation Solutions - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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,db/pot phos,mb</i> )	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
<b>Minerals and Electrolytes - Bicarbonate Producing or Containing Agents - Drugs for Nutrition</b>		
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	
<b>Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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	
<b>Minerals and Electrolytes - Calcium Replacement Combinations - Drugs for Nutrition</b>		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG ( <i>calcium/vit d3/magnesium oxidelascorbate callvit k2/minerals</i> )	Tier 3	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG ( <i>calcium/vit d3/magnesium oxidelvit 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>calcium phos-d3-magnesium-zinc oral tablet,chewable 100 mg-25 mcg- 17 mg-1.67 mg</b>	Tier 1	
<b>calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg</b>	Tier 1	
<b>calcium-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg</b>	Tier 3	
<b>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</b>	Tier 1	
<b>CALTRATE-D3 PLUS MINERALS ORAL TABLET 600 MG-20 MCG- 50 MG-1 MG (calcium carbld3/mag oxidelcupric sulfmang sulfzinc oxide)</b>	Tier 3	
<b>CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carbld3/mag oxidelcupric sulfmang sulfzinc oxide)</b>	Tier 3	
<b>MYLK ORAL CAPSULE 200 MG-6.25 MCG -50 MG (calcium no.43/vitamin d3/mag oxidelomega-3ldhalepalfish oil)</b>	Tier 3	
<b>OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malatel/magnesium amino acid chelate, malate)</b>	Tier 3	
<b>OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatitel/vitamin d3/vitamin k2/cholinelsilicon)</b>	Tier 3	
<b>OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatitel/vitamin d3/cholinelsilicon)</b>	Tier 3	
<b>OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit d3/magnesium/fofolatel/vit k1/vit k2/minerals)</b>	Tier 3	
<b>ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit d3/magnesium oxidelcollagen/vit c/vit k2/mineral)</b>	Tier 3	
<b>VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit d2/magnesium oxidelascorbate calcium/vit k2/min)</b>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Minerals and Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs for Nutrition</b>		
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	
<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	
<b>Minerals and Electrolytes - Electrolytes and Dextrose - Drugs for Nutrition</b>		
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % ( <i>electrolyte-r solution/dextrose 5 % in water</i> )	Tier 3	
<b>Minerals and Electrolytes - Iodine - Drugs for Nutrition</b>		
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	
<b>Minerals and Electrolytes - Iron - Drugs for Nutrition</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>ferric glycinate oral liquid 18 mg iron/15 ml</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	
<i>ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron)</i>	Tier 1	
<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	Tier 1	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML ( <i>ferrous sulfate</i> )	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML ( <i>iron polysaccharide complex</i> )	Tier 3	
INFED INJECTION SOLUTION 50 MG/ML ( <i>iron dextran complex</i> )	Tier 3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML ( <i>ferric carboxymaltose</i> )	Tier 1	SP
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML ( <i>ferric carboxymaltose</i> )	Tier 3	SP
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) ( <i>ferrous sulfate</i> )	Tier 1	
<i>iron bisglycinate chelate oral capsule 28 mg iron</i>	Tier 3	
<i>iron bisglycinate chelate oral capsule 29 mg iron</i>	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML ( <i>ferric derisomaltose</i> )	Tier 3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG ( <i>iron, carbonylascorbic acid/cyanocobalamin/folic acid</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NU-IRON ORAL CAPSULE 150 MG IRON ( <i>iron polysaccharide complex</i> )	Tier 1	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) ( <i>ferrous sulfate</i> )	Tier 3	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) ( <i>ferrous sulfate</i> )	Tier 1	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON ( <i>ferric pyrophosphate citrate</i> )	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML ( <i>ferric pyrophosphate citrate</i> )	Tier 3	
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	
<b>Minerals and Electrolytes - Iron Combinations - Drugs for Nutrition</b>		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG ( <i>ferrous sulfate/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 fumarate/lascorbic acid/cyanocobalamin/folic acid</i> )	Tier 1	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG ( <i>ferrous fumarate/lascorbic acid/cyanocobalamin</i> )	Tier 3	
HEMATRON-AF ORAL TABLET 150 MG-1,700 MCG DFE-500 MG ( <i>iron,carbonyllevomefolate calcium/vit c/vit elb12/b7/copper</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG ( <i>iron fumarate,polysac cplexifolic acid/vitb comp with c no.9</i> )	Tier 1	
IRON FOLATE-F ORAL CAPSULE 125-1-40-3 MG ( <i>iron fumarate,polysac complfolic 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,glycinatelfolateb12lmag 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	
TULIVITE ORAL TABLET 35 MG IRON- 1 MG ( <i>ferrous sulfatelfolic acid</i> )	Tier 3	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE ( <i>iron bisglycinatelmethylfolateb12l. 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	
<b>Minerals and Electrolytes - Magnesium - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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	
<b>Minerals and Electrolytes - Magnesium Combinations - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Minerals and Electrolytes - Manganese - Drugs for Nutrition</b>		
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	Tier 1	
<b>Minerals and Electrolytes - Multiple Minerals - Drugs for Nutrition</b>		
MINREX ORAL CAPSULE 25-100 MG ( <i>minerals/potassium glycinatelbetaine hydrochloride</i> )	Tier 3	
<b>Minerals and Electrolytes - Oral Electrolytes - Drugs for Nutrition</b>		
BIOLYTE ORAL LIQUID ( <i>electrolytes/dextrose/multivit/aminol/ginger/milk thistle</i> )	Tier 3	
BIOLYTE ORAL POWDER IN PACKET ( <i>electrolytes/dextrose/multivit/aminol/ginger/milk thistle</i> )	Tier 3	
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	
HYDRATING ELECTROLYTE SF ORAL POWDER IN PACKET ( <i>electrolytes,oralmultivitamin/amino acids</i> )	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/chloride/dextrose</i> )	Tier 3	
PEDIATRIC ELECTROLYTE ORAL SOLUTION ( <i>electrolytes/dextrose</i> )	Tier 1	
<b>Minerals and Electrolytes - Parenteral Electrolyte Combinations - Drugs for Nutrition</b>		
<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	
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 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	
<b>Minerals and Electrolytes - Phosphate - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium phosphate m-ld-basic intravenous solution 3 mmol/ml</i>	Tier 1	
<i>potassium phosphate m-ld-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	
<b>Minerals and Electrolytes - Potassium Combinations - Drugs for Nutrition</b>		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	
<b>Minerals and Electrolytes - Potassium for Injection - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition</b>		
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	
<b>Minerals and Electrolytes - Sodium Chloride, Oral - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Minerals and Electrolytes - Trace Mineral Combinations - Drugs for Nutrition</b>		
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 sulfatelcupric sulfatelmanganese sulfchromic chloride</i> )	Tier 1	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG -25MCG-1.5MG/ML ( <i>zinc sulfatelcupric sulfatelmanganese sulfchromic chloride</i> )	Tier 1	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-25 MCG-1 MG/ML ( <i>zinc sulfatelcupric sulfatelmanganese sulfchromic chloride</i> )	Tier 1	
MULTRYIS INTRAVENOUS SOLUTION 1,000MCG-60MCG- 3 MCG-6 MCG/ML ( <i>zinc sulfatelcupric 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 sulfatelcupric sulfatelmanganese sulfchromic chloride</i> )	Tier 1	
TRALEMENT INTRAVENOUS SOLUTION 3 MG-0.3 MG-55 MCG-60 MCG/ML ( <i>zinc sulfatelcupric sulfatelmanganese sulfatelselenium</i> )	Tier 3	
<b>Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition</b>		
<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	
SELENIOS 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 200 mcg, 50 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Minerals and Electrolytes - Zinc - Drugs for Nutrition</b>		
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	
<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	
<b>Minerals and Electrolytes - Zinc Combinations - Drugs for Nutrition</b>		
<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 sulfate/copper gluconate</i> )	Tier 3	
<b>Multivitamin and Mineral Combinations - Drugs for Nutrition</b>		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG ( <i>multivit-calc-min/ferrous fumarate/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 glycinate/m-hydrofolate</i> )	Tier 3	
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM ( <i>multivit with minerals/methyltetrahydrofolate glucosal/vit k2</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 170 MCG DFE ( <b><i>multivit with minliron bis-glylmethyltetrahydrofolate gluc</i></b> )	Tier 3	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE 72.25 MCG DFE- 22.5 MG ( <b><i>multivit-minlfolate no.11/milk thistle seed extract/herbs</i></b> )	Tier 3	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE ( <b><i>multivit with mineralslleucovorin calc,m-folate glucosamine</i></b> )	Tier 3	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG ( <b><i>vit c,e,zinc,copper 11/omega-3ldhalepalfishllutein/zeaxanth</i></b> )	Tier 1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG ( <b><i>multivitamin with minerals/folic acid</i></b> )	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG ( <b><i>multivitamin with minerals/folic acidllycopenellutein</i></b> )	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG ( <b><i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i></b> )	Tier 1	
ALIVE ADULT ULTRA POTENCY ORAL TABLET 18 MG IRON- 400 MCG-120 MCG ( <b><i>multivit-minlferrous fumarate/folic acid/vit k1/herb no.354</i></b> )	Tier 3	
ALIVE DAILY ENERGY ORAL TABLET 18 MG IRON- 240 MCG-40 MCG ( <b><i>multivit-minlironlfolick1/resveratrollutein/herbal no.293</i></b> )	Tier 3	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG ( <b><i>multivit with minerals/folic acidllutein/herbal comp no.329</i></b> )	Tier 3	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG ( <b><i>multivit-minlfolick1/resveratrollutein/herbal no.293</i></b> )	Tier 3	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML ( <b><i>multivitamin-minerals/folic/vitamin k/herbal no.332</i></b> )	Tier 3	
ALIVE MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG ( <b><i>multivitamin-minlmethyltetrahydrofolate/vit k/herbal no.335</i></b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG ( <i>multivit with minerals/folic/vit k/lutein/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 k/herbal no.330</i> )	Tier 3	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG ( <i>multivitamin-min/methyltetrahydrofolate/vitamin k/herbal 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/dha/herbal 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG ( <i>multivit with minerals/folic/vit k/lutein/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 k/herb no.293</i> )	Tier 3	
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 MULTIVITAMIN ORAL TABLET 4.5 MG IRON- 120 MCG-60 MCG ( <i>multivit-min/ferrous fumarate/folic acid/vit k1/herb no.352</i> )	Tier 3	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG ( <i>multivit-min/iron/methyltetrahydrofolate/vit k/herb 333</i> )	Tier 3	
ALPHA BETIC ORAL TABLET 240 MCG- 100 MG ( <i>multivitamin with minerals/folic acid/alpha lipoic acid</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 xt/ginger root xt/herbs</i> )	Tier 3	
BOOSTNOW IMMUNE SUPPORT ORAL POWDER 499.99-249.99 MG/SCOOP ( <i>multivit-min/yeast/astragalus root xt/ginger root xt/herbs</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 k/lutein</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/llycopenellutein</i> )	Tier 1	
CENTRUM WOMEN IMMUNE MINIS ORAL TABLET 9 MG IRON- 200 MCG-25 MCG ( <i>multivitamin with minerals/ferrous fumarate/folic acid/vit k</i> )	Tier 3	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG-250 MCG ( <i>multivitamin with minerals/folic acid/llycopenellutein</i> )	Tier 1	
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.102/iron carbonyl,fumarate/folic acid/ha</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. subtilis/linulin</i> )	Tier 3	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG ( <i>multivitamin with minerals/folic acid</i> )	Tier 1	
DAVIMET WITH IRON ORAL TABLET,CHEWABLE 11 MG IRON- 1,700 MCG DFE ( <i>multivitamin combination no.62/iron chelatellevomefolate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYAVITE ORAL TABLET 1-75-10 MG ( <i>multivitamin with minerals no.90/folic acid/lalacoq10</i> )	Tier 3	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG ( <i>multivitamin-minerals no.73/ferrous fumarate/folic acid</i> )	Tier 3	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG ( <i>multivitamin with minerals no.89/ferrous fumarate/folic acid</i> )	Tier 3	
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG ( <i>multivitamin with minerals no.89/ferrous fumarate/folic acid</i> )	Tier 3	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG ( <i>multivitamin with minerals no.86/folic acid</i> )	Tier 3	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON- 500 MCG ( <i>multivitamin with minerals no.89/ferrous fumarate/folic acid</i> )	Tier 3	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin with minerals no.86/ferrous fumarate/folic acid</i> )	Tier 3	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG ( <i>multivitamin with minerals no.86/folic acid</i> )	Tier 3	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG ( <i>multivitamin with minerals no.86/ferrous fumarate/folic acid</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/dhalep/fish oil</i> )	Tier 3	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE ( <i>multivit with min no.83/iron bis-glycinat/folate no.10</i> )	Tier 1	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG ( <i>multivit-min 96/iron,carbonyl/folic/omega-3/dhalep/fish oil</i> )	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG ( <i>mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid</i> )	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG ( <i>multivit with minerals no.81/folic acid/vit k1/lubidecarenone</i> )	Tier 3	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG ( <i>multivit with minerals no.82/folic acid/vit k1/lubidecarenone</i> )	Tier 3	
HAIR, SKIN AND NAILS (HERBS) ORAL CAPSULE 120-1,250-60 MCG ( <i>multivit-min/folic acid/biotin/vit k1/collagen/herbal no.353</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG ( <i>multivitamin with minerals/folic acid/biotin</i> )	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG ( <i>multivitamin with minerals/folic acid/biotin</i> )	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG ( <i>multivitamin with minerals no.88/folic acid</i> )	Tier 3	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE ( <i>multivit with min no.83/iron bis-glycinat/folate no.10</i> )	Tier 1	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) ( <i>multivitamin with minerals/ferrous gluconate</i> )	Tier 1	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML ( <i>multivitamin with min no.103/levomefolate calcium/inulin</i> )	Tier 3	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG ( <i>multivitamin-mineralfolic acid/phytonadionellycopenellutein</i> )	Tier 1	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG ( <i>multivitamin with minerals/folic acid/vitamin k1/lycopene</i> )	Tier 1	
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG ( <i>multivitamin with minerals/folic acid</i> )	Tier 1	
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/lycopenellutein/zeaxanth</i> )	Tier 3	
MULTITOL-M ORAL TABLET 2,040 MCG DFE ( <i>multivitamin with minerals no.106/levomefolate calcium</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG ( <i>levomefolate calclniacinamidelcopper/zinc/selenium/chromium</i> )	Tier 1	
NUMAQULA 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL GUMMIES (DHA-EPA) ORAL TABLET,CHEWABLE 180 MCG-32.5MG- 25 MG-7.5 MG ( <i>mv-min no.104/folic acidlom-3/dhalepalother 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 k/lutein/zeaxanthin</i> )	Tier 3	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE ( <i>multivit with min no.83/liron bis-glycinat/folate no.10</i> )	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG ( <i>multivitamin with minerals/liron 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/llycopenellutein</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/liron/folic acid/llycopene</i> )	Tier 1	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG ( <i>multivitamin with minerals/liron/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 calclk2/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/liron glyllevomefolate calclk2/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 acloomega-3/dhalepa</i> )	Tier 1	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/liron fumarat/folic acid</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERA-VITE MAX-M ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/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 fumarate/folic acid</i> )	Tier 3	
VITRUM 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG ( <i>multivitamin with minerals/folic acid/llycopenellutein</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	
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG ( <i>mv-min 75/ferrous fumliron 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 fum/folic acid/calcium carb/vit k</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG ( <i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i> )	Tier 1	
<b>Multivitamins - Drugs for Nutrition</b>		
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	
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG ( <i>multivitamin combination no.58/folic acid</i> )	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG- 225 MG ( <i>multivitamin no.39/iron carb,bisgl/methylfolateldocusateldha</i> )	Tier 3	
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG ( <i>vitamin alcholecalciferol (vit d3)/vit elvit k1/zinc ascorb</i> )	Tier 3	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18- 400 MG-MCG ( <i>multivitamin/ferrous fumarat/folic acid</i> )	Tier 1	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG ( <i>multivitamin with folic acid</i> )	Tier 1	
INFUVITE ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML ( <i>multivitamin infusion adult no.4,vit k,component vial 1 of 2</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUVITE ADULT (VIAL 2) INTRAVENOUS SOLUTION 600 MCG-60 MCG- 5 MCG/5 ML ( <b><i>multivitamin infusion adult no.4,vit k,component vial 2 of 2</i></b> )	Tier 3	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML ( <b><i>multivitamin infusion, adult no.4 with vitamin k</i></b> )	Tier 3	
M.V.I. ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML ( <b><i>multivitamin infusion adult no.1,vit k,component vial 1 of 2</i></b> )	Tier 3	
<b><i>multivitamin oral tablet</i></b>	Tier 1	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG ( <b><i>multivitamin no.39iron carb,bisgllmethyfolateldocusateldha</i></b> )	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG ( <b><i>multivitamin comb no.42iron,carbonyllevomefolateldha</i></b> )	Tier 3	
ONE DAILY MULTIVITAMIN ORAL TABLET ( <b><i>multivitamin</i></b> )	Tier 1	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG ( <b><i>multivitamin with folic acid</i></b> )	Tier 1	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG ( <b><i>multivitamin with folic acid</i></b> )	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG ( <b><i>multivitamin combination no.47iferrous fumlfolate no.1dha</i></b> )	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <b><i>multivitamin combination no.51iferrous fumaratelfolic acid</i></b> )	Tier 1	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG ( <b><i>multivitamin no.45iron fumaratelfolate comb no.6dha</i></b> )	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG ( <b><i>multivitamin no.46iron fumaratelfolate comb. no.6dha</i></b> )	Tier 3	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG ( <b><i>multivitaminiferrous fumaratelfolic acid</i></b> )	Tier 1	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG ( <b><i>multivitaminiferrous fumaratelfolic acid</i></b> )	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG ( <b><i>multivitaminiferrous fumaratelfolic acid</i></b> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/docusateldha</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/folate 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/folate no.1/dha</i> )	Tier 1	
<b>Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - Lipid Others - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM ( <i>glutamine</i> )	Tier 3	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 1	PA; SP
<i>ribose oral powder 10 kcal /2 gram (scoop)</i>	Tier 1	
<b>Nutritional Product - Methionine-Free Specific Formulation - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - MSUD Specific Formulation - Drugs for Nutrition</b>		
KETONEX-1 ORAL POWDER 15-480 G-KCAL ( <i>infant formula with iron,spec.metabolic,maple syrup urine dx</i> )	Tier 3	
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	
<b>Nutritional Product - Nutritional Therapy - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Nutritional Product - Parenteral and other Amino Acids - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - Phenylketonuria (PKU) Specific Formulation - Drugs for Nutrition</b>		
GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM ( <i>nutritional therapy for pku no.64</i> )	Tier 3	
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	
<b>Nutritional Product - Propionic Acidemia Specific Formulation - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nutritional Product - Protein Replacements - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - Tyrosinemia Specific Formulation - Drugs for Nutrition</b>		
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	
<b>Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Parenteral Nutrition - Amino Acid and Dextrose Combinations - Drugs for Nutrition</b>		
<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	
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	
<b>Parenteral Nutrition - Amino Acid Solutions - Drugs for Nutrition</b>		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % ( <i>parenteral amino acid 10 % combination no.1</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % ( <i>amino acids 10 %</i> )	Tier 3	
<b>Parenteral Nutrition - Amino Acid, Dextrose, E-Lytes and Fat Emul Comb - Drugs for Nutrition</b>		
KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 % ( <i>amino acid 3.31 % no.1/d10.8w/fat emulsion/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	
<b>Parenteral Nutrition - Intravenous Fat Emulsions - Drugs for Nutrition</b>		
CLINOLIPID INTRAVENOUS EMULSION 20 % ( <i>fat emulsions/olive oil/soybean oil/phospholipids,egg</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Parenteral Nutrition-Amino Acid, Dextrose and Electrolytes Combination - Drugs for Nutrition</b>		
<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 2% no.1 ped-d10w-calc gluc intravenous parenteral solution 2 %-10 %- 3.75 meq/250 ml</i>	Tier 1	
<i>aa 2% no.1 ped-d5w-calcium-hep intravenous parenteral solution 2 %-5 %- 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 3%no.2ped-d5w-calcium gluc intravenous parenteral solution 3 %-5 %- 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	
<i>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</i>	Tier 1	
<i>aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %- 3.75 meq/250 ml</i>	Tier 1	
<i>amino acid 2.5% no.2(ped)-d10w intravenous parenteral solution 2.5-10 %</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>pediatric multivitamin no.171 oral drops 750 unit-35 mg-400 unit/ml</i></b>	Tier 1	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG-10-MCG-5 MG/ML ( <b><i>pediatric multivitamin no.197</i></b> )	Tier 1	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML ( <b><i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i></b> )	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML ( <b><i>pediatric multivitamin no.171</i></b> )	Tier 3	
<b><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></b>	Tier 1	
VITALIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML ( <b><i>fat emulsions/vitamin a palmitate/vitamin d2/vit elvit k1</i></b> )	Tier 1	
VITLIPID N INFANT INTRAVENOUS SOLUTION 69 MCG-1 MCG-0. 64 MG-20 MCG/ML ( <b><i>fat emulsions/vitamin a palmitate/vitamin d2/vit elvit k1</i></b> )	Tier 1	
<b>Pediatric Vitamins and Mineral Combinations - Drugs for Nutrition</b>		
ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 75-15 MG ( <b><i>pediatric multivit no.235/herbal no.293/bioflavonoids,cit</i></b> )	Tier 3	
ALIVE PREMIUM KIDS ORAL TABLET,CHEWABLE 66.5 MG ( <b><i>pediatric multivitamin no.204/herbal complex no.293</i></b> )	Tier 3	
CHILDREN'S MULTIVIT (W LUTEIN) ORAL TABLET,CHEWABLE 50 MCG ( <b><i>pediatric multivitamin no.233/lutein</i></b> )	Tier 1	
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE ( <b><i>pediatric multivitamin no.209</i></b> )	Tier 1	
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE ( <b><i>pediatric multivitamin no.42</i></b> )	Tier 1	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL ( <b><i>pediatric multivitamin no.193/lactobacillus rhamnosus gg</i></b> )	Tier 3	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL ( <b><i>pediatric multivitamin no.210/bacillus subtilis/lutein</i></b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<b>Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition</b>		
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE ( <i>pediatric multivitamin no.247/sodium fluoride</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 fluorideliron 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	
