



2020 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THE FOLLOWING PLAN:

\$0 Cost Share All/AN HMO
Active Choice PPO Silver
Amber 50 HMO Silver
Bronze 60 HDHP HMO
Bronze 60 HMO
Gold 80 HMO
Jade 15 HMO

Minimum Coverage HMO
Opal 25 Gold HMO
Opal 50 Silver HMO
Platinum 90 HMO
Ruby 10 Platinum HMO
Ruby 20 Platinum HMO
Ruby 40 Platinum HMO

Silver 70 HMO
Silver 70 OFF Exchange HMO
Silver 73 HMO
Silver 87 HMO
Silver 94 HMO

This formulary was last updated on 08/01/2020. This formulary is subject to change and all previous versions of the formulary no longer apply. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.cchphealthplan.com/family-member



Plan Year 2020

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FOLLOWING PLAN:

\$0 Cost Share AI/AN HMO	Minimum Coverage HMO	Silver 70 HMO
Active Choice PPO Silver	Opal 25 Gold HMO	Silver 70 OFF Exchange HMO
Amber 50 HMO Silver	Opal 50 Silver HMO	Silver 73 HMO
Bronze 60 HDHP HMO	Platinum 90 HMO	Silver 87 HMO
Bronze 60 HMO	Ruby 10 Platinum HMO	Silver 94 HMO
Gold 80 HMO	Ruby 20 Platinum HMO	
Jade 15 HMO	Ruby 40 Platinum HMO	

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Table of Contents

Introduction to the formulary drug list	3
Definitions.....	3
How do I find a drug on this list?.....	4
How do I know if the drug listed is a brand or generic drug?	4
What are drug tiers?.....	5
How to read the formulary	5
How often will the formulary change?	6
What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	6
What are preventive health drugs?.....	6
What is a contraceptive drug or device?	7
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit? 7	
What if your drug is covered under the medical benefit?.....	7
What is step therapy?.....	7
What is the prior authorization/exception request process?.....	7
Participating retail pharmacies	8
What are specialty drugs?	8
Mail order pharmacy	8
What if your drug is not on the formulary?	8

Introduction to the formulary drug list

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

Definitions

The following words and definitions will be used throughout the formulary drug list.

Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	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	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	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	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	A person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
Exception request	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 non-formulary drug.
Formulary	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	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.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket costs	Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription	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	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior authorization	Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
Quantity limit	Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
Step therapy	A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
Subscriber	The person who is responsible for payment to a plan or whose employment or other status, exception for family dependency, is the basis for eligibility for membership in the plan.

How do I find a drug on this list?

The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name drug for a brand name drug is listed in all lowercase bold italics

- A brand name drug is listed in all CAPITALS
 - The brand name may be listed in parenthesis after the generic name for reference only
- If a generic equivalent for a brand name drug and the brand name drug are both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase bold italics

Example

Drug type	How the drug name will appear in the formulary
Brand drug	LIPITOR
Generic drug	<i>atorvastatin calcium</i>
Generic drug with a brand name reference	<i>atorvastatin calcium</i> (Lipitor)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits of your Evidence of Coverage (EOC).

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

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

There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits or contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m. for more detailed information.

How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits	Description
Age Limit (AGE)	The prescription is covered when certain age criteria are met.
Contraception (CT)	Contraceptive drugs and devices are covered at \$0 when specific criteria are met.
Diabetic Drugs, Equipment, and Supplies (DD)	Drugs, equipment, and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes

Gender Limit (GL)	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
Oral Anti-Cancer (OCH)	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs.
Preventative Health (EHB)	Affordable Care Act (ACA) preventive health drugs, which are covered at \$0 when specific criteria are met.
Specialty Pharmacy (SP)	These drugs are available exclusively through select specialty pharmacies.
Prescriber Restriction (PR)	The prescription is covered when prescribed by certain providers.
Prior Authorization (PA)	Prior authorization is required to determine coverage.
Quantity Limit (QL)	The prescription quantity covered is limited. A prior authorization request for quantity exception is required for amounts greater than the limit.
Step Therapy (ST)	If a drug is subject to step therapy, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition

How often will the formulary change?

This formulary is subject to change monthly. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

When a drug or dosage form is removed from the formulary and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy.

Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

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

What if your drug is covered under the medical benefit?

A prescription drugs may be covered under the medical benefit and are not listed in this drug formulary. You should contact the Member Services Center at 1-415-834-2118 to ensure that the drug may be covered under the medical benefit. If the Member Services Center confirms that we may cover your drug under the medical benefit, you, your representative, or your doctor may submit a Service Authorization Request to the Chinese Community Health Plan Utilization Management Department.

What is step therapy?

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Your provider may submit a request for an exception to the step therapy requirement.

To request an exception, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m. You, your representative, or your doctor may submit an exception request.

What is the prior authorization/exception request process?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require review of the patient's prescription and medical history to determine coverage.

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request prior authorization or a non-formulary coverage exception, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m. You, your representative, or your doctor may submit an exception request.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If Chinese Community Health Plan denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Chinese Community Health Plan, as described in the “Grievance Process” section of the EOC.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Chinese Community Health Plan contracts with a wide network of retail pharmacies. To find a network pharmacy, visit <https://cchphealthplan.com/family-member> or contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m. for assistance.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Chinese Community Health Plan. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. If you have questions about specialty drugs, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m.

Mail order pharmacy

Chinese Community Health Plan offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m.

What if your drug is not on the formulary?

If your prescription is not listed on the formulary, you should first contact the Member Services Center at 1-415-834-2118 to ensure that the drug is not covered under the outpatient prescription drug benefit. If the Member Services Center confirms that we do not cover your drug under the pharmacy benefit, you have three options:

- 1) You can ask your doctor if you can switch to another drug covered by us.
- 2) You can ask us to make an authorization to cover your drug.

- 3) You can pay-out-of-pocket for the drug and request that the Plan reimburse you by requesting an authorization. If the authorization request is not approved, the Plan is not obligated to reimburse you. If the authorization request is not approved, you may appeal the Plan's denial.

You can obtain non-formulary prescription drugs (those not listed on our drug formulary for your condition) if authorized by the Plan and a CCHP physician determines that they are medically necessary. If you disagree with your physician's determination that a non-formulary prescription drug is not medically necessary, you may file a grievance as described in the "Grievances and Appeals Process" section of your Evidence of Coverage booklet.

Table of Contents

Informational Section	3
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever	1
Anesthetics - Drugs for Pain and Fever	9
Anorectal Preparations - Rectal Preparations	9
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning	10
Anti-Infective Agents - Drugs for Infections	10
Antineoplastics - Drugs for Cancer	22
Antiseptics and Disinfectants - Antiseptics and Disinfectants	29
Biologicals - Biological Agents	30
Cardiovascular Therapy Agents - Drugs for the Heart.....	32
Central Nervous System Agents - Drugs for the Nervous System	41
Chemical Dependency, Agents to Treat - Drugs for Addiction	56
Chemicals-Pharmaceutical Adjuvants.....	58
Cognitive Disorder Therapy - Drugs for the Nervous System	58
Contraceptives - Drugs for Women.....	59
Dermatological - Drugs for the Skin.....	70
Diagnostic Agents.....	81
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System.....	82
Eating Disorder Therapy - Drugs for Eating Disorders.....	82
Electrolyte Balance-Nutritional Products - Drugs for Nutrition.....	82
Endocrine - Hormones	100
Gastrointestinal Therapy Agents - Drugs for the Stomach	110
Genitourinary Therapy - Drugs for the Urinary System.....	117
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever.....	120
Hematological Agents - Drugs for the Blood.....	121
Immunosuppressive Agents - Drugs for Organ Transplants	124
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones	125
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment	125
Medical Supply, FDB Superset.....	175
Metabolic Modifiers - Drugs that Alter Metabolism.....	209
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat.....	210
Multiple Sclerosis Agents - Drugs for the Nervous System	211
Ophthalmic Agents - Drugs for the Eye	213
Otic (Ear) - Drugs for the Ear.....	220
Respiratory Therapy Agents - Drugs for the Lungs.....	220