<b>Prenatal Vitamins and Minerals - Drugs for Nutrition</b>		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG ( <i>prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3</i> )	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG ( <i>prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3</i> )	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG ( <i>prenatal vitamins no.83/iron fumarate/folate combo no.6/dha</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG ( <i>prenatal vits no.81liron 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.72liron carbony,glucifolic acidldocusateldha</i> )	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG ( <i>prenatal vit no.73liron 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.76liron 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.59liron carb,fumlfolic acidldocusateldha</i> )	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG ( <i>prenatal vitamins no.11lferrous fumaratelfolic acidlomega-3</i> )	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG ( <i>prenatal vitamin no.52lironlfolic acidlomega-3ldha</i> )	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG ( <i>prenatal vitamins no.14lferrous fumaratelfolic acid</i> )	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vitamins no.170lferrous fumaratelfolic acid</i> )	Tier 3	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vitamins no.170lferrous fumaratelfolic acid</i> )	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vitamins no.170lferrous fumaratelfolic acid</i> )	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG ( <i>prenatal vits 106lsod feredetate-iron pslfolic acidlomega-3s</i> )	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG ( <i>multivitamin no.39liron carb,bisgllmethyfolateldocusateldha</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG <i>(prenatal vits with calcium no.65liron polysacchar/folic acid)</i>	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG <i>(prenatal vits with calcium no.72lferrous fumarat/folic acid)</i>	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG <i>(prenatal vit with calcium 15liron/folic acid/docusate sodium)</i>	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG <i>(prenatal vitamins with calcium/ferrous fumarat/folic acid)</i>	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG <i>(prenatal vitamins with calciumliron,carb/docusat/folic acid)</i>	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG <i>(prenatal vitamins with calcium/ferrous fumarat/folic acid)</i>	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG <i>(prenatal vitamins with calcium/ferrous fumarat/folic acid)</i>	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG <i>(prenatal vitamins with calcium/ferrous fum/docusat/folic ac)</i>	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG <i>(prenatal vitamin no.55liron fumarate,bisglycinat/folic acid)</i>	Tier 3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG <i>(prenatal vitamins no.175lferrous fumarat/folic acid)</i>	Tier 3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG <i>(prenatal vitamins no.154lferrous fumarat/folic acid)</i>	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG <i>(prenatal vit no.175liron fum/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.86liron ps cplx/folic acid/dhalepa)</i>	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG <i>(prenatal vits with calcium no.87liron bisglyfolic acid/dha)</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEWGEN ORAL TABLET 32-1,000 MG-MCG ( <i>prenatal vitamin no.86iron bis-glycinatelfolic acid</i> )	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG ( <i>prenatal vits no.53iron fumlfoli acidldocusate calcium/dha</i> )	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal vits no.83iron,carbonyl,iron aspart.glylfolic acid</i> )	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG ( <i>prenatal vit no.30iron carbonyl,asp glyclfoli acidlomega-3</i> )	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG ( <i>prenatal vits no.12iron,carbolfolic acidldocusatelomega-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.12iron carbonylllevomefolate calci/dha</i> )	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE ( <i>prenatal vitamins no.12iron,carbonylllevomefolate calcium</i> )	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG ( <i>prenatal vitamins no.127iron,carbonyllfoli acidldocusate</i> )	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG ( <i>multivitamin no.39iron carb,bisgllmethyfolateldocusateldha</i> )	Tier 3	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG ( <i>prenatal vitamins no.168iron/folic acidlomega-3ldhalepa</i> )	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG ( <i>prenatal vits,calcium no.66iron fumlfoli acidldocusateldha</i> )	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG ( <i>prenatal vit with calcium no.40iron fumaratelfolate 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-protlfolic acidlomega-3</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG ( <i>prenatal vit with calcium 53iron bis,s-plfolic acidlomega-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-protlfolic acidlomega-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 acidlomega-3</i> )	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG ( <i>prenatal vit no.174lironlfolic acidlomega-3ldhalepalfish oil</i> )	Tier 3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG ( <i>prenatal vitamins combination no.42lfolic acid</i> )	Tier 1	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG ( <i>prenatal vit no.71liron fum-sodium feredetatelfolic acidldha</i> )	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG ( <i>prenatal vits no.105liron amino acid chelatelfolic acidldha</i> )	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG ( <i>prenatal vits with calcium no.80liron fumlfolic acidldssldha</i> )	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG ( <i>prenatal vit with calcium no.69lironlfolic acidldocusateldha</i> )	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG ( <i>prenatal vitamins no.37lferrous fumaratelfolic acid</i> )	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78lferrous fumaratelfolic acid</i> )	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76liron,carbonyllfolic acid</i> )	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG ( <i>prenatal vits no.115liron fumaratelfolic acidldocusate sod.</i> )	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamins no.119liron fumaratelfolic acid</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG ( <i>prenatal vits with calcium no.115</i> <i>iron fumarate/folic acid</i> )	Tier 1	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE ( <i>prenatal vit no.173</i> <i>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</i> <i>iron fum/folic acid</i> <i>lomega3</i> <i>ldhalep</i> <i>alfish</i> )	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vits with calcium 95</i> <i>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</i> <i>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</i> <i>ferrous fumarate/folic acid</i> <i>lomega-3</i> <i>ldha</i> )	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72</i> <i>iron,carbonyl</i> <i>folic acid</i> )	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vitamins no.180</i> <i>ferrous fumarate/folic acid</i> )	Tier 1	
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins no.159</i> <i>ferrous fumarate/folic acid</i> )	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72</i> <i>ferrous fumarate/folic acid</i> )	Tier 1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG ( <i>prenatal vitamins no.36</i> <i>ferrous fumarate/folate comb. no.6</i> )	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG ( <i>prenatal vits no.65</i> <i>iron fumarate,polysac complex</i> <i>folic acid</i> )	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG ( <i>prenatal vitamins no.66</i> <i>iron,carbonyl</i> <i>folic acid</i> <i>ldha</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/docusateldha</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	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG ( <i>prenatal vit no.166/iron/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.102/iron polysacch/folate no.1/dha</i> )	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG ( <i>prenatal vits no.102/iron polysacch/folate no.1/docusateldha</i> )	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG ( <i>prenatal vit no.112/iron phosph/folic acid/omega-3s/dhalepa</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG ( <i>prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha</i> )	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG ( <i>prenatal vits with calcium no.10/ferrous fumarate/folic acid</i> )	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG ( <i>prenatal vits with calcium no.10/ferrous fum/folic acid/dha</i> )	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG ( <i>prenatal vits no.26/iron polysaccharide cplex/folic acid/dha</i> )	Tier 3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG ( <i>prenatal vits no.25/ferrous fumarate/folate 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.34/iron,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.52/iron/folic acid/omega-3/dha</i> )	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG ( <i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i> )	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	Tier 1	
<b>Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ringer's and Lactated Ringer's Solutions - Drugs for Nutrition</b>		
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
<i>ringer's intravenous parenteral solution</i>	Tier 1	
<b>Sodium Chloride Flushes - Drugs for Nutrition</b>		
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	
<b>Sodium Chloride Solutions, Concentrated - Drugs for Nutrition</b>		
<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	
<i>sodium chloride oral solution 234 mg/ml (4 meq/ml)</i>	Tier 1	
<b>Sodium Chloride, Parenteral - Drugs for Nutrition</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Sterile Water for Injection - Drugs for Nutrition</b>		
<i>water for injection, sterile intravenous parenteral solution</i>	Tier 1	
<b>Vitamin C Combinations - Drugs for Nutrition</b>		
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	
<b>Vitamin D and Folic Acid Combinations - Drugs for Nutrition</b>		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Vitamin E Combinations - Drugs for Nutrition</b>		
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	
<b>Vitamins - A - Drugs for Nutrition</b>		
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	
<b>Vitamins - B Preparation Combinations - Drugs for Nutrition</b>		
B COMPLEX-VITAMIN C ORAL TABLET,CHEWABLE 20 MG-5 MG- 2 MG-75 MCG ( <i>niacin/calcium pantothen/b6/biotin/folic ac/b12/inosit/vit c</i> )	Tier 1	
<i>b12-methyltetrahydrofolate-b6 oral tablet,chewable 1,000mcg-680mcg dfe-1.5 mg, 5,000 mcg-1,360 mcg dfe-2.5 mg</i>	Tier 1	
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG ( <i>thiamine hcl/riboflavin/niacinamide/cyanocobalamin/papain</i> )	Tier 3	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 3	
METANX FC ORAL CAPSULE 2-3-35 MG ( <i>mecobalamin/levomefolate calcium/pyridoxal phosphate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 phosphatellvomefolate 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 &amp; tribasic/ginger</i> )	Tier 1	
<b>Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition</b>		
<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	
<b>Vitamins - B-12 and Folic Acid Combinations - Drugs for Nutrition</b>		
CELEBRATE B-12 QUICK-MELT ORAL TABLET,DISINTEGRATING 1,000-200 MCG ( <i>cyanocobalamin/mecobalamin/folic acid</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition</b>		
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	
<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) (Dodex Injection Solution 1,000 Mcg/MI)</i>	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Vitamins - B-2, Riboflavin and Derivatives - Drugs for Nutrition</b>		
<i>riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition</b>		
<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	
<b>Vitamins - B-5, Pantothenic Acid and Derivatives - Drugs for Nutrition</b>		
<i>calcium pantothenate oral capsule 500 mg</i>	Tier 1	
<i>pantethine oral capsule 450 mg</i>	Tier 1	
<b>Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition</b>		
<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	
<b>Vitamins - Bioflavonoids - Drugs for Nutrition</b>		
<i>quercetin oral capsule 500 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vitamins - Biotin - Drugs for Nutrition</b>		
<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	
<b>Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition</b>		
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	
<i>ascorbic acid-zinc oxide oral capsule 90-50 mg</i>	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCELLENT C ORAL CAPSULE 750-7.5 MG ( <i>ascorbate calcium, magnesium, potassium/black pepper extract</i> )	Tier 3	
<b>Vitamins - D and K Combinations - Drugs for Nutrition</b>		
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	
<b>Vitamins - D Derivatives - Drugs for Nutrition</b>		
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Vitamins - E - Drugs for Nutrition</b>		
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	Tier 1	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 3	
<b>Vitamins - Folic Acid and Derivatives - Drugs for Nutrition</b>		
DEPLIN FC ORAL CAPSULE 15 MG ( <i>levomefolate calcium</i> )	Tier 3	
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Vitamins - Folic Acid Combinations - Drugs for Nutrition</b>		
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	
<b>Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition</b>		
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	
<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	
<b>Endocrine</b>		
<b>Antidiabetic - CD3 Directed Monoclonal Antibody</b>		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML ( <i>teplizumab-mzww</i> )	Tier 3	PA; SP; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors</b>		
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)
<b>Menopausal Symptoms Suppressant- Neurokinin 3 (NK3) Receptor Antagonist</b>		
VEOZAH ORAL TABLET 45 MG ( <i>fezolinetant</i> )	Tier 3	PA
<b>Endocrine - Hormones</b>		
<b>Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women</b>		
<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
PREPIDIL VAGINAL GEL 0.5 MG/3 G ( <i>dinoprostone</i> )	Tier 3	
<b>Abortifacients- Progesterone Receptor Antagonist - Drugs for Women</b>		
MIFEPREX ORAL TABLET 200 MG ( <i>mifepristone</i> )	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
<b>Adrenal Steroid Inhibitors - Hormones</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG ( <i>osilodrostat phosphate</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )	Tier 3	PA; SP
<b>Adrenocorticotrophic Hormones - Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 3	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML ( <i>corticotropin</i> )	Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 3	PA; SP
<b>Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes</b>		
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones</b>		
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
<b>Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones</b>		
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
<b>Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones</b>		
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
<b>Androgen - Single Agents - Drugs for Men</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR ( <i>testosterone</i> )	Tier 3	PA
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 PELLET 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
<b>Antidiuretic and Vasopressor Hormones - Hormones</b>		
<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	
<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	
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG ( <i>desmopressin acetate</i> )	Tier 3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOC DURNA (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	
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes</b>		
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
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes</b>		
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
<b>Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 3	PA; DD; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) ( <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)
<b>Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes</b>		
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
<b>Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin/linagliptin</i> )	Tier 2	DD; QL (1 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes</b>		
<i>bexagliflozin oral tablet 20 mg</i>	Tier 1	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)
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)
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)
<b>Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes</b>		
<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
<b>Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes</b>		
<b><i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i></b>	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 ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	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 ( <b><i>linagliptin/metformin hcl</i></b> )	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 2.5-1,000 MG ( <b><i>linagliptin/metformin hcl</i></b> )	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 ( <b><i>linagliptin/metformin hcl</i></b> )	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b><i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i></b>	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<b><i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i></b>	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes</b>		
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)
<b>Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes</b>		
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)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid</b>		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) ( <i>romosozumab-aqqg</i> )	Tier 3	PA; SP
<b>Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) ( <i>abaloparatide</i> )	Tier 2	PA; SP
<b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss</b>		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 1	PA; SP
<b>Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT ( <i>alendronate sodium/cholecalciferol (vitamin d3)</i> )	Tier 2	
<b>Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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	
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Calcitonins - Drugs for Menopause and Bone Loss</b>		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	Tier 1	
<b>Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone/estradiol</i> )	Tier 3	
<b>Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>estrogens, conjugated/bazedoxifene acetate</i> )	Tier 2	
<b>Estrogen-Androgen - Drugs for Women</b>		
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	
ESTRATEST F.S. 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	
<b>Estrogen-Progestin - Drugs for Women</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>norethindrone acetate/ethinyl estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<i>norethindrone acetate/ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
<i>estradiol/norethindrone acetate</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) ( <i>estrogens, conjugated/medroxyprogesterone acetate</i> )	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>estrogens, conjugated/medroxyprogesterone acetate</i> )	Tier 2	
<b>Estrogens - Drugs for Women</b>		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	Tier 3	
<i>estradiol</i> (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION ( <i>estradiol</i> )	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg</i>	Tier 1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/lactuation</i>	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML ( <i>burosumab-twza</i> )	Tier 3	PA; SP
<b>Glucocorticoid Salt Combinations - Drugs for Inflammation</b>		
BETALOAN SUIK KIT 6 MG/ML ( <i>betamethasone acetate and sodium phosphinorfluranelhfc 245fa</i> )	Tier 3	
<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	
<b>Glucocorticoid-Anesthetic Combinations - Drugs for Inflammation</b>		
LIDOCIDEX-I INJECTION SOLUTION 5-10 MG/1.5 ML ( <i>dexamethasone sodium phosphatellidocaine hcl</i> )	Tier 3	
<b>Glucocorticoids - Drugs for Inflammation</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Tier 1	
<i>dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % ( <i>dexamethasone sodium phosphate</i> )	Tier 3	
DOUBLEDEX (PF) INJECTION KIT 10 MG/ML ( <i>dexamethasone sodium phosphatelpf</i> )	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	Tier 3	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML ( <i>budesonide</i> )	Tier 3	PA; SP
HEXATRIONE INJECTION SUSPENSION 20 MG/ML ( <i>triamcinolone hexacetonide</i> )	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
KENALOG INJECTION SUSPENSION 10 MG/ML ( <i>triamcinolone acetonide</i> )	Tier 3	SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML ( <i>triamcinolone acetonide</i> )	Tier 3	
MAS CARE-PAK (PF) INJECTION KIT 10 MG/ML ( <i>dexamethasone sodium phosphatelpf</i> )	Tier 3	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML ( <i>methylprednisolone acetate/norfluranelhfc 245fa</i> )	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML ( <i>methylprednisolone acetate/norfluranelhfc 245fa</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylpred ac(pf)-nacl,iso-osm injection suspension 80 mg/ml</i>	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 1	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<i>triamcinol ac (pf) in 0.9% nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone acetate-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	
<b>Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Growth Hormone Receptor Antagonists - Drugs for Growth</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	Tier 2	SP
<b>Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG ( <i>tesamorelin acetate</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Growth Hormones - Drugs for Growth</b>		
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Human Insulins - Fixed Combinations - Drugs for Diabetes</b>		
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)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophanelinsulin 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 isophanelinsulin 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)
<b>Human Insulins - Intermediate Acting - Drugs for Diabetes</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Human Insulins - Rapid Acting - Drugs for Diabetes</b>		
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
<b>Human Insulins - Short Acting - Drugs for Diabetes</b>		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	Tier 2	DD; QL (40 ML per 28 days)
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)
<b>Insulin Analogs - Fixed Combinations - Drugs for Diabetes</b>		
HUMALOG MIX 50-50 INSULN 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)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	Tier 2	DD; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Insulin Analogs - Long Acting - Drugs for Diabetes</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) ( <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)
<b>Insulin Analogs - Rapid Acting - Drugs for Diabetes</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Insulin Response Enhancers - Biguanides - Drugs for Diabetes</b>		
<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
<b>Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
<b>Insulin-like Growth Factor-1 (IGF-1) - Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>mecasermin</i> )	Tier 3	PA; SP
<b>Leptin Hormone Analogs - Hormones</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) ( <i>metreleptin</i> )	Tier 3	SP; QL (1 EA per 1 day)
<b>LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women</b>		
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, 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	PA; 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
<b>LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women</b>		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG ( <i>leuprolide acetate</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix/estradiol/norethindrone acetate</i> )	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) ( <i>elagolix sodium/estradiol/norethindrone acetate</i> )	Tier 2	PA
<b>LHRH (GnRH) Antagonists - Drugs for Women</b>		
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	Tier 2	PA
<b>Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women</b>		
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)
<b>Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women</b>		
<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)
<b>Mineralocorticoids - Drugs for Inflammation</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Oxytocic - Ergot Alkaloids - Drugs for Women</b>		
<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)
<b>Oxytocic - Oxytocin and Analogs - Drugs for Women</b>		
<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	
<b>Progestins - Drugs for Women</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss</b>		
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
<b>Renin-Angiotensin-Aldosterone System (RAAS) Hormones - Hormones</b>		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML ( <i>angiotensin ii acetate, human</i> )	Tier 3	
<b>Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss</b>		
<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)
<b>Somatostatic Agents - Drugs for Growth</b>		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 diaspertate</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
<b>Thyroid Eye Disease Agents - Drugs for Thyroid</b>		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG ( <i>teprotumumab-trbw</i> )	Tier 3	PA; SP
<b>Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid</b>		
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	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid</b>		
<i>liothyronine intravenous solution 10 mcg/ml</i>	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<b>Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<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
<b>Enzymes - Vitamins and Minerals</b>		
<b>Enzymes - Vitamins and Minerals</b>		
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	
<b>FDB Class Obsolete-Not Used</b>		
<b>Alternative Therapy - Homeopathic Products</b>		
AURUMHEEL ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
SYZYGIIUM 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
<b>Gastrointestinal Therapy Agents</b>		
<b>Agents to Treat CHAPLE Disease</b>		
VEOPOZ INJECTION SOLUTION 200 MG/ML ( <i>pozelimab-bbfg</i> )	Tier 3	PA; SP
<b>Fecal Microbiota Transplantation (FMT)</b>		
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
<b>Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG ( <i>vonoprazan fumarate</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gastrointestinal Therapy Agents - Drugs for the Stomach</b>		
<b>Antacid - Calcium - Drugs for Ulcers and Stomach Acid</b>		
PRELIEF ORAL TABLET 65 MG ( <i>calcium glycerophosphate</i> )	Tier 3	
<b>Antacid - Magnesium - Drugs for Ulcers and Stomach Acid</b>		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
<b>Antacid Combinations Other - Drugs for Ulcers and Stomach Acid</b>		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG ( <i>calcium phosphate, tribasic/melatonin</i> )	Tier 3	
<b>Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea</b>		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea</b>		
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)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea</b>		
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	Tier 2	PA; SP
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidiarrheal GI Adsorbent-Intestinal Flora Modifiers Combinations - Drugs for Diarrhea</b>		
ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL -100 MG ( <i>Lactobacillus acidophilus/pectin</i> )	Tier 3	
<b>Antidiarrheal Miscellaneous Combinations - Drugs for Diarrhea</b>		
BANATROL PLUS ORAL POWDER IN PACKET ( <i>banana flakes/transgalactooligosaccharides</i> )	Tier 1	
<b>Antidiarrheal Opioid Agents - Drugs for Diarrhea</b>		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
<b>Antiemetic - Antihistamines - Drugs for Vomiting and Nausea</b>		
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<b>Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea</b>		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Antiemetic - Dopamine (D2) Antagonists - Drugs for Vomiting and Nausea</b>		
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	
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
<b>Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML ( <i>trimethobenzamide hcl</i> )	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
<b>Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
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)
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea</b>		
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (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 130 MG/18 ML (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	
<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)
<b>Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea</b>		
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)
<b>Bile Acids - Drugs for the Stomach</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	Tier 3	PA; SP
<b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	Tier 2	QL (1 EA per 1 day)

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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)
<b>Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach</b>		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose</i> (Generlac 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	
<b>Digestive Enzyme Mixtures - Drugs for the Stomach</b>		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT ( <i>lipase/protease/amylase</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Digestive Enzymes - Drugs for the Stomach</b>		
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
<b>Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach</b>		
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	
<b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid</b>		
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)
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pantoprazole in 0.9% sod chlor intravenous piggyback 40 mg/100 ml (0.4 mg/ml), 80 mg/100 ml (0.8 mg/ml)</i>	Tier 3	SP
<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)
<b>Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid</b>		
<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)
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach</b>		
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)
<b>Gastrointestinal Antiflatulents - Drugs for the Stomach</b>		
<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	
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach</b>		
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	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps</b>		
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	
<b>GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<b>GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<b>GI Antispasmodic Combinations Other - Drugs for Stomach Cramps</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<b>H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
<b>H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach</b>		
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
<b>IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
<b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome</b>		
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)
<b>IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	Tier 3	PA
<b>IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome</b>		
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)
<b>IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome</b>		
IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )	Tier 3	PA
<b>Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
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
<b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease</b>		
<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	
<b>Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease</b>		
<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/actuation</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease</b>		
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
<b>Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease</b>		
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
<b>Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome</b>		
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
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
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )	Tier 3	PA; SP
<b>Intestinal Flora Modifiers - Drugs for Diarrhea</b>		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG ( <i>lactobacillus acidophilus, salivarius/lb.bifidum/l.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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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.acidophilus/l.caseill.lactis/l.rhamnosus/lb.lactis/lb.longum</i> )	Tier 3	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL ( <i>lactobacillus crispatus/l. gasserill.jenseniill. rhamnosus</i> )	Tier 3	
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG ( <i>l.crispatus/l.gasserill.jenseniill.rhamnosus/lbacteriophages</i> )	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL ( <i>lactobacillus acidophilus,paracasei,plantarum/lb.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	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL ( <i>l. acidophilus/l. rhamnosus/lb. brevels. thermophilus</i> )	Tier 1	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL ( <i>l.acidophilus,casei,rhamnosus/lb.breve,longum</i> )	Tier 1	
CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE ( <i>l. acidophilus/l. rhamnosus/levomefolate sodium/lactoferrin</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 paracaseillactobacillus 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>l. rhamnosus/lb. animalis/dhalfucosyllactose/vitamin 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 subtilislinulin</i> )	Tier 3	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG ( <i>l. 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>l. 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	
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>l. 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 subtilislinulinascorbic 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.animalisascorbic 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/amylasellipase</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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL, 5 BILLION CELL ( <i>lactobacillus reuteri</i> / <i>lactobacillus rhamnosus gg</i> )	Tier 3	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL ( <i>lactobacillus acidophilus</i> / <i>lactobacillus rhamnosus gg</i> )	Tier 3	
FLORASAVE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10 BILLION CELL -15 MG ( <i>lactobacillus no.65/bifidobac no.7/b.subtilis/bacteriophages</i> )	Tier 3	
FLORASTOR ADVANCED ORAL CAPSULE 250-62.5-30 MG ( <i>s.boulardii/enzymes/ginger/peppermint leaf/fennel</i> )	Tier 3	
FLORASTOR BABY ORAL POWDER IN PACKET 250 MG ( <i>saccharomyces boulardii</i> )	Tier 3	
FLORASTOR KIDS ORAL POWDER IN PACKET 250 MG ( <i>saccharomyces boulardii</i> )	Tier 3	
FLORASTOR SELECT GUT BOOST ORAL CAPSULE 250-300 MG ( <i>saccharomyces boulardii/inulin</i> )	Tier 3	
FLORASTOR SELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG ( <i>saccharomyces boulardii/vitamin c/vitamin d3/zinc gluconate</i> )	Tier 3	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL ( <i>lactobacillus reuteri/bifidobacterium infantis/fo</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, infant/inulin/lacacia</i> )	Tier 3	
FORTIFY OPTIMA ADVANCED CARE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 60 BILLION CELL-75 MG ( <i>lactobacillus combo no.20/bifido no.9/inulin/lacacia</i> )	Tier 3	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 50 BILLION CELL ( <i>lactobacillus acidophilus/b.animalis/b.bifidum/b.infantis</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPTIMA WOMEN ADVANCED ORAL CAPSULE, DELAYED RELEASE(DR/EC) 90 BILLION CELL -75 MG ( <i>lactobacillus no.102/bifidanim, bifidll.lactis/linulin/acacia</i> )	Tier 3	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 50 BILLION CELL ( <i>l.acidophilus, gasseril/bifidobact 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, bifidum/linulin</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 animalis/linulin</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	
JARRO-DOPHILUS BABY PROBIOTIC ORAL POWDER 3 BILLION CELL- 600 MG/GRAM ( <i>l.casei, rhamnosus/bifidobacterium breve, infantis, longum/gos</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS DIGEST SURE ORAL TABLET 5 BILLION CELL- 188 MG <i>(I.acidophilus,plantarum,rhamnosus/b.animalis,brevele nzymes)</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. boulardiilpediococcus acidilactici</i> )	Tier 3	
JARRO-DOPHILUS KIDS ORAL TABLET,CHEWABLE 500 MILLION CELL-50 MG <i>(I.acidophilus,plantarumlb.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,sallb.anim,long, brev)</i>	Tier 3	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL <i>(lactobacillus crispatusll. gasserill. jenseniiill. 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	
<i>lactobacillus acidoph-I.bulgar oral tablet 1 million cell</i>	Tier 1	
MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG ( <i>I. acidoph,rhamn/bifido animalis/b. subtilis/bacteriophages</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG <i>(lactobacillbifidobac/s.boulardlb.subtills.thermlbacterio phag)</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.acid,parac,plant,rhamn,saliv-b.anim,bifid,long-e.faecium)</i>	Tier 3	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL <i>(l.acidoph,casei,salivarlb.animalisllactococ.lactisle.faecium)</i>	Tier 3	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL <i>(l.acidophil,brevis,casei,sallb.anim,bifidllactococcus lactis)</i>	Tier 3	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL <i>(bifidobacterium animalis, bifidumllactococcus lactis)</i>	Tier 3	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL <i>(l.acido,casei,para,plant,salilb.anim,bifllactococcus lactis)</i>	Tier 3	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL <i>(lactobacillus acidophiluslbifidobacterium 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,rhamnosuslbifidobact.breve,longum)</i>	Tier 3	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL <i>(lactobacillus acidophilusllactobacillus rhamnosus gg)</i>	Tier 3	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL <i>(lactobacillus acidophiluslbifidobacterium animalis)</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBACAP ORAL CAPSULE 10 BILLION CELL ( <i>lactobacillus acidophilus</i> )	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM ( <i>bacillus coagulans/linulin</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.coaglenzyme/ herb</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	
PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL ( <i>I.acidophilus/l.plantarum/b.animalis/b.longum/s.boulardi</i> )	Tier 3	
PROBIOMAX SERENITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 17.5 BILLION CELL ( <i>lactobacillus paracasei</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIONEXX ORAL CAPSULE 500 MG ( <i>lacto99/b.bifidum/l.lactis/s.boulls.thermlb.coaglenzyme/ herb</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 gasserilbifidobacterium bifidum/bifido longum</i> )	Tier 1	
PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG ( <i>lactobacillus paracasei,rhamnosus/lb.animalis/lascorbic acid</i> )	Tier 1	
PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG ( <i>l.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 gginulin</i> )	Tier 1	
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL ( <i>l.acidophilus/l.gasserill.rhamnosus/lb.bifidum/lb.longum</i> )	Tier 1	
PROBIOTIC DIGESTIVE HEALTH ORAL CAPSULE 30 BILLION CELL ( <i>l.acidoph,paracas,plant,rhamnlb.anim,bifid,breve,infant ,long</i> )	Tier 1	
PROBIOTIC DUO ORAL TABLET,CHEWABLE 1.5 BILLION CELL ( <i>bacillus coagulans/bacillus subtilis</i> )	Tier 3	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG ( <i>bacillus coagulans/inulin</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/kluveromyces marxianus</i> )	Tier 3	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG ( <i>bacillus coagulans,subtilis/vitamin c/vit 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 reuterilactobacillus rhamnosus gg</i> )	Tier 3	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL ( <i>saccharomyces boulardii</i> )	Tier 1	
REVITAFLO 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,delayed release(drlec) 5 billion cell- 200 mg</i>	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL ( <i>lactobacillus combination no.4</i> )	Tier 1	
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL ( <i>bifidobacterium animalis/bifidobacterium infantis/s. thermoph</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPERIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL ( <i>lactobac.acidoph,plantar,rhamnlbifidobac.animal,breve, longum</i> )	Tier 3	
SUREBIOTIC ORAL CAPSULE 31 BILLION CELL ( <i>lactobacillus acidophilus/bifidobacterium animalis</i> )	Tier 1	
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)/linulin</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 subtilislinulinlascorbic 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. plantaruml bifido no.7</i> )	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL ( <i>lactobacillus acidophilusll. plantaruml 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 clvit d3/vit b6/vit b12</i> )	Tier 3	