Vaginal Products - Drugs for Women227

Informational Section

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</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; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	Tier 2	PA; QL (120 EA per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Tier 3	QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 2	
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>methadone hcl</i> (Methadone Intensol Oral Concentrate 10 Mg/ml)	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	
<i>methadone hcl</i> (Methadose Oral Tablet, Soluble 40 Mg)	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 2	QL (2 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (<i>oxycodone hcl</i>)	Tier 2	QL (120 EA per 30 days)
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 1	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>hydrocodone bitartrate/acetaminophen</i> (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	Tier 1	
<i>hydrocodone bitartrate/acetaminophen</i> (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	
Analgesic Opioid Oxycodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 3	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	QL (2.5 ML per 1 FILL)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; QL (3 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; QL (3 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 2	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>cyclosporine oral capsule 100 mg</i>	Tier 4	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	Tier 4	PA; SP
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (<i>upadacitinib</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
DMARD - Other - Arthritis and Pain Drugs		
<i>penicillamine oral tablet 250 mg</i>	Tier 3	SP
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg</i>	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL DAY PAIN RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
ALL DAY RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
FLANAX (NAPROXEN) ORAL TABLET 220 MG (<i>naproxen sodium</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 drops, suspension 50 mg/1.25 ml</i>	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	
INFANT'S ADVIL ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S IBUPROFEN ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S MOTRIN ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANTS PROFENIB ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
MEDIPROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg, 275 mg</i>	Tier 1	
WAL-PROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (<i>indomethacin</i>)	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>aspirin oral tablet 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>aspirin rectal suppository 600 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
Anesthetics - Drugs for Pain and Fever		
Local Anesthetic - Amides - Drugs for Sedation		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (50 GM per 30 days)
Anorectal Preparations - Rectal Preparations		
Anorectal - Glucocorticoids - Rectal Preparations		
<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> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>	Tier 1	
<i>hydrocortisone acetate/pramoxine hcl</i> (Proctofoam Hc Rectal Foam 1-1 %)	Tier 2	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 2	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
<i>penicillamine oral tablet 250 mg</i>	Tier 3	SP
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral tablet 360 mg, 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP
JADENU ORAL TABLET 180 MG (<i>deferasirox</i>)	Tier 4	PA; SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
<i>neomycin oral tablet 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 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	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
Antifungal - Triazoles - Drugs for Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (<i>posaconazole</i>)	Tier 3	QL (240 ML per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 3	QL (93 EA per 30 days)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
Antifungal other - Drugs for Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<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	
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	Tier 1	
Antimalarials - Drugs for Parasites		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 2	
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	Tier 2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 2	
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (<i>maraviroc</i>)	Tier 4	
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 4	
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 4	QL (30 EA per 30 days)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 4	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 4	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 4	
<i>efavirenz oral tablet 600 mg</i>	Tier 4	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	Tier 4	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 4	PA; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine/tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>abacavir oral tablet 300 mg</i>	Tier 1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Tier 4	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 4	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	PA
<i>lamivudine oral tablet 150 mg</i>	Tier 1	
<i>lamivudine oral tablet 300 mg</i>	Tier 1	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	PA
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir/ritonavir</i>)	Tier 4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 4	
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 4	
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 4	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	Tier 4	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 4	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>)	Tier 4	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 4	QL (1 EA per 1 day)
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECATOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Antitubercular Combinations - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIFAMATE ORAL CAPSULE 300-150 MG (rifampin/isoniazid)	Tier 2	
RIFATER ORAL TABLET 50-120-300 MG (rifampin/isoniazid/pyrazinamide)	Tier 3	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (cefixime)	Tier 3	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 4	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fluoroquinolone Antibiotics - Antibiotics		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 3	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (<i>ciprofloxacin/ciprofloxacin hcl</i>)	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</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 4	
<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>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 4	QL (56 EA per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (<i>lamivudine</i>)	Tier 4	PA
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	PA; SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	PA
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (<i>peginterferon alfa-2b</i>)	Tier 4	PA; SP
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA; SP; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP; BRAND COVERED AT GENERIC COPAY; QL (1 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP; BRAND COVERED AT GENERIC COPAY; QL (1 EA per 1 day)
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (20 EA per 1 FILL)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 1 FILL)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	QL (250 ML per 1 FILL)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 2	QL (20 EA per 1 FILL)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin 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 MI)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<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 TABLET 200 MG (<i>fidaxomicin</i>)	Tier 3	ST: Prior prescription for Vancomycin HCL in 120 days; QL (20 EA per 30 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	
<i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	Tier 3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
Misc Anti-Infective - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 1 gram</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBUPENT INHALATION RECON SOLN 300 MG (<i>pentamidine isethionate</i>)	Tier 2	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 4	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
<i>linezolid oral tablet 600 mg</i>	Tier 4	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 2	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST; QL (6 EA per 1 FILL)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML (<i>tipranavir/vitamin e tpgs</i>)	Tier 4	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 4	
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 4	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	Tier 4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir ethanolate</i>)	Tier 4	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 4	
CRIVAN ORAL CAPSULE 200 MG, 400 MG (<i>indinavir sulfate</i>)	Tier 4	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 4	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	Tier 4	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	Tier 4	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 4	
<i>ritonavir oral tablet 100 mg</i>	Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 4	
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 100 Mg)	Tier 1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 4	PA; SP
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	Tier 3	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; SP; OCH
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 4	SP; OCH
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 2	SP; OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP; OCH
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 2	SP; OCH
<i>melfalan oral tablet 2 mg</i>	Tier 2	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 3	SP; OCH
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 4	PA; SP; OCH; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg</i>	Tier 3	PA; SP; OCH; QL (4 EA per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
<i>flutamide oral capsule 125 mg</i>	Tier 1	OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	SP; OCH
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	Tier 3	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
<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	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 2	SP; OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	SP; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	OCH
<i>exemestane oral tablet 25 mg</i>	Tier 1	OCH
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Tier 4	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 4	PA; SP; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 50 MG (<i>encorafenib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (63 EA per 28 days)
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 4	OCH
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 2	SP; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 4	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 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 21 days)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Interferons - Drugs for Cancer		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (<i>interferon alfa-2b, recomb.</i>)	Tier 4	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (<i>interferon alfa-2b, recomb.</i>)	Tier 4	SP
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 2	SP
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (91 EA per 28 days)
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG (<i>everolimus</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i>	Tier 4	PA; SP; QL (1 EA per 1 day)
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	Tier 4	PA; SP; OCH
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) (<i>alpelisib</i>)	Tier 4	PA; SP; OCH; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 4	PA; SP; OCH; QL (56 EA per 28 days)
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
BOSULIF ORAL TABLET 100 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; SP; OCH
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 4	PA; SP; OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; SP; OCH; QL (8 EA per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	Tier 4	PA; SP; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	Tier 4	PA; SP; OCH
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Retinoids - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	OCH; AG: IF FEMALE >= 35 YEARS, COPAY=\$0
<i>toremifene oral tablet 60 mg</i>	Tier 1	SP; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; SP; OCH
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Tier 4	PA; SP; OCH
Methotrexate Rescue Agents - Drugs for Cancer		
<i>leucovorin calcium oral tablet 15 mg</i>	Tier 1	OCH
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
<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
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Tier 4	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 1	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
Disinfectants - Other - Antiseptics and Disinfectants		
ALCOH-GLOVE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	
ALCOH-WIPE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	
Biologicals - Biological Agents		
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
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)/proline/iga 0 to 50 mcg/ml</i>)	Tier 3	PA; SP
Live Vaccine and Live Virus Formulations - Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 2	QL (4 EA per 1 FILL)
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	Tier 3	QL (1 ML per 300 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	Tier 3	QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	Tier 3	QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	Tier 3	QL (1 ML per 300 days)
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 2	QL (4 EA per 1 FILL)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 3	QL (1 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 3	QL (1 ML per 365 days)
Vaccine Viral - Varicella - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	\$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (<i>varicella-zoster virus glycoprotein e,rec,component 2 of 2</i>)	\$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	Tier 3	PA
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium/hydrochlorothiazide</i>)	Tier 3	
<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>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<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>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 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> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Time Oral Capsule, Extended Release 2.5 Mg, 6.5 Mg, 9 Mg)	Tier 1	
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<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	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 2	
<i>colesevelam oral tablet 625 mg</i>	Tier 2	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (<i>colestipol hcl</i>)	Tier 3	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	EHB
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	EHB
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	EHB
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	EHB; 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
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	Tier 3	PA; QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (<i>icosapent ethyl</i>)	Tier 3	PA; QL (120 EA per 30 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs for Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	Tier 3	PA; QL (240 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 1 GRAM (<i>icosapent ethyl</i>)	Tier 3	PA; QL (120 EA per 30 days)
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 3	
Anti-PCSK9 Monoclonal Antibodies - Drugs for Cholesterol		
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; QL (3 ML per 28 days)
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (<i>propranolol hcl</i>)	Tier 1	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (<i>propranolol hcl</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl 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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</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> (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 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	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (<i>metoprolol succinate/hydrochlorothiazide</i>)	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (2 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</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>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 3	PA; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 3	PA
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 1	SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
Pulmonary Arterial Hypertension Agents-Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA; SP
Central Nervous System Agents - Drugs for the Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<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</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	Tier 3	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	Tier 2	PA
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML (<i>felbamate</i>)	Tier 3	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	Tier 2	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	Tier 4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	Tier 4	QL (2 EA per 1 day)
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 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 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (<i>tiagabine hcl</i>)	Tier 3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 1	
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	Tier 3	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	Tier 3	
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	Tier 2	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 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 3	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 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	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 3	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG (<i>lamotrigine</i>)	Tier 4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>lamotrigine oral tablet extended release 24hr 250 mg</i>	Tier 4	
<i>lamotrigine oral tablet extended release 24hr 300 mg</i>	Tier 3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	Tier 3	
<i>ethosuximide</i> (Zarontin Oral Solution 250 Mg/5 MI)	Tier 3	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	Tier 2	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	Tier 2	
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 2	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 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>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, or Sertraline HCL in 120 days
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (<i>levomilnacipran hcl</i>)	Tier 3	PA; 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 3	PA; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 2	
<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	
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 3	PA; QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST: Prior prescription for Carbidopa/levodopa or Rytary in 120 days
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 2	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	
<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	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg</i>	Tier 2	
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>oxazepam oral capsule 15 mg, 30 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	
<i>carbamazepine</i> (Eitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (<i>carbamazepine</i>)	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 3	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA
<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, 15 mg</i>	Tier 1	PA
<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	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	Tier 3	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	Tier 1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	
CNS Stimulant - Analeptics - Drugs for Attention Deficit Disorder		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	Age (Max 1 Years)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
<i>ramelteon oral tablet 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine tartrate/caffeine</i>)	Tier 2	
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 FILL)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 FILL)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 1 FILL)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 3	QL (2 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (2 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (2.5 ML per 1 FILL)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	Tier 2	QL (2 EA per 1 day)
Sedative-Hypnotic - Antihistamines - Drugs for Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIGHTTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEPING ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	Tier 2	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; QL (180 EA per 365 days)
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
NICORELIEF BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 2 mg</i>	\$0	EHB; QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 4 mg</i>	\$0	EHB
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	EHB
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	EHB
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	EHB
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	\$0	EHB
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	EHB
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; QL (180 EA per 365 days)
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	\$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	\$0	EHB
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline tartrate</i>)	\$0	EHB; QL (180 EA per 365 days)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 2	
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 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>donepezil oral tablet 23 mg</i>	Tier 1	ST: Prior prescription for Donepezil HCL in 120 days; QL (1 EA per 1 day)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	Tier 1	
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 2	
<i>memantine oral solution 2 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 120 days
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 120 days
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB; QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB; QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB; QL (1 ML per 90 days)
Contraceptive Oral - Biphasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Lo Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Bekyree (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
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	\$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	\$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Larissia Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lillow (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	\$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	\$0	CT; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	\$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Lyza Oral Tablet 0.35 Mg)	\$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	\$0	CT; EHB
norethindrone (contraceptive) oral tablet 0.35 mg	\$0	CT; EHB
norethindrone (Norlyda Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
norethindrone (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Cyclafem 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
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin/ethinyl estradiol)	\$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	\$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
ELLA ORAL TABLET 30 MG (ulipristal acetate)	\$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB

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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
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE 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
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	\$0	CT; EHB
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
<i>azelaic acid topical gel 15 %</i>	Tier 1	Age (Max 34 Years)
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
ERY PADS TOPICAL SWAB 2 % (<i>erythromycin base in ethanol</i>)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</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 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (<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 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
ACNE MEDICATION TOPICAL GEL 2.5 % (<i>benzoyl peroxide</i>)	Tier 1	
<i>benzoyl peroxide topical gel 2.5 %</i>	Tier 1	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	Tier 1	Age (Max 34 Years)
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	Age (Max 34 Years)
<i>adapalene topical lotion 0.1 %</i>	Tier 2	Age (Max 34 Years)
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	Age (Max 34 Years)
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	Age (Max 34 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	Age (Max 34 Years)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1.66 ML per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 EA per 84 days)
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
Dermatitis or Eczema Agents, Systemic-Interleukin-4 (IL-4Ra) Antag.MAb - Drugs for the Skin		
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
Dermatological - Antibacterial Other - Drugs for the Skin		
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	
<i>mupirocin topical ointment 2 %</i>	Tier 1	
Dermatological - Antibacterial Sulfonamides - Drugs for the Skin		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
Dermatological - Antibacterial-Local Anesthetic Combinations - Drugs for the Skin		
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl</i>)	Tier 1	
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %, 2 %</i>	Tier 1	
NAFTIN TOPICAL GEL 1 % (<i>naftifine hcl</i>)	Tier 3	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	
<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	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>econazole topical cream 1 %</i>	Tier 2	
<i>ketconazole topical cream 2 %</i>	Tier 1	
<i>ketconazole topical shampoo 2 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	Tier 2	
<i>fluorouracil topical cream 0.5 %</i>	Tier 2	
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	Tier 4	SP
Dermatological - Antiperspirants - Drugs for the Skin		
CERTAIN DRI TOPICAL LIQUID (<i>aluminum chloride</i>)	Tier 1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	SP
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 3	
ULTRAVATE TOPICAL LOTION 0.05 % (<i>halobetasol propionate</i>)	Tier 3	PA; QL (60 ML per 1 FILL)
Dermatological - Antiseborrheic - Drugs for the Skin		
ANTI-DANDRUFF TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
SELSUN BLUE TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	Tier 1	
Dermatological - Antiseborrheic Combinations - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-DANDRUFF WITH MENTHOL TOPICAL SHAMPOO 1 % (<i>selenium sulfide/menthol</i>)	Tier 1	
DANDRUFF SHAMPOO (SELEN-ALOE) TOPICAL SHAMPOO 1 % (<i>selenium sulfide/aloe vera</i>)	Tier 1	
DANDRUFF SHAMPOO-MENTHOL TOPICAL SHAMPOO 1 % (<i>selenium sulfide/menthol</i>)	Tier 1	
SELSUN BLUE MOISTURIZING TOPICAL SHAMPOO 1 % (<i>selenium sulfide/aloe vera</i>)	Tier 1	
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 4	ST: Prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in 120 days
DENAVIR TOPICAL CREAM 1 % (<i>penciclovir</i>)	Tier 2	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
<i>pimecrolimus topical cream 1 %</i>	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
GERI-HYDROLAC TOPICAL CREAM 12 % (<i>ammonium lactate</i>)	Tier 1	
GERI-HYDROLAC TOPICAL LOTION 12 %, 5 % (<i>ammonium lactate</i>)	Tier 1	
SKIN TREATMENT TOPICAL LOTION 12 % (<i>ammonium lactate</i>)	Tier 1	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 2	
Dermatological - Glucocorticoid - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	QL (60 GM per 1 FILL)
ANTI-ITCH (HC) TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (hydrocortisone)	Tier 1	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 % (hydrocortisone)	Tier 1	
AQUANIL HC TOPICAL LOTION 1 % (hydrocortisone)	Tier 1	
BETA-HC TOPICAL LOTION 1 % (hydrocortisone)	Tier 1	
betamethasone dipropionate topical cream 0.05 %	Tier 1	QL (45 GM per 1 FILL)
betamethasone dipropionate topical lotion 0.05 %	Tier 1	QL (60 ML per 1 FILL)
betamethasone dipropionate topical ointment 0.05 %	Tier 1	QL (45 GM per 1 FILL)
betamethasone valerate topical cream 0.1 %	Tier 1	QL (45 GM per 1 FILL)
betamethasone valerate topical lotion 0.1 %	Tier 1	QL (60 ML per 1 FILL)
betamethasone valerate topical ointment 0.1 %	Tier 1	QL (45 GM per 1 FILL)
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
clobetasol scalp solution 0.05 %	Tier 2	PA
clobetasol topical cream 0.05 %	Tier 2	PA; QL (30 GM per 1 FILL)
clobetasol topical foam 0.05 %	Tier 2	PA
clobetasol topical gel 0.05 %	Tier 2	PA
clobetasol topical lotion 0.05 %	Tier 2	PA
clobetasol topical ointment 0.05 %	Tier 2	PA; QL (30 GM per 1 FILL)
clobetasol topical shampoo 0.05 %	Tier 2	PA
clobetasol-emollient topical cream 0.05 %	Tier 2	PA
clobetasol-emollient topical foam 0.05 %	Tier 2	PA
CORTAID TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 % (hydrocortisone)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIZONE-10 PLUS TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	QL (60 GM per 1 FILL)
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	PA
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	QL (30 GM per 1 FILL)
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	QL (30 GM per 1 FILL)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	PA; QL (50 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	PA; QL (50 GM per 1 FILL)
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	Tier 1	
<i>hydrocortisone acetate topical ointment 1 %</i>	Tier 1	
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	Tier 1	
HYDROCREAM TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SOOTHING CARE (HYDROCORTISONE) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %, 0.5 %)	Tier 1	
VANICREAM HC TOPICAL CREAM 1 % (<i>hydrocortisone acetate</i>)	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
ANTI-ITCH PLUS TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera/vitamin e acetate/vitamins a and d</i>)	Tier 1	
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
AVEENO ANTI-ITCH (HYDROCORTSN) TOPICAL CREAM 1 % (<i>hydrocortisone/colloidal oatmeal/aloe/vitamin e</i>)	Tier 1	
CORTISONE WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
<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	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 2	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
BURN RELIEF WITH ALOE TOPICAL GEL 0.5 % (<i>lidocaine/aloe vera</i>)	Tier 1	
<i>lidocaine-aloe vera topical gel 0.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 1 FILL)
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</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	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine topical adhesive patch,medicated 4 %, 5 %</i>	Tier 2	PA; QL (1 EA per 1 day)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
REGENECARE HA TOPICAL GEL 2 % (<i>lidocaine hcl/hyaluronic acid/aloe vera/collagen</i>)	Tier 1	
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	Tier 2	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	QL (118 ML per 1 FILL)
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 2	QL (120 ML per 1 FILL)
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD; QL (30 GM per 1 FILL)
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
<i>tadalafil oral tablet 5 mg</i>	Tier 4	PA
Eating Disorder Therapy - Drugs for Eating Disorders		
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
B-Complex Vitamin Combinations - Drugs for Nutrition		
VIRT-VITE PLUS ORAL TABLET 5 MG (<i>folic acid/vitamin b complex with vitamin c no.17</i>)	Tier 1	
B-Complex Vitamins - Drugs for Nutrition		
BALANCED B-50 ORAL TABLET (<i>vitamin b complex</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dietary Product - Dietary Supplements - Drugs for Nutrition		
NIACIN-AZE AC-TURMER-FA-B6-ZN ORAL TABLET 700-500-8-12 MG-MCG-MG-MG (<i>niacinamide/azelaic ac/quercet/turmer/fa/b6/zinc ox/copper</i>)	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>sodium polystyrene sulfonate</i>)	Tier 1	
<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 1	
Irrigation Solutions - Drugs for Nutrition		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	Tier 2	
Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 3	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 2	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	\$0	EHB; Age (Max 1 Years)
Minerals and Electrolytes - Iron Combinations - Drugs for Nutrition		
COMPLETE ORAL TABLET 27-0.4 MG (<i>multivitamin with iron,hematinic</i>)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</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	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid</i>)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
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 2	
<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 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, 20 meq</i>	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
COMPETE ORAL TABLET (<i>multivitamin with iron and other minerals</i>)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid</i>)	Tier 3	
HAIR,SKIN AND NAILS ORAL TABLET (<i>multivitamin with minerals</i>)	Tier 1	
MAXIMUM DAILY GREEN ORAL TABLET 5-133 MG-MCG (<i>folic acid/multivit,calcium,iron,min/bee pollen/herbal 101</i>)	Tier 1	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i>)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>)	Tier 3	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i>)	Tier 3	
PRENATAL ONE (WITH FOOD BLEND) ORAL TABLET 27 MG-360 MCG- 125 MG-32 MG (<i>multivit-min 65/iron chelate/folic acid/herbal 298/digest 9</i>)	Tier 3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (<i>multivit-mins no.73/iron fumarate,polysacc comp/folic acid</i>)	Tier 3	
PUREFE PLUS ORAL CAPSULE 106 MG IRON- 1 MG (<i>multivitamin-minerals no.62/ferrous fumarate/folic acid</i>)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</i>)	Tier 3	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (<i>multivit-mins no.59/ferrous fumarate/folic acid/docusate sod</i>)	Tier 3	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</i>)	Tier 3	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i>)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i>)	Tier 3	
Multivitamins - Drugs for Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (<i>multivitamin comb no.48/ferrous fumarate/folic acid/dha</i>)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i>)	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (<i>multivitamin no.45/iron fumarate/folate comb no.6/dha</i>)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (<i>multivitamin no.46/iron fumarate/folate comb. no.6/dha</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 3	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (<i>multivitamin combination no.43/ferrous fumarate/folic acid</i>)	Tier 3	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i>)	Tier 3	