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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.plantll.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	
<b>Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG ( <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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Keratinocyte Growth Factor (KGF) - Drugs for the Stomach</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG ( <i>palifermin</i> )	Tier 3	SP
<b>Laxative - Bulk Forming - Drugs to Prevent Constipation</b>		
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	

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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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Laxative - Saline and Osmotic - Drugs to Prevent Constipation</b>		
<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	
<b>Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM ( <i>peg 3350/sodium sulfate/sodium chloride/potassium ascorbate sodium vitamin 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, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP WITHIN THE PAST 120 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,chloride/potassium chloride/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, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP WITHIN THE PAST 120 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 sulfate/potassium chloride/magnesium sulfate</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)
<b>Laxative - Stimulant - Drugs to Prevent Constipation</b>		
SENOKOT KIDS ORAL TABLET,CHEWABLE 8.7 MG ( <i>senna leaf extract</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEKOKOT ORAL TABLET,CHEWABLE 8.7 MG ( <i>senna leaf extract</i> )	Tier 3	
SEKOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG ( <i>senna leaf/herbal complex no.324</i> )	Tier 3	
<b>Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation</b>		
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)
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
<b>Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach</b>		
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
<b>Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG ( <i>octreotide acetate, microspheres</i> )	Tier 3	PA; SP
<b>Genitourinary Therapy - Drugs for the Urinary System</b>		
<b>BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate</b>		
<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
<b>BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate</b>		
ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride/tadalafil</i> )	Tier 3	PA
<b>Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System</b>		
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
<b>G.U. Irrigants - Anti-infective - Drugs for the Urinary System</b>		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
<b>G.U. Irrigants - Drugs for the Urinary System</b>		
<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 acid/gluconolactone/magnesium carbonate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
<b>Interstitial Cystitis Agents - Drugs for the Urinary System</b>		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	Tier 2	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 % ( <i>dimethyl sulfoxide</i> )	Tier 3	
<b>Kidney Stone Agents - Drugs for the Urinary System</b>		
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
<b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder</b>		
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 REL RECON 8 MG/ML ( <i>mirabegron</i> )	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG ( <i>mirabegron</i> )	Tier 1	QL (1 EA per 1 day)
<b>Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Phosphate Binders - Calcium-based - Drugs for the Urinary System</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<b>Phosphate Binders - Drugs for the Urinary System</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Phosphate Binders - Iron-based - Drugs for the Urinary System</b>		
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)
<b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System</b>		
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
<b>Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate</b>		
<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	
<b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>Prostatic Hypertrophy Agent-5α-Phosphodiesterase Type 5 Inhibitor - Drugs for the Prostate</b>		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<b>Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections</b>		
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	Tier 3	
<b>Urinary Acidifier - Phosphates - Drugs for Infections</b>		
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	
<b>Urinary Alkalinizer - Citrates - Drugs for Infections</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Urinary Analgesics - Drugs for Infections</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
<b>Urinary Antibacterial - Methenamine and Salts - Drugs for Infections</b>		
<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	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections</b>		
<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
<b>Urinary Antibacterials Other - Drugs for Infections</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML ( <i>plazomicin sulfate</i> )	Tier 3	
<b>Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections</b>		
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	