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 3	
Pediatric Vitamins with Fluoride and Minerals Combinations - Drugs for Nutrition		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>)	Tier 1	
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>)	Tier 1	
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate</i>)	Tier 3	
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 3	
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 3	
BRAINSTRONG PRENATAL ORAL COMBO PACK 33 MG IRON- 800 MCG-350 MG (<i>prenatal vitamins no.139/iron,carbonyl/folic acid/dha</i>)	Tier 3	
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	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (<i>multivitamin comb no.48/ferrous fumarate/folic acid/dha</i>)	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (<i>prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate</i>)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i>)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	Tier 3	
DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (<i>prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa</i>)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (<i>prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s</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	
EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vits with calcium no.116/ferrous fum/folic acid/dha</i>)	Tier 3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.57/iron fum/folic acid/docusate calcium/dha</i>)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid</i>)	Tier 3	
KPN ORAL TABLET (<i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i>)	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.98/ferrous fumarate/folic acid</i>)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (<i>prenatal vits with calcium no.65/iron polysacchar/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (<i>prenatal vitamins no.49/ferrous fumarate/folic acid</i>)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	Tier 3	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 3	
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>)	Tier 3	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i>)	Tier 3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (<i>prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid</i>)	Tier 3	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (<i>prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	Tier 3	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (<i>prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (<i>prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa</i>)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (<i>prenatal vits with calcium no.87/iron bisgly/folic acid/dha</i>)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (<i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.53/iron fum/folic acid/docusate calcium/dha</i>)	Tier 3	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i>)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid</i>)	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (<i>prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3</i>)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	Tier 3	
OBTREX DHA (WITH QUATREFOLIC) ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON-1 MG -350 MG (<i>prenatal vitamins no.12/iron carbonyl/methylfolate/dha</i>)	Tier 3	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (<i>prenatal vit with calcium no.127/ferrous fumarate/folic acid</i>)	Tier 1	
ONE DAILY PRENATAL ORAL COMBO PACK 28 MG IRON- 800 MCG, 28-800-440 MG-MCG-MG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	Tier 3	
ONE-A-DAY WOMEN'S PRENATAL 1 ORAL CAPSULE 28 MG IRON- 800 MCG-235 MG (<i>prenatal vit,calcium no.123/iron/folic acid/omega-3/dha/epa</i>)	Tier 3	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG (<i>prenatal vits with calcium 36/ferrous fumarate/folic acid</i>)	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	Tier 1	
<i>PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)</i>	Tier 3	
<i>PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)</i>	Tier 3	
<i>PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)</i>	Tier 3	
<i>PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)</i>	Tier 3	
<i>PNV-SELECT ORAL TABLET 27-1 MG (prenatal vit with calcium no.40/iron fumarate/folate no.1)</i>	Tier 3	
<i>PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3)</i>	Tier 3	
<i>PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)</i>	Tier 3	
<i>PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3)</i>	Tier 3	
<i>PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)</i>	Tier 3	
<i>PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (prenatal vitamins combination no.42/folic acid)</i>	Tier 3	
<i>PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha)</i>	Tier 3	
<i>PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vits no.105/iron amino acid chelate/folic acid/dha)</i>	Tier 3	
<i>PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i>)	Tier 3	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG (<i>prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	Tier 3	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	Tier 3	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.93/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (<i>prenatal vitamins no.116/iron fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL GUMMY ORAL TABLET,CHEWABLE 400 MCG-35 MG -25 MG-5 MG (<i>prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil</i>)	Tier 3	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (<i>prenatal vitamins no.40/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (<i>prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish</i>)	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL ORAL TABLET 28-800 MG-MCG (<i>prenatal vits with calcium 133/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL PLUS DHA ORAL COMB PAK, TAB CHEW AND CAPSULE 267 MCG-321 MG- 250 MG (<i>prenatal vitamins no.120/levomefolate calcium/omega-3/dha</i>)	Tier 3	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	Tier 3	
PRENATAL PLUS DHA ORAL COMBO PACK, CAPSULE AND PACKET 18 MG IRON-800 MCG-290 MG (<i>prenatal vits no.135/iron suc-prot/levomefolate/omega-3/dha</i>)	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	Tier 3	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Tier 1	
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (<i>prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil</i>)	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (<i>multivitamin no.45/iron fumarate/folate comb no.6/dha</i>)	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (<i>prenatal vitamins no.36/ferrous fumarate/folate comb. no.6</i>)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (<i>multivitamin no.46/iron fumarate/folate comb. no.6/dha</i>)	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRETAB ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	Tier 1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (<i>multivit-mins no.73/iron fumarate,polysacc comp/folic acid</i>)	Tier 3	
PUREFE PLUS ORAL CAPSULE 106 MG IRON- 1 MG (<i>multivitamin-minerals no.62/ferrous fumarate/folic acid</i>)	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha</i>)	Tier 3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vit no.128/iron polysaccharide complex/folic acid</i>)	Tier 3	
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 3	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	Tier 3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	Tier 3	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (<i>prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut</i>)	Tier 3	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (<i>prenatal vitamins no.63/iron,carbonyl/folic acid/dha</i>)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</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/docusate/dha</i>)	Tier 3	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (<i>prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha</i>)	Tier 3	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.32/ferrous fumarate/folic acid/dha</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (<i>prenatal vitamins no.100/iron fumarate/folic acid/dha/epa</i>)	Tier 3	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.28/ferrous fumarate/folic acid</i>)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/coq10</i>)	Tier 3	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/dha</i>)	Tier 3	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 3	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (<i>multivit-mins no.59/ferrous fumarate/folic acid/docusate sod</i>)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (<i>prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3</i>)	Tier 3	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG (<i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha</i>)	Tier 3	
VENA-BAL 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 3	
VINACAL B ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG (<i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>)	Tier 3	
VINATE CARE ORAL TABLET, CHEWABLE 40 MG IRON-1 MG (<i>multivitamin combination no.43/ferrous fumarate/folic acid</i>)	Tier 3	
VINATE GT ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 16/iron/folic acid/docusate sodium</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE II ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium/iron fum,b-g/folic acid</i>)	Tier 3	
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>)	Tier 3	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 18/iron/folic acid/docusate sodium</i>)	Tier 3	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa</i>)	Tier 3	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG - 200 MG (<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i>)	Tier 3	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i>)	Tier 3	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid 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/docusate/dha</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/dha/epa</i>)	Tier 3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG (<i>prenatal vitamins no.75/ferrous fumarate/folate comb. no.1</i>)	Tier 3	
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 1	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (<i>prenatal vits with calcium no.10/ferrous fum/folic acid/dha</i>)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMED MD 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	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i>)	Tier 3	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG (<i>prenatal vits no.59/iron,carb/folic acid/docuante sodium/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 3	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG (<i>prenatal vitamins no.52/ferrous fumarate/folic acid/dha</i>)	Tier 3	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (<i>prenatal vit with calcium no.61/iron fumarate/folic acid/dha</i>)	Tier 3	