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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	
<b>Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections</b>		
<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	
<b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder</b>		
<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
<b>Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder</b>		
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	

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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	
<b>Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder</b>		
<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	
<b>Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gout and Hyperuricemia Therapy - Drugs for Pain and Fever</b>		
<b>Gout Acute Therapy - Antimitotics - Gout Drugs</b>		
<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)
<b>Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs</b>		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
<b>Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs</b>		
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
<b>Hyperuricemia Therapy - Uricosurics - Gout Drugs</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs</b>		
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)
<b>Hematological Agents</b>		
<b>Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy</b>		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT ( <i>adamts13, recombinant-krhn</i> )	Tier 3	PA; SP
<b>Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>daprodustat</i> )	Tier 3	PA
VAFSEO ORAL TABLET 150 MG, 300 MG ( <i>vadadustat</i> )	Tier 3	PA
<b>PNH - Complement Factor B Inhibitors</b>		
FABHALTA ORAL CAPSULE 200 MG ( <i>iptacopan hcl</i> )	Tier 2	PA; SP
<b>PNH - Complement Factor D Inhibitors</b>		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) ( <i>danicopan</i> )	Tier 3	PA; SP
<b>Hematological Agents - Drugs for the Blood</b>		
<b>Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood</b>		
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
<b>Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML ( <i>sutimlimab-jome</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</i> )	Tier 3	PA; SP
FABHALTA ORAL CAPSULE 200 MG ( <i>iptacopan hcl</i> )	Tier 2	PA; SP
PIASKY INJECTION SOLUTION 340 MG/2 ML ( <i>crovalimab-akkz</i> )	Tier 3	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
<b>Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML ( <i>dextrose-water/sodium citrate/citric 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 citrate/citric 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 chlorid/sodium 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticoagulants - Coumarin - Drugs to Prevent Blood Clots</b>		
<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	
<b>Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding</b>		
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
<b>Antiporphyrin Factors - Drugs for the Blood</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG ( <i>hemin</i> )	Tier 3	SP
<b>Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostatinib disodium</i> )	Tier 3	PA; SP
<b>C1 Esterase Inhibitor Agents - Drugs for the Blood</b>		
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
<b>CAD - Complement (C1) Inhibitors - Drugs for the Blood</b>		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML ( <i>sutimlimab-jome</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood</b>		
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
<b>Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
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)
<b>Erythropoietins - Drugs for the Blood</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding</b>		
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
<b>Factor IX Preparations - Drugs to Prevent Bleeding</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT ( <b>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</b> )	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>factor ix (human) recombinant, pegylated</b> )	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT ( <b>factor ix human recombinant</b> )	Tier 3	SP
<b>Factor VII Preparations - Drugs to Prevent Bleeding</b>		
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) ( <b>coagulation factor viia (recombinant)</b> )	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) ( <b>coagulation factor viia recombinant-jncw</b> )	Tier 3	SP
<b>Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT ( <b>antihemophilic factor (fviii) recombinant,full length</b> )	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT ( <b>antihemophilic factor (fviii) recombinant, full length, peg</b> )	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 ( <b>antihemophilic factor viii recomb,single-chn,b-dom truncated</b> )	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 ( <b>antihemophilic factor, human/von willebrand factor,human</b> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTUVIII INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor rfviii fc-vwf-xten,bdd-ehfl</i> )	Tier 2	SP
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 ( <i>antihemophilic factor (fviii) recombinant, fc fusion protein</i> )	Tier 2	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i> )	Tier 2	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT ( <i>antihemophilic factor, human</i> )	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT ( <i>antihemophilic factor, human</i> )	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT ( <i>antihemophilic factor, human</i> )	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT ( <i>antihemophilic factor, human</i> )	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT ( <i>antihemophilic factor, human/von willebrand factor,human</i> )	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i> )	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor, human</i> )	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor (fviii) recombinant,full length</i> )	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor (fviii) recombinant,full length</i> )	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor viii recombinant, b-domain truncated</i> )	Tier 2	SP
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, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT ( <i>antihemophilic factor (factor viii) recomb, b-domain deleted</i> )	Tier 2	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
<b>Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood</b>		
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
<b>Factor X Preparations - Drugs to Prevent Bleeding</b>		
COAGADDEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE ( <i>coagulation factor x</i> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Factor XIII Preparations - Drugs to Prevent Bleeding</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT ( <i>factor xiii</i> )	Tier 3	SP
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT ( <i>factor xiii a-subunit, recombinant</i> )	Tier 3	SP
<b>Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood</b>		
LEUKINE INJECTION RECON SOLN 250 MCG ( <i>sargramostim</i> )	Tier 2	PA; SP
<b>Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG ( <i>luspatercept-aamt</i> )	Tier 3	PA; SP
<b>Hematorheologic Agents - Drugs for the Blood</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE ( <i>von willebrand factor (recombinant)</i> )	Tier 3	SP
<b>Hemostatic Topical Agents - Drugs to Prevent Bleeding</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGIFLO TOPICAL SYRINGE ( <i>gelatin sponge,absorbable</i> )	Tier 3	
SYRINGE AVITENE TOPICAL POWDER ( <i>microfibrillar collagen</i> )	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 ( <i>thrombin(bov)/calcium chlor/cmcl/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 chlor/cmcl-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	
<b>Hemostatic Topical Combinations - Drugs to Prevent Bleeding</b>		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Heparin Flush Formulations - Drugs to Prevent Blood Clots</b>		
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	
<b>Heparins - Drugs to Prevent Blood Clots</b>		
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	

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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	
<b>Human Albumin - Drugs for the Blood</b>		
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	

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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	
<b>Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
<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)
<b>Low Molecular Weight Heparins - Drugs to Prevent Blood Clots</b>		
<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)

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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)
<b>Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood</b>		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML ( <i>crizanlizumab-tmca</i> )	Tier 3	PA; SP
<b>Plasma Expanders - Drugs for the Blood</b>		
<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	
<b>Plasma Fractions - Drugs for the Blood</b>		
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	

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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	
<b>Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood</b>		
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	
<b>Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood</b>		
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	
<b>Platelet Aggregation Inhibitor Combinations - Drugs for the Blood</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood</b>		
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
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood</b>		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	