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 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha</i>)	Tier 3	
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
ALIVE PRENATAL ORAL TABLET,CHEWABLE 400 MCG-25 MG (<i>prenatal vitamins no.138/folic acid/docosahexaenoic acid</i>)	Tier 3	
AZESCHEW ORAL TABLET,CHEWABLE 13 MG IRON- 1 MG (<i>prenatal vitamins no.165/ferrous fumarate/folic acid</i>)	Tier 3	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (<i>prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	Tier 3	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (<i>prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil</i>)	Tier 3	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (<i>prenatal vitamins no.144/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (<i>folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger</i>)	Tier 3	
Vitamins - B Preparation Combinations - Drugs for Nutrition		
VIRT-VITE ORAL TABLET 2.5-25-1 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (<i>folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger</i>)	Tier 3	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	\$0	EHB; Age (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	\$0	EHB; Age (Min 65 Years)
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	\$0	EHB; Age (Min 65 Years)
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	\$0	EHB; Age (Min 65 Years)
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	\$0	EHB; Age (Min 65 Years)
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid oral tablet 1 mg</i>	Tier 1	\$0 COPAY IF FEMALE
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB; Female Only
Vitamins - Folic Acid Combinations - Drugs for Nutrition		
VIRT-VITE ORAL TABLET 2.5-25-1 MG (<i>cyanocobalamin/folic acid/pyridoxine</i>)	Tier 1	
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Endocrine - Hormones		
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 2	DD
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (<i>glucagon, human recombinant</i>)	Tier 2	DD
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon, human recombinant</i>)	Tier 2	DD
Anabolic Steroid - Single Agents - Drugs for Men		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Androgen - Single Agents - Drugs for Men		
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	PA; QL (4 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 2	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 3	
Antidiuretic and Vasopressor Hormones - Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (<i>desmopressin acetate</i>)	Tier 3	
<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)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (<i>desmopressin acetate</i>)	Tier 2	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	DD; ST: Prior prescription for Janumet XR, Janumet, or Januvia in 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 3	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 3	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	Tier 3	DD; ST: Prior prescription for Jardiance, Synjardy XR, or Synjardy in 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 3	DD; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	DD
Antihyperglycemic, Incretin Mimetic, GLP-1 Receptor Agonist Analog-Type - Drugs for Diabetes		
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (<i>exenatide microspheres</i>)	Tier 3	DD; QL (4 EA per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	DD; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	DD; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	DD; QL (9 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	DD; ST: Prior prescription for Janumet XR, Janumet, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	DD; ST: Prior prescription for Janumet XR, Janumet, or Januvia in 120 days; QL (2 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (<i>alogliptin benzoate/metformin hcl</i>)	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (<i>teriparatide</i>)	Tier 4	PA; SP; QL (2.4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin,salmon,synthetic</i>)	Tier 4	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Progestin - Drugs for Women		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	Tier 3	
<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	
LOPREEZA ORAL TABLET 1-0.5 MG (<i>estradiol/norethindrone acetate</i>)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Estrogens - Drugs for Women		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (<i>estradiol</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	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	
<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	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	Tier 2	
Glucocorticoids - Drugs for Inflammation		
<i>cortisone oral tablet 25 mg</i>	Tier 2	
<i>dexamethasone</i> (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral 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>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	Tier 1	
<i>methylprednisolone 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
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 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 tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
<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 2	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	PA; SP
Growth Hormones - Drugs for Growth		
NORDITROPIN FLEXPEN 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 4	PA; SP
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD
Human Insulins - Intermediate Acting - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	DD
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	DD
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	DD
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 3	DD
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 3	DD
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 3	DD
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 3	DD
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (<i>insulin aspart protamine human/insulin aspart</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin aspart protamine human/insulin aspart</i>)	Tier 2	DD
Insulin Analogs - Long Acting - Drugs for Diabetes		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 3	DD
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	DD
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart</i>)	Tier 2	DD
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	BRAND COVERED AT GENERIC COPAY; DD
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	BRAND COVERED AT GENERIC COPAY; DD
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<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
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 3	DD; ST: Prior prescription for Metformin HCL in 120 days
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	Tier 2	DD
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 2	SP
Mineralocorticoids - Drugs for Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 1 FILL)
Progestins - Drugs for Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	AG: IF FEMALE >= 35 YEARS, COPAY=\$0
Somatostatic Agents - Drugs for Growth		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	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 4	PA; SP; QL (2 ML per 1 day)
Thyroid Hormone Combinations - Synthetic T3 and T4 - Drugs for Thyroid		
THYROLAR-1 ORAL TABLET 12.5-50 MCG (<i>liotrix</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (<i>liotrix</i>)	Tier 2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (<i>liotrix</i>)	Tier 2	
THYROLAR-2 ORAL TABLET 25-100 MCG (<i>liotrix</i>)	Tier 2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG (<i>liotrix</i>)	Tier 2	
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid,pork</i>)	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid,pork</i>)	Tier 1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid,pork</i>)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
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	
<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	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 3	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
<i>meclizine oral tablet 25 mg</i>	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS II ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
VERTICALM ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (3 EA per 1 FILL)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (3 EA per 1 FILL)
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (2 EA per 1 day)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (1 EA per 1 FILL)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<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 (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
ACID CONTROLLER ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
<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 oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (<i>lansoprazole</i>)	Tier 1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Tier 2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
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	
<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	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 2	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 2	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (<i>mesalamine</i>)	Tier 2	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 1	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60 MI)	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (<i>budesonide</i>)	Tier 3	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; QL (3 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 2	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	PA; QL (1 EA per 1 day)
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	Tier 3	QL (1 EA per 1 FILL)
OSMOPREP ORAL TABLET 1.5 GRAM (<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>)	Tier 3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 3	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor and Antibiotics - Drugs for Ulcers and Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP
G.U. Irrigants - Drugs for the Urinary System		
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION (<i>sodium chloride irrigation soln/decyl glucoside</i>)	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (<i>calcium acetate</i>)	Tier 2	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 3	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (<i>calcium acetate</i>)	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 2	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	Tier 2	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 2	
Urinary Analgesics - Drugs for Infections		
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Tier 1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
URINARY PAIN RELIEF ORAL TABLET 95 MG, 97.5 MG (<i>phenazopyridine hcl</i>)	Tier 1	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
Urinary Antibacterial - Quinolones - Drugs for Infections		
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (<i>ciprofloxacin/ciprofloxacin hcl</i>)	Tier 3	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
<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	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	Tier 2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	PA; QL (30 EA per 30 days)
Hematological Agents - Drugs for the Blood		
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA; SP
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 2	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
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 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
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 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 3	PA; SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 4	SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 4	SP
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 2	PA
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 2	
<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 2	
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 2	
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	PR: RESTRICTED TO CARDIOLOGIST
Sickle Cell Anemia Agents - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 2	
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 2	
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRADAXA ORAL CAPSULE 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs for the Blood		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 4	
<i>cyclosporine oral capsule 100 mg</i>	Tier 4	
<i>cyclosporine oral capsule 25 mg</i>	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 4	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 2	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 4	PA
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 4	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
ALS Agents - Benzathiazoles - Drugs for Nerves and Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
<i>guanidine oral tablet 125 mg</i>	Tier 3	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
<i>FREESTYLE INSULINX STRIP (blood sugar diagnostic)</i>	\$0	DD; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
Medical Supplies and DME - Equipment Cleaning Agents - Medical Supplies and Durable Medical Equipment		
ALCOH-GLOVE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	
ALCOH-WIPE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
2TEK CONTROL (HIGH-NORMAL) SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ACCU-CHEK SOFT DEV LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ADJUSTABLE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADVANCED LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 1	DD
ADVOCATE LANCING DEVICE (lancing device)	Tier 1	DD
ADVOCATE LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 1	DD
ADVOCATE RAPID-SAFE LANCING (lancing device)	Tier 1	DD
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 1	DD
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 1	DD
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 1	DD
AQUA LANCE LANCING DEVICE (lancing device)	Tier 1	DD
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 1	DD
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 1	DD
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 1	DD
ASSURE HAEMOLANCE PLUS 1.2 MM (blade lancet, safety)	Tier 1	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 1	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 1	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 1	DD
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD
AUTOLET IMPRESSION LANC DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
AUTOLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
AUTOLET PLUS LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
BD ULTRA-FINE II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD
<i>blood glucose control, normal solution</i>	Tier 1	DD
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
CAREONE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CAREONE THIN LANCET (<i>lancets</i>)	Tier 1	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 1	DD
CARESENS CONTROL A AND B SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
CARESENS CONTROL A NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHOICE DM CLARUS NORM CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 1	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
COMFORT LANCETS (<i>lancets</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
COOL CONTROL A SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
COOL CONTROL B SOLUTION SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
DIATRUE CONTROL SOLN NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
DIATRUE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
DIATRUE CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
DROPLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY MINI EJECT LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TOUCH HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASYMAX 15 LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASYMAX LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EVENCARE G2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE G3 CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ SMART CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
FINE 30 UNIVERSAL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORA LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
GLUCOCARD 01 NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD EXPRESSION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD SHINE SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOSE KETONE CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
HARMONY CONTROL L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
HEALTHPRO HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
HEALTHY ACCENTS AUTOLET (<i>lancing device</i>)	Tier 1	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
HYPOLANCE AST LANCING KIT (<i>lancing device/lancets</i>)	Tier 1	DD
INCONTROL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 1	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 1	DD
LANCETS, THIN , 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
LANCETS, ULTRA THIN , 26 GAUGE (<i>lancets</i>)	Tier 1	DD
<i>lancing device</i>	Tier 1	DD
LANCING DEVICE WITH LANCETS (<i>lancing device</i>)	Tier 1	DD
<i>lancing device with lancets kit</i>	Tier 1	DD
LANCING SYSTEM (<i>lancing device</i>)	Tier 1	DD
LANZO LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
LITE TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
MEDISENSE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDISENSE GLUCOSE KETONE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDISENSE MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	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 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
MEDPOINT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
METER-CHECK SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
MICRODOT HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
MICRODOT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MICROLET 2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MICROLET LANCET (<i>lancets</i>)	Tier 1	DD
MICROLET NEXT LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MULTI-LANCET DEVICE 2 KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
NOVA MAX GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	DD
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	Tier 1	DD
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ON CALL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL PLUS CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ON CALL PLUS LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL VIVID CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ONETOUCH DELICA LANC DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH ULTRA CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 1	DD
ONETOUCH VERIO HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
OPTUMRX SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	\$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD
PRODIGY CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
READYLANC SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
RELION THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	DD
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SINGLE-LET (<i>lancets</i>)	Tier 1	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTDIABETES VANTAGE (<i>lancing device</i>)	Tier 1	DD
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SOLUS V2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCING PEN (<i>lancing device</i>)	Tier 1	DD
SUREFLEX DEVICE WITH LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-TEST EASYPLUS MINI SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD
TD GOLD LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TD GOLD LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TD GOLD LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE METRIX LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TRUE METRIX LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TRUE METRIX LEVEL 3 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TRUECONTROL LEVEL 0 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TRUECONTROL LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD
ULTI-LANCE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ULILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 1	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ULTRATRAK NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET EXCELITE II LANCET (<i>lancets</i>)	Tier 1	DD
UNILET EXCELITE LANCET (<i>lancets</i>)	Tier 1	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 1	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 2 NORMAL LANCET,DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTRIP HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
Medical Supplies and DME - Humidifiers - Medical Supplies and Durable Medical Equipment		
COOL MIST HUMIDIFIER (<i>humidifier</i>)	Tier 2	
HEALTHMIST (<i>humidifier</i>)	Tier 2	
<i>humidifiers</i>	Tier 2	
PROCARE HUMIDIFIER (<i>humidifier</i>)	Tier 2	
PURE COMFORT HUMIDIFIER (<i>humidifier</i>)	Tier 2	
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CATH-SECURE TUBE HOLDER (<i>catheter accessories,external</i>)	Tier 2	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	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 2	DD
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	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 2	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 2	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 2	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 2	DD
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (<i>pen needle, diabetic</i>)	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 2	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic, safety)	Tier 2	DD
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
insulin syringe needleless syringe 1 ml	Tier 2	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 2	DD
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (<i>pen needle, diabetic</i>)	Tier 2	DD
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (<i>pen needle, diabetic</i>)	Tier 2	DD
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32", 33 gauge x 5/32"</i>	Tier 2	DD
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>	Tier 2	DD
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	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 2	DD