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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)
<b>Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<b>Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood</b>		
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	Tier 3	QL (1 EA per 1 day)
<b>PNH - Complement (C3) Inhibitors - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</i> )	Tier 3	PA; SP
<b>PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood</b>		
PIASKY INJECTION SOLUTION 340 MG/2 ML ( <i>crovalimab-akkz</i> )	Tier 3	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
<b>Protein C Preparations - Drugs for the Blood</b>		
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
<b>Pyruvate Kinase (PK) Activators - Drugs for the Blood</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sickle Cell Anemia Agents, Others - Drugs for the Blood</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM ( <i>glutamine</i> )	Tier 3	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 1	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)
<b>Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood</b>		
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
<b>Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots</b>		
<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 PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA
<b>Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Thrombolytic - Nucleotide Type - Drugs for the Blood</b>		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML ( <i>defibrotide sodium</i> )	Tier 3	
<b>Thrombolytic - Tissue Plasminogen Activators - Drugs for the Blood</b>		
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	
<b>Thrombopoietin Receptor Agonists - Drugs for the Blood</b>		
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
<b>Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood</b>		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG ( <i>luspatercept-aamt</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatobiliary System Treatment Agents</b>		
<b>Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG ( <i>resmetirom</i> )	Tier 3	PA; SP
<b>Peroxisome Proliferator-Activated Receptor (PPAR) Agonist</b>		
IQIRVO ORAL TABLET 80 MG ( <i>elafibranor</i> )	Tier 3	PA; SP
<b>Hepatobiliary System Treatment Agents - Drugs for the Liver</b>		
<b>AHP Agents - ALAS1 Degradation, small interfering RNA (siRNA) based - Drugs for the Liver</b>		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML ( <i>givosiran sodium</i> )	Tier 3	PA; SP
<b>Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver</b>		
OALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	Tier 2	PA; SP
<b>Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver</b>		
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 19 MG/ML, 9.5 MG/ML ( <i>maralixibat chloride</i> )	Tier 3	PA; SP
<b>Immunosuppressive Agents - Drugs for Organ Transplants</b>		
<b>Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants</b>		
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	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUS 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	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<i>tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye</b>		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML ( <i>inebilizumab-cdon</i> )	Tier 3	PA; SP
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants</b>		
<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	
<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
<b>Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants</b>		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	Tier 3	PA; SP
<b>Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG ( <i>basiliximab</i> )	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunosuppressive - Purine Analogs - Drugs for Organ Transplants</b>		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	
<b>Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants</b>		
NULOJIX INTRAVENOUS RECON SOLN 250 MG ( <i>belatacept</i> )	Tier 2	SP
<b>Locomotor System</b>		
<b>ALS Agents - Antisense Oligonucleotide (ASO)</b>		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) ( <i>tofersen</i> )	Tier 3	PA; SP
<b>Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML ( <i>givinostat hydrochloride</i> )	Tier 3	PA; SP
<b>Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )	Tier 3	PA; SP
<b>Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	Tier 3	PA; SP
<b>Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<b>Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles</b>		
<i>edaravone intravenous solution 30 mg/100 ml</i>	Tier 1	PA; SP
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 1	PA; SP
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
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles</b>		
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
<b>Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles</b>		
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
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>Antimyasthenic Agents Other - Drugs for Nerves and Muscles</b>		
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
<b>Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles</b>		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML ( <i>casimersen</i> )	Tier 3	PA; SP
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML ( <i>etepirsen</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
<b>Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG ( <i>collagenase clostridium histolyticum</i> )	Tier 3	SP
<b>Neuromuscular Blocker - Depolarizing Agents - Drugs for Nerves and Muscles</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml</i>	Tier 1	
<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	
<b>Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles</b>		
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
DYSPORE 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
<b>Neuromuscular Blocker - Nondepolarizing Agents - Drugs for Nerves and Muscles</b>		
<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	
<b>Selective Relaxant Binding Agent - Modified gamma-cyclodextrin - Drugs for Nerves and Muscles</b>		
BRIDION INTRAVENOUS SOLUTION 100 MG/ML ( <i>sugammadex sodium</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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)
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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	

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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)
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<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	
<b>Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles</b>		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML ( <i>nusinersen sodium</i> /pf)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML ( <i>risdiplam</i> )	Tier 3	PA; SP
<b>Medical Supplies and Durable Medical Equipment (DME)</b>		
<b>Medical Supplies and DME - Epidural Administration Sets</b>		
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
<b>Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment</b>		
<b>Medical Supplies and DME - Blood Administration Sets - Medical Supplies and Durable Medical Equipment</b>		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET ( <i>blood administration set</i> )	Tier 3	
<b>Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment</b>		
COAGUCHEK XS ( <i>prothrombin timelinr test meter</i> )	Tier 3	
<b>Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment</b>		
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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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)

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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 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)

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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)

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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; ST: Requires prior prescription 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 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; ST: Requires prior prescription 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 PRECISION NEO 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Medical Supplies and DME - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies and Durable Medical Equipment</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Medical Supplies and DME - Blood Pressure Device Combinations - Medical Supplies and Durable Medical Equipment</b>		
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
<b>Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical cap</i> )	\$0	CT; EHB
<b>Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment</b>		
CONCEPTION KIT ( <i>conception assistance supplies combination no.1</i> )	Tier 3	
<b>Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<b>Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment</b>		
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 gll/dental swab comb no.1</i> )	Tier 3	
<b>Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
<b>Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment</b>		
PCCA ACCUPEN-15 DEVICE ( <i>topical cream metered-dose device</i> )	Tier 3	
<b>Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment</b>		
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	
<b>Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment</b>		
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment</b>		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " ( <i>gauze bandage</i> )	Tier 3	
<b>Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment</b>		
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " ( <i>bismuth tribromophenatelpetrolatum,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>silverlcalcium alginate</i> )	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " ( <i>bismuth tribromophenatelpetrolatum,white</i> )	Tier 3	
<b>Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment</b>		
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

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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
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LIBRE 3 SENSOR PLUS 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIUM BLOOD GLUCOSE MONITOR ( <i>blood-glucose meter</i> )	Tier 3	DD
PREMIUM V10 ( <i>blood-glucose meter</i> )	Tier 3	DD
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 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

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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

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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

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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

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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
<b>Medical Supplies and DME - Imaging Supplies - Medical Supplies and Durable Medical Equipment</b>		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL ( <i>ultrasound coupling medium</i> )	Tier 3	
<b>Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment</b>		
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	
<b>Medical Supplies and DME - Infant Diapers - Medical Supplies and Durable Medical Equipment</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GIRLS TRAINING PANTS 4T-5T ( <i>diaper/brief, infant-toddler, disposable</i> )	Tier 3	
<b>Medical Supplies and DME - Insulin Needles- Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment</b>		
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

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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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 0.3 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin 0.5 ml (half unit mark)</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.3 ml</i></b> )	Tier 3	DD
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD

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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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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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

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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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.3 ml</i></b> )	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin disposable</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD

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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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN ( <b><i>insulin admin. supplies</i></b> )	Tier 3	DD
OMNIPOD DASH PDM KIT (GEN 4) ( <b><i>insulin pump controller</i></b> )	Tier 2	DD; QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML ( <b><i>insulin pump syringe, 1.8 ml</i></b> )	Tier 3	DD
PARADIGM RESERVOIR 3 ML ( <b><i>insulin pump syringe, 3 ml</i></b> )	Tier 3	DD
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16" ( <b><i>pen needle, diabetic</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" ( <b><i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i></b> )	Tier 3	DD
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" ( <b><i>insulin syringe-needle,safety,disposal unit,0.5 ml</i></b> )	Tier 3	DD

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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" ( <b><i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i></b> )	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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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" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	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" ( <b><i>syringe with needle,insulin 0.5 ml (half unit mark)</i></b> )	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	Tier 3	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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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" ( <b><i>syringe with needle,insulin disposable,0.3 ml/empty containr</i></b> )	Tier 3	DD
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" ( <b><i>syringe with needle, insulin,1 ml and sharps container</i></b> )	Tier 3	DD
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" ( <b><i>syringe-needle,insulin,0.5 ml/container,empty</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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 ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	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" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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 ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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

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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
<b>Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment</b>		
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 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
KIMONO THIN LUBRICATED 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

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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
<b>Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment</b>		
RAPPORT VACUUM THERAPY KIT ( <i>vacuum erection device system</i> )	Tier 3	
<b>Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment</b>		
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

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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	

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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	
<b>Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment</b>		
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	

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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	
<b>Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment</b>		
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	

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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	
<b>Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment</b>		
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	
<b>Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment</b>		
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 MECHANICAL VENT SPACER ( <i>inhaler, assist devices</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT LG MSK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI SPACER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMONEB LT COMP-NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
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	

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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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 COMPRESSR-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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMO-AIDE COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOS AEROSOL DELIVERY SYSTEM DEVICE ( <i>nebulizer and compressor</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	
WILLIS THE WHALE COMPRESSR NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
<b>Medical Supplies and DME - Scar Treatments - Medical Supplies and Durable Medical Equipment</b>		
SILINOIN TOPICAL SHEET 5 CM X 14 CM ( <i>silicone adhesive</i> )	Tier 3	
<b>Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment</b>		
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR ( <i>pen injector device (for follitropin beta)</i> )	Tier 3	SP
INSUFLOIN 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment</b>		
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 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment</b>		
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
<b>Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment</b>		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE <i>(middle ear inflation device)</i>	Tier 3	
<b>Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment</b>		
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 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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
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
<b>Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment</b>		
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
<b>Tissue Bulking Implants - Ureteral - Medical Supplies and Durable Medical Equipment</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supply, FDB Superset</b>		
<b>Medical Supply, FDB Superset</b>		
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE ( <b><i>mucus clearing device</i></b> )	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROCHAMBER MINI SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROCHAMBER MV SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER ( <b><i>inhaler,assist device with large mask</i></b> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER ( <b><i>inhaler,assist device with medium mask</i></b> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER ( <b><i>inhaler,assist device with small mask</i></b> )	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER ( <b><i>inhaler,assist device with large mask</i></b> )	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER ( <b><i>inhaler,assist device with medium mask</i></b> )	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER ( <b><i>inhaler,assist device with small mask</i></b> )	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
AEROECLIPSE II NEBULIZER ( <b><i>nebulizer</i></b> )	Tier 3	
AEROECLIPSE XL NEBULIZER ( <b><i>nebulizer</i></b> )	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT ( <b><i>peak flow meter/inhaler, assist devices</i></b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOSOFT 90 INFUSION SET ( <i>infusion set for insulin pump</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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM ( <b><i>blade lancet, safety</i></b> )	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE ( <b><i>lancets</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 0.3 ml</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" ( <b><i>intravenous catheter kit</i></b> )	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
BD VERITOR AT-HOME COVID19 TST KIT ( <b><i>covid-19 antigen immunoassay test</i></b> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIGFOOT UNITY KIT ( <b><i>flash glucose sensor/blood glucose test strips/pen needles</i></b> )	Tier 3	DD
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE ( <b><i>data transfer pen cap for insulin lispro, reusable,bluetooth</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	Tier 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE ( <b><i>inhaler, assist devices, accessories</i></b> )	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE ( <b><i>inhaler, assist devices, accessories</i></b> )	Tier 3	
COMFORTSEAL SMALL MASK DEVICE ( <b><i>inhaler, assist devices, accessories</i></b> )	Tier 3	
COMPACT SPACE CHAMBER SPACER ( <b><i>inhaler, assist devices</i></b> )	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER ( <b><i>inhaler,assist device with large mask</i></b> )	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER ( <b><i>inhaler,assist device with medium mask</i></b> )	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER ( <b><i>inhaler,assist device with small mask</i></b> )	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE ( <b><i>nebulizer and compressor</i></b> )	Tier 3	
CONCEPTION KIT ( <b><i>conception assistance supplies combination no.1</i></b> )	Tier 3	
CONTOUR METER ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
CONTOUR METER KIT ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 tribromophenat/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 biguanide/gauze bandage</i> )	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET ( <i>polyhexamethylene biguanide/gauze bandage</i> )	Tier 3	
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 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	
DEVILBISS TRAVELER COMPRESSOR DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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
DROPLET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" ( <b>syringe with needle, insulin, safety, 1 ml</b> )	Tier 3	DD
DUREX AIR CONDOM DEVICE ( <b>condoms, latex, lubricated</b> )	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL ( <b>condoms, non-latex, lubricated</b> )	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE ( <b>condoms, latex, lubricated</b> )	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE ( <b>condoms, latex, lubricated</b> )	\$0	CT; EHB
EAR POPPER INFLATION DEVICE NASAL DEVICE ( <b>middle ear inflation device</b> )	Tier 3	
EASIVENT HOLDING CHAMBER SPACER ( <b>inhaler, assist devices</b> )	Tier 3	
EASIVENT MASK LARGE DEVICE ( <b>inhaler, assist devices, accessories</b> )	Tier 3	
EASIVENT MASK MEDIUM DEVICE ( <b>inhaler, assist devices, accessories</b> )	Tier 3	
EASIVENT MASK SMALL DEVICE ( <b>inhaler, assist devices, accessories</b> )	Tier 3	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" ( <b>syringe with needle, insulin, 0.3 ml</b> )	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" ( <b>syringe with needle, insulin, 0.5 ml</b> )	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" ( <b>syringe with needle, disposable, insulin 1 ml</b> )	Tier 3	DD
EASY COMFORT LANCETS 30 GAUGE ( <b>lancets</b> )	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <b>syringe with needle, insulin, 0.3 ml</b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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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 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML ( <b><i>syringe without needle,insulin disposable, 1 ml</i></b> )	Tier 3	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE ( <b><i>lancets</i></b> )	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" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
EASY TOUCH TEST STRIP STRIP ( <b><i>blood sugar diagnostic</i></b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b><i>lancets</i></b> )	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML ( <b><i>syringe without needle,insulin disposable, 1 ml</i></b> )	Tier 3	DD
EASY TRAK BLOOD GLUCOSE METER ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
EASY TRAK GLUCOSE TEST STRIP ( <b><i>blood sugar diagnostic</i></b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EBASE CONTROLLER DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
ECOVUE HV ULTRASOUND GEL TOPICAL GEL ( <i>ultrasound coupling medium</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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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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 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LIBRE 3 SENSOR PLUS 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE 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)
FREESTYLE PRECISION NEO METER ( <i>blood-glucose meter</i> )	Tier 1	DD
FREESTYLE PRECISION NEO 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)
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; ST: Requires prior prescription 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 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
HOME NEBULIZER PLUS SIDESTREAM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSUFLOXON 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
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" ( <i>polyhexamethylene biguanide/foam bandage</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 biguanide/gauze bandage</i> )	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" ( <i>polyhexamethylene biguanide/gauze bandage</i> )	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO TEXTURED CONDOMS DEVICE ( <i>condoms, latex, lubricated</i> )	\$0	CT; EHB
KIMONO THIN LUBRICATED 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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 1 ml</i></b> )	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.3 ml</i></b> )	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle, insulin, safety, 0.5 ml</i></b> )	Tier 3	DD
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" ( <b><i>catheter</i></b> )	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " ( <b><i>alginate dressing/carboxymethylcellulose</i></b> )	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE ( <b><i>nebulizer</i></b> )	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING ( <b><i>nebulizer</i></b> )	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " ( <b><i>honey/hydrocolloid dressing</i></b> )	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE ( <b><i>lancets</i></b> )	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM ( <b><i>blade lancet, safety</i></b> )	Tier 2	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET ( <b><i>infusion set for insulin pump</i></b> )	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET ( <b><i>infusion set for insulin pump</i></b> )	Tier 3	DD

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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)
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin disposable</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY ( <b><i>intravenous equipment</i></b> )	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
MONOLET LANCETS 21 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
MYGLUCOHEALTH KIT ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
MYGLUCOHEALTH LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
MYGLUCOHEALTH STRIP ( <b><i>blood sugar diagnostic</i></b> )	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
<b><i>nebulizer and compressor device</i></b>	Tier 3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM ( <b><i>sub-q administration set, bifurcated</i></b> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM ( <b>sub-q administration set, quad-furcated</b> )	Tier 3	SP
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM ( <b>sub-q administration set, trifurcated</b> )	Tier 3	SP
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM ( <b>subcutaneous administration set</b> )	Tier 3	SP
NEUTEK 2TEK TEST STRIPS STRIP ( <b>blood sugar diagnostic</b> )	Tier 3	DD; ST: Requires prior prescription 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 " ( <b>intravenous catheter</b> )	Tier 3	
NIGHTTIME UNDERPANTS L-XL ( <b>diaper,brief,youth,disposable</b> )	Tier 3	
NOSE CLIP ( <b>nebulizer accessories</b> )	Tier 3	
NOVA MAX GLUCOSE TEST STRIP ( <b>blood sugar diagnostic</b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b>blood ketone and glucose monitor</b> )	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER KIT ( <b>blood ketone and glucose monitor</b> )	Tier 3	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE ( <b>lancets</b> )	Tier 2	DD
NOVA SUREFLEX LANCETS ( <b>lancets</b> )	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN ( <b>insulin admin. supplies</b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PORTABLE NEBULIZER SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PRECISION ( <i>blood-glucose meter</i> )	Tier 1	DD
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; ST: Requires prior prescription 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 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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.5 ml</i> )	Tier 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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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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)
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RECONSTITUTE KIT ( <i>medical supply, miscellaneous</i> )	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT ( <i>blood-glucose meter</i> )	Tier 3	DD
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 GM550 SYSTEM KIT ( <i>blood-glucose meter</i> )	Tier 3	DD
RIGHTEST GM700SB GLUCOSE METER ( <i>blood-glucose meter</i> )	Tier 3	DD

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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 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)
RITFLO AEROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" ( <b>syringe with needle,insulin,0.5 ml</b> )	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 ( <b>syringe with needle,disposable,insulin 1 ml</b> )	Tier 3	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE ( <b>lancets</b> )	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" ( <b>syringe with needle,insulin,0.3 ml</b> )	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" ( <b>syringe with needle,insulin,0.5 ml</b> )	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 ( <b>syringe with needle,disposable,insulin 1 ml</b> )	Tier 3	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE ( <b>lancets</b> )	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE ( <b>lancets</b> )	Tier 2	DD
SURE-TEST EASYPLUS MINI METER ( <b>blood-glucose meter</b> )	Tier 3	DD
SURE-TEST EASYPLUS MINI STRIP ( <b>blood sugar diagnostic</b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b>lancets</b> )	Tier 2	DD
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT ( <b>ocular implant with insertion tool for ranibizumab</b> )	Tier 3	SP
T.E.D. ANTI-EMBOLISM STOCKING ( <b>compression stocking, knee high, regular length, small</b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
THRESHOLD IMT TRAINER DEVICE ( <b><i>spirometers and accessories</i></b> )	Tier 3	
THRESHOLD PEP DEVICE DEVICE ( <b><i>spirometers and accessories</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
TOUCH-TROL 10 FR ( <b><i>catheter</i></b> )	Tier 3	
TRANSFER SET ( <b><i>transfer sets</i></b> )	Tier 3	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
TRUE COMFORT LANCET 30 GAUGE ( <b><i>lancets</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
TRUE COVER CONDOM DEVICE ( <b><i>condoms, latex, lubricated</i></b> )	\$0	CT; EHB
TRUE METRIX AIR GLUCOSE METER ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
TRUE METRIX AIR GLUCOSE METER KIT ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
TRUE METRIX GLUCOSE METER ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
TRUE METRIX GLUCOSE TEST STRIP STRIP ( <b><i>blood sugar diagnostic</i></b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b><i>blood-glucose meter</i></b> )	Tier 3	DD
TRUE METRIX PRO TEST STRIP STRIP ( <b><i>blood sugar diagnostic</i></b> )	Tier 3	DD; ST: Requires prior prescription 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 ( <b><i>blood-glucose meter</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE ( <b>condoms, latex, non-lubricated</b> )	\$0	CT; EHB
TRUZONE PEAK FLOW METER DEVICE ( <b>peak flow meter</b> )	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE ( <b>lancets</b> )	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" ( <b>syringe with needle,insulin,0.3 ml</b> )	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" ( <b>syringe with needle,disposable,insulin 1 ml</b> )	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" ( <b>syringe with needle,insulin,0.5 ml</b> )	Tier 3	DD
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" ( <b>syringe with needle,insulin 0.3 ml (half unit mark)</b> )	Tier 3	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" ( <b>syringe with needle,insulin,0.3 ml</b> )	Tier 3	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" ( <b>syringe with needle,insulin,0.5 ml</b> )	Tier 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 ( <b>syringe with needle,disposable,insulin 1 ml</b> )	Tier 3	DD
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" ( <b>syringe with needle,insulin disposable,0.3 ml/empty containr</b> )	Tier 3	DD
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" ( <b>syringe with needle, insulin,1 ml and sharps container</b> )	Tier 3	DD
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" ( <b>syringe-needle,insulin,0.5 ml/container,empty</b> )	Tier 3	DD
ULTILET BASIC LANCETS 30 GAUGE ( <b>lancets</b> )	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE ( <b>lancets</b> )	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" ( <b>syringe with needle,insulin,0.3 ml</b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTIMA MONITOR ( <b><i>blood-glucose meter</i></b> )	Tier 1	DD
ULTIMA TEST STRIPS STRIP ( <b><i>blood sugar diagnostic</i></b> )	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" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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 ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTRA FINE LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	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" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	Tier 3	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
ULTRA THIN II LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTRA TLC LANCETS ( <b><i>lancets</i></b> )	Tier 1	DD
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	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 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTRA-CARE LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE ( <b><i>lancets</i></b> )	Tier 2	DD
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	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" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	Tier 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Metabolic Disease Enzyme Replacement Agents</b>		
<b>Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis</b>		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG ( <i>velmanase alfa-tycv</i> )	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease</b>		
<b>Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease</b>		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG ( <i>olipudase alfa-rpcp</i> )	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease</b>		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML ( <i>pegunigalsidase alfa-iwxj</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG ( <i>agalsidase beta</i> )	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML ( <i>sebelipase alfa</i> )	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG ( <i>fosdenopterin hydrobromide</i> )	Tier 3	PA; SP
<b>Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease</b>		
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
<b>Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease</b>		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) ( <i>elapegedemase-lvlr</i> )	Tier 3	PA; SP
<b>Metabolic Modifiers</b>		
<b>Metabolic Modifier - Pompe Disease - GCS inhibitor</b>		
OPFOLDA ORAL CAPSULE 65 MG ( <i>miglustat</i> )	Tier 3	PA; SP
<b>Metabolic Modifiers - Drugs that Alter Metabolism</b>		
<b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism</b>		
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	
<b>Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism</b>		
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
<b>Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM ( <i>uridine triacetate</i> )	Tier 2	PA; SP
<b>Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism</b>		
<i>betaine oral powder 1 gram/scoop</i>	Tier 1	PA; SP
<b>Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism</b>		
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
<b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism</b>		
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	
<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
<b>Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism</b>		
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
<b>Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism</b>		
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	Tier 3	PA; SP
<b>Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism</b>		
<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
<b>Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism</b>		
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
<b>Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism</b>		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	Tier 3	PA; SP
<b>Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat</b>		
<b>Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<b>Dental Product - Local Anesthetics - Drugs for the Mouth and Throat</b>		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:100,000 ( <i>articaine hcl/epinephrine bitartrate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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/ML (3 %))	Tier 1	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000 ( <i>articaine hcllepinephrine bitartrate</i> )	Tier 3	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000 ( <i>articaine hcllepinephrine bitartrate</i> )	Tier 3	SP
<i>bupivacaine hcllepinephrine bitartrate</i> (Vivacaine Injection Cartridge 0.5 %-1:200,000)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl/epinephrine bitartrate</i> (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
<b>Mouth and Throat - Antifungals - Drugs for the Mouth and Throat</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<b>Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % ( <i>sulfuric acid/sulfonated phenol</i> )	Tier 3	
<b>Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<b>Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat</b>		
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	
<b>Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat</b>		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
<b>Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat</b>		
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/lmann ps</i> )	Tier 3	
<b>Mouth and Throat - Protectants - Drugs for the Mouth and Throat</b>		
GELX MUCOUS MEMBRANE GEL ( <i>povidone/taurine/zinc gluconate/peg-40 castor oil</i> )	Tier 3	
<b>Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat</b>		
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	
<b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat</b>		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<b>Multiple Sclerosis Agents - Drugs for the Nervous System</b>		
<b>Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML ( <i>natalizumab</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis</b>		
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
<b>Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis</b>		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML ( <i>alemtuzumab</i> )	Tier 3	PA; SP
<b>Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis</b>		
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis</b>		
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
<b>Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA; SP
<b>Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA; SP
<b>Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis</b>		
<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
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
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Antiparasitics</b>		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % ( <i>lotilaner</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Complement Inhibitors</b>		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML ( <i>avacincaptad pegol sodium</i> )	Tier 3	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML ( <i>pegcetacoplan</i> )	Tier 3	PA; SP
<b>Ophthalmic Agents - Drugs for the Eye</b>		
<b>Artificial Tears and Lubricant Single Agents - Drugs for the Eye</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % ( <i>chondroitin sulfate a sodium</i> )	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG ( <i>hydroxypropyl cellulose</i> )	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % ( <i>perfluorohexyloctane</i> )	Tier 3	PA
<b>Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer</b>		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML ( <i>faricimab-svoa</i> )	Tier 3	PA; SP
<b>Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % ( <i>echothiophate iodide</i> )	Tier 3	
<b>Miotics - Direct Acting - Drugs for Glaucoma</b>		
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	
<b>Mydriatic and Cycloplegic Combinations - Drugs for the Eye</b>		
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>cyclopen-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % ( <i>phenylephrine hclltropicamide</i> )	Tier 3	
<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	
<b>Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye</b>		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % ( <i>oxymetazoline hcllpf</i> )	Tier 3	PA
<b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<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	
<b>Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye</b>		
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	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % ( <i>riboflavin 5-phosphate sodium (b2)</i> )	Tier 3	SP
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % ( <i>riboflavin 5-phosphate sodium in 20 % dextran</i> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Agents for Presbyopia - Drugs for the Eye</b>		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % ( <i>pilocarpine hcl</i> )	Tier 3	PA
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>		
<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 sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % ( <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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % ( <i>tobramycin/loteprednol etabonate</i> )	Tier 3	
<b>Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
<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	
<b>Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories</b>		
<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	
<b>Ophthalmic - Anticholinergics - Drugs for the Eye</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % ( <i>homatropine hbr</i> )	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
<b>Ophthalmic - Antifibrotic Agents - Drugs for the Eye</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Antihistamines - Drugs for Itchy Eye</b>		
<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)
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
<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>dexamethasone/pf</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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories</b>		
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)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % ( <i>cyclosporinelchondroitin sulfate a sodium</i> )	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % ( <i>cyclosporine</i> )	Tier 2	QL (5.5 ML per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % ( <i>cyclosporine</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % ( <i>cyclosporine</i> )	Tier 3	PA
<b>Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories</b>		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % ( <i>lifitegrast</i> )	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % ( <i>ketorolac tromethamine</i> /pf)	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)
<b>Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma</b>		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
<b>Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<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	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma</b>		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<b>Ophthalmic - Cystine Depleting Agents - Drugs for the Eye</b>		
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
<b>Ophthalmic - Decongestants - Drugs for Itchy Eye</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
<b>Ophthalmic - Diagnostic Agents - Drugs for the Eye</b>		
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	
<b>Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<b>Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % ( <i>cenegermin-bkbj</i> )	Tier 3	PA; SP
<b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<b>Ophthalmic - Irrigation Solutions - Drugs for the Eye</b>		
<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	
<b>Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye</b>		
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	
<b>Ophthalmic - Local Anesthetic Esters - Drugs for the Eye</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % ( <i>lidocaine hcl/pf</i> )	Tier 3	
<b>Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye</b>		
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
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
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
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML ( <i>pegcetacoplan/pf</i> )	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye</b>		
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>loodoxamide 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)
<b>Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
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	
<b>Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG ( <i>verteporfin</i> )	Tier 3	SP
<b>Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Surgical Aids Other - Drugs for the Eye</b>		
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	
<b>Ophthalmic - Viscoelastic Agents - Drugs for the Eye</b>		
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	
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) ( <i>chondroitin sulfate a sodium/hyaluronate sodium</i> )	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) ( <i>hyaluronate sodium</i> )	Tier 3	
VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML) ( <i>chondroitin sulfate a sodium/hyaluronate sodium</i> )	Tier 3	
<b>Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories</b>		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin/polymyxin b</i> (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
<b>Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories</b>		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>tobramycin</i> )	Tier 2	
<b>Ophthalmic Antibiotic - Cephalosporins - Anti-Infective/Anti-Inflammatories</b>		
<i>cefuroxime (pf) in 0.9% nacl intraocular syringe 4 mg/0.4 ml</i>	Tier 1	
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories</b>		
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 (pf)-bss intracameral syringe 400 mcg/0.4 ml, 600 mcg/0.4 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	
<b>Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories</b>		
AZASITE OPHTHALMIC (EYE) DROPS 1 % ( <i>azithromycin</i> )	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<b>Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<b>Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	
<b>Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % ( <i>povidone-iodine</i> )	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
<b>Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories</b>		
<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
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma</b>		
<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	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma</b>		
<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
IDOSE TR INTRACAMERAL IMPLANT 75 MCG ( <i>travoprost</i> )	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye</b>		
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</i> needle, initial fill, filter)	Tier 3	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML ( <i>ranibizumab</i> )	Tier 3	PA; SP
<b>Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye</b>		
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
<b>Organ Preservation Solutions</b>		
<b>Microplegic Solutions</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Organ Preservation Solutions - Drugs for the Heart</b>		
<b>Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart</b>		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L ( <i>cardioplegic and organ preservation solution no.1</i> )	Tier 3	
<b>Cardioplegic Solutions - Drugs for the Heart</b>		
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	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) ( <i>cardioplegic solution no.30 (induction 4:1)</i> )	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 60 MEQ/830 ML (POTASSIUM) ( <i>cardioplegic solution no.34 (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Otic (Ear) - Drugs for the Ear</b>		
<b>Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>		
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 sulficolistin 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	
<b>Otic (Ear) - Anti-infectives other - Antibiotics</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<b>Otic (Ear) - Fluoroquinolones - Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Otic (Ear) - Pinna Combinations - Antibiotics</b>		
CORTANE-B TOPICAL LOTION 1-1-0.1 % ( <i>hydrocortisone/pramoxine hcl/chloroxylonol</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Renal Replacement Therapy - Drugs for the Kidneys</b>		
<b>Hemodialysis and Hemofiltrate Solutions - Drugs for the Kidneys</b>		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Peritoneal Dialysis Solutions - Drugs for the Kidneys</b>		
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	