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic, remover and disposal unit</i>)	Tier 2	DD
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
ANGIOCATH AUTOGUARD IV CATH INFUSION SET 20 GAUGE X 1" (<i>intravenous catheter</i>)	Tier 2	
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 20 GAUGE X 1", 22 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1", 22 GAUGE X 3/4" (<i>intravenous catheter kit</i>)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (<i>intravenous catheter kit/intravenous catheter kit accessory</i>)	Tier 2	
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 2	
SAFELET IV CATHETER INFUSION SET (<i>intravenous catheter</i>)	Tier 2	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AIRZONE AND MINIWRIGHT AFS (<i>medical supply, miscellaneous</i>)	Tier 2	
AMIELLE VAGINAL TRAINER KIT (<i>medical supply, miscellaneous</i>)	Tier 2	
ANTI-EMBOLISM STOCKINGS (<i>medical supply, miscellaneous</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTODROP (<i>medical supply, miscellaneous</i>)	Tier 2	
AUTOSQUEEZE (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CATHETER STRAP (<i>medical supply, miscellaneous</i>)	Tier 2	
DISPOSABLE PAPER MOUTHPIECE (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, FULL (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, SHORT (<i>medical supply, miscellaneous</i>)	Tier 2	
FILTERED MOUTHPIECE ATTACHMENT (<i>medical supply, miscellaneous</i>)	Tier 2	
PEDIATRIC MOUTHPIECES (<i>medical supply, miscellaneous</i>)	Tier 2	
PEDIATRIC-SMALL MOUTH ADAPTOR (<i>medical supply, miscellaneous</i>)	Tier 2	
REPLACEMENT J-4 CANNULA (<i>medical supply, miscellaneous</i>)	Tier 2	
SPLASH SHIELD FLEX (<i>medical supply, miscellaneous</i>)	Tier 2	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 2	
AERONEB GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
ALTERA NEBULIZER (<i>nebulizer</i>)	Tier 2	
ALTERA NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 2	
AURA PORTANEB (<i>nebulizer</i>)	Tier 2	
COMPACT COMPRESSOR NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMPACT ULTRASONIC NEBULIZER (<i>nebulizer</i>)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
ERAPID NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 2	
FLYP NEBULIZER (<i>nebulizer</i>)	Tier 2	
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
INTELLIGENT MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
LC D NEBULIZER SET (<i>nebulizer</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LC PLUS (<i>nebulizer</i>)	Tier 2	
LC PLUS NEBULIZER-PED MASK (<i>nebulizer</i>)	Tier 2	
LC STAR (<i>nebulizer</i>)	Tier 2	
MICROAIR MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 2	
PARI BABY NEBULIZER (<i>nebulizer</i>)	Tier 2	
PARI LC D NEBULIZER (<i>nebulizer</i>)	Tier 2	
PARI LC SPRINT NEBULIZER SET (<i>nebulizer</i>)	Tier 2	
PARI LC SPRINT SINUS (<i>nebulizer</i>)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (<i>nebulizer</i>)	Tier 2	
SIDESTREAM (<i>nebulizer</i>)	Tier 2	
SIDESTREAM NEBULIZER (<i>nebulizer</i>)	Tier 2	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 2	
SINUSTAR NEBULIZER (<i>nebulizer</i>)	Tier 2	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 2	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
AEROGear ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MINI-WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
A.I.R.S NEBULIZER REPLACEMENT KIT (<i>nebulizer accessories</i>)	Tier 2	
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
ADULT DISPOSABLE MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AERONEB GO (<i>nebulizer accessories</i>)	Tier 2	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	Tier 2	
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 1000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 1000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 6000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BUBBLES THE FISH PEDI MASK (<i>nebulizer accessories</i>)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
COMPACT SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASYAIR COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
ERAPID NEBULIZER HANDSET (<i>nebulizer accessories</i>)	Tier 2	
EXPIRATORY MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
FILTER PAD (<i>nebulizer accessories</i>)	Tier 2	
FILTERS REPLACEMENT (<i>nebulizer accessories</i>)	Tier 2	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
HYPERSONIQ NEBULIZER CARTRIDGE (<i>nebulizer accessories</i>)	Tier 2	
IN-CHECK DIAL TRAINING DEVICE (<i>spirometers and accessories</i>)	Tier 2	
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE MINI DEVICE (<i>nebulizer and compressor</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
MASK VORTEX BABY WHIRL DUCK (<i>nebulizer accessories</i>)	Tier 2	
MASK VORTEX SPINNER THE DUCK (<i>nebulizer accessories</i>)	Tier 2	
MICRO ELITE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MINI ELITE FILTER REPLACEMENT (<i>nebulizer accessories</i>)	Tier 2	
MISTASSIST DEVICE (<i>spirometers and accessories</i>)	Tier 2	
MISTASSIST KIT DEVICE (<i>spirometer with drug delivery adapters</i>)	Tier 2	
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
MOUTHPIECE REUSABLE MW (<i>nebulizer accessories</i>)	Tier 2	
MY MDI PORTABLE NEBULISER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
ONE WAY VALVED MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 2	
PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONVERSION PACK 1 (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONVERSION PACK 2 (<i>nebulizer accessories</i>)	Tier 2	
PARI LC FILTER WITH VALVE SET (<i>nebulizer accessories</i>)	Tier 2	
PARI LC MASK SET (<i>nebulizer accessories</i>)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S COMBO PACK DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S PORTABLE PWR KIT (<i>nebulizer accessories</i>)	Tier 2	
PEDIATRIC AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC DINOSAUR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
PILLOW MASK CHILD (<i>nebulizer accessories</i>)	Tier 2	
PILLOW MASK PEDIATRIC (<i>nebulizer accessories</i>)	Tier 2	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 2	
PRO COMFORT SPACER-ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
PRONEB ULTRA FILTER ASSEMBLY (<i>nebulizer accessories</i>)	Tier 2	
PRONEB ULTRA FILTER SET (<i>nebulizer accessories</i>)	Tier 2	
PRONEB ULTRA II DEVICE (<i>nebulizer and compressor</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRONEB ULTRA II FILTER ASSEM (<i>nebulizer accessories</i>)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
REUSABLE NEBULIZER KIT KIT (<i>nebulizer accessories</i>)	Tier 2	
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
RUBBER MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
SAMI THE SEAL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SAMI THE SEAL FILTER (<i>nebulizer accessories</i>)	Tier 2	
SAMI THE SEAL MASK (<i>nebulizer accessories</i>)	Tier 2	
SIDESTREAM ADULT FACE MASK (<i>nebulizer accessories</i>)	Tier 2	
SIDESTREAM MASK (<i>nebulizer accessories</i>)	Tier 2	
SIDESTREAM PEDIATRIC FACE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SILICONE MASK (<i>nebulizer accessories</i>)	Tier 2	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SILICONE MASK - PEDIATRIC DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SINUSTAR AEROSOL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SMARTMASK KIDS (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOOTHENEB NBL100 ADULT MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 CHILD MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MED CUP (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MESH CAP (<i>nebulizer accessories</i>)	Tier 2	
SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
VAPORIZER CLEANING TABLET,SOLUBLE (<i>vaporizer-humidifier supplies</i>)	Tier 2	
VAPORIZER INHALANT LIQUID (<i>vaporizer-humidifier supplies</i>)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
VORTEX ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
WING TIP TUBING (<i>nebulizer accessories</i>)	Tier 2	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
ACTIVE CATH (<i>catheter male,external</i>)	Tier 2	
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY CATH-PRE-FILL SYRN TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
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 2	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-" (<i>catheter</i>)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 ", 8-16 FR-" (<i>catheter</i>)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (<i>catheter</i>)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD UNIVERSAL FOLEY CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR, 15 FR, 16 FR (<i>catheterization tray</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARDEX ALL-SILICONE FOLEY CATH 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
BARDEX CLOSED SYSTEM CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARDEX LUBRICATH FOLEY CATH 16 FR, 24 FR (<i>catheter</i>)	Tier 2	
BARDEX URETHRAL CATHETERTRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARDIA RED RUBBER CATHETER 14 FR, 16 FR (<i>catheter</i>)	Tier 2	
CLEAR ADVANTAGE (<i>catheter male,external</i>)	Tier 2	
CURITY 8000 URINE MTR FLY TRAY TRAY , 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE DRAINAGE SET TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE-MONO-FLO DRANGE TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY FOLEY CATHETER KIT KIT (<i>catheter</i>)	Tier 2	
CURITY PREMIUM CATHETER TRAY TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY STRMLIN CATH - MONO-FLO TRAY 14 FR (<i>catheterization tray</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH LAT/T 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH TEFLN 28 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-WAY CATHETER 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR, 26 FR, 28 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER IRRG 3WAY CATH 18 FR, 20 FR, 22 FR, 24 FR, 26 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER URETHRAL CATH 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
CURITY UNIVERSAL - NO DRAINAGE TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY URETH CATH CLOSED SYSTM TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY URETH CATH OPEN SYSTEM TRAY (<i>catheterization tray</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY URETHRAL CATHETER 14 FR (<i>catheter</i>)	Tier 2	
DAVOL C.S. FOLEY CATHETER TRAY TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL COMPLETE FOLEY KIT (<i>catheter</i>)	Tier 2	
DAVOL FOLEY CATH INSERT TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
DAVOL SILICONE FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
DAVOL UNIVERSAL CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
DAVOL URETHRAL CATHETER TRAY TRAY 15 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL URETHRAL CATHTRAY (W/O) TRAY (<i>catheterization tray</i>)	Tier 2	
DOVER CATHETER 10 FR (<i>catheter</i>)	Tier 2	
DOVER FOLEY CATHETER 10 FR, 24 FR (<i>catheter</i>)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (<i>catheter</i>)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (<i>catheter</i>)	Tier 2	
DOVER TEXAS MALE EXTERNAL CATH , 1 " (<i>catheter</i>)	Tier 2	
DOVER UNIVERSAL TRAY (<i>catheterization tray</i>)	Tier 2	
DOVER URI-DRAIN MALE EXT CATH (<i>catheter</i>)	Tier 2	
<i>external catheter, male 22 mm to 25 mm, 26 mm to 30 mm, 31 mm to 35 mm</i>	Tier 2	
FEMALE CATHETER 14 FR (<i>catheter</i>)	Tier 2	
FEMALE SPECIMEN CATHETER 8 FR (<i>catheter</i>)	Tier 2	
FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR, 26 FR, 28 FR, 30 FR (<i>catheter</i>)	Tier 2	
FOLEY CATHETER TRAY TRAY , 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
FREEDOM CATH (<i>catheter male,external</i>)	Tier 2	
GENTLECATH 10 FR, 12 FR, 12-16 FR-", 14 FR, 14-16 FR-", 16 FR, 16-16 FR-", 8 FR, 8-16 FR-" (<i>catheter</i>)	Tier 2	
GIZMO (<i>catheter male,external</i>)	Tier 2	
INCARE INVIEW CATHETER 25 MM, 29 MM, 32 MM, 36 MM, 41 MM (<i>catheter male,external</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENGUARD FOLEY CATHETER 18-16 FR-" (<i>catheter</i>)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (<i>catheterization tray</i>)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-", 16-16 FR-", 18-16 FR-" (<i>catheter</i>)	Tier 2	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (<i>catheter</i>)	Tier 2	
RETRACTED PENIS POUCH (<i>catheter</i>)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATH (<i>medical supply, miscellaneous</i>)	Tier 2	
SELF-CATH 10" 10 FR (<i>catheter</i>)	Tier 2	
SELF-CATH 10-16 FR-", 14-16 FR-", 20-16 FR-", 6-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATHETER, FEMALE 14 FR, 8 FR (<i>catheter</i>)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 2	
SPEEDICATH (MALE) 12 FR (<i>catheter</i>)	Tier 2	
SPIRIT EXT CATHETER TYPE 3 32 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-3 29 MM (<i>catheter male,external</i>)	Tier 2	
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 2	
URETHRAL CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
URO-SAN PLUS (<i>medical supply, miscellaneous</i>)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8" (<i>urinary bag/catheter</i>)	Tier 2	
VINYL CATHETER 14-16 FR-", 14-6 FR-" (<i>catheter</i>)	Tier 2	
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 1	DD
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 1	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
Medical Supplies and DME - Vaporizers - Medical Supplies and Durable Medical Equipment		
<i>vaporizers</i>	Tier 2	
VICKS