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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	
<b>Respiratory Therapy Agents</b>		
<b>Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML ( <i>ensifentrine</i> )	Tier 3	PA
<b>Respiratory Therapy Agents - Drugs for the Lungs</b>		
<b>1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG ( <i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i> )	Tier 1	
<b>2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
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)
<b>Antihistamine - 1st Generation - Alkylamines - Drugs for Allergies</b>		
<i>brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml</i>	Tier 1	
<b>Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<b>Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies</b>		
<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	
<b>Antihistamine - 1st Generation - Piperidines - Drugs for Allergies</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<b>Antihistamines - 1st Generation - Drugs for Allergies</b>		
<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 suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyproheptadine oral tablet 4 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 oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<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	
<b>Antihistamines - 2nd Generation - Drugs for Allergies</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>cetirizine hcl</i> )	Tier 3	
<b>Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies</b>		
<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	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>cetirizine hcl</i> )	Tier 3	
<b>Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies</b>		
<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)
<b>Antitussives - Non-Opioid - Drugs for Allergies</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<b>Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML ( <i>omalizumab</i> )	Tier 2	PA; SP
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD</b>		
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)
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)
<b><i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i></b>	Tier 1	QL (120 ML per 30 days)
<b><i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i></b>	Tier 1	QL (60 ML per 30 days)
<b><i>fluticasone propionate inhalation blister with device 100 mcglactuation, 50 mcglactuation</i></b>	Tier 1	QL (60 EA per 30 days)
<b><i>fluticasone propionate inhalation blister with device 250 mcglactuation</i></b>	Tier 1	QL (120 EA per 30 days)
<b><i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i></b>	Tier 1	QL (12 GM per 30 days)
<b><i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i></b>	Tier 1	QL (24 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION ( <i>budesonide</i> )	Tier 3	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
QVAR REDHALER 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)
<b>Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD</b>		
<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	
<b>Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD</b>		
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
<b>Asthma Therapy - Xanthines - Drugs for Asthma/COPD</b>		
<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	
<b>Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD</b>		
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)
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>revfenacin</i> )	Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD</b>		
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	
<b>Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION ( <i>olodaterol hcl</i> )	Tier 2	QL (4 GM per 30 days)
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD</b>		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	Tier 2	QL (60 EA per 30 days)
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
<b>Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<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	
<b>Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD</b>		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>acclidinium 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)
<b>Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD</b>		
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> (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION ( <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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 mcg/lactuation, 232-14 mcg/lactuation, 55-14 mcg/lactuation</i>	Tier 3	ST: Requires prior prescription for Advair HFA or Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<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)
<b>Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION ( <i>budesonidelglycopyrrolate/formoterol 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 trifenate</i> )	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG ( <i>fluticasone furoatelumeclidinium bromidelvilanterol trifenate</i> )	Tier 2	QL (2 EA per 1 day)
<b>Corticosteroid Implant for Maintaining Sinus Patency - Drugs for the Nose</b>		
SINUVA SINUS IMPLANT 1,350 MCG ( <i>mometasone furoate</i> )	Tier 3	PA
<b>Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis</b>		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<b>Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML ( <i>aztreonam lysine</i> )	Tier 2	PA; SP
<b>Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis</b>		
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)
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis</b>		
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
<b>Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis</b>		
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>elexacaftor/tezacaftor/livacaftor</i> )	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) ( <i>elexacaftor/tezacaftor/livacaftor</i> )	Tier 2	PA; SP
<b>Elastase Inhibitors - Drugs for Asthma/COPD</b>		
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
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG ( <i>alpha-1-proteinase inhibitor</i> )	Tier 3	SP
<b>Lung Surfactants - Drugs for the Lungs</b>		
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	
<b>Mucolytics - Drugs for the Lungs</b>		
<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
<b>Nasal Anesthetics - Allergy</b>		
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % ( <i>cocaine hcl</i> )	Tier 1	
<b>Nasal Anticholinergics - Allergy</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy</b>		
<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)
<b>Nasal Antihistamines - Allergy</b>		
<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)
<b>Nasal Corticosteroids - Allergy</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG ( <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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>Nasal Post-Surgical Agents - Drugs for the Nose</b>		
SINUVA SINUS IMPLANT 1,350 MCG ( <i>mometasone furoate</i> )	Tier 3	PA
<b>Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY ( <i>varenicline tartrate</i> )	Tier 3	PA
<b>Nasal Sympathomimetic Decongestants (Intranasal) - Allergy</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	
<b>Nasal Wash Combinations - Allergy</b>		
ALKALOL NASAL WASH NASAL SOLUTION ( <i>menthol/eucallthymol/camphor/benz/sod chloridelpot chlorate</i> )	Tier 3	
<b>Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<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	
<b>Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold</b>		
<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)
<b>Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (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 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Pleural Sclerosing Agents - Drugs for the Lungs</b>		
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	
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs</b>		
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	Tier 2	PA; SP
<b>Vaginal Products - Drugs for Women</b>		
<b>Vaginal Antibacterial - Lincosamides - Drugs for Infections</b>		
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
<b>Vaginal Antifungal - Imidazoles - Drugs for Infections</b>		
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate</i> )	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG ( <i>miconazole nitrate</i> )	Tier 1	
<b>Vaginal Antifungal - Triazoles - Drugs for Infections</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections</b>		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) ( <i>metronidazole</i> )	Tier 3	
<b>Vaginal Antiseptic Mixtures - Drugs for Infections</b>		
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	
<b>Vaginal Estrogens - Drugs for Women</b>		
<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)
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> (YuvaFem Vaginal Tablet 10 Mcg)	Tier 1	
<b>Vaginal Lubricants and Moisturizers - Drugs for Women</b>		
REPLENS EXTERNAL COMFORT VAGINAL GEL ( <i>glycerin/mineral oil/polycarbophil</i> )	Tier 3	
<b>Vaginal Products Miscellaneous - Drugs for Women</b>		
<i>boric acid vaginal suppository 600 mg</i>	Tier 3	
<b>Vaginal Progestins - Drugs for Women</b>		
CRINONE VAGINAL GEL 4 % ( <i>progesterone, micronized</i> )	Tier 3	

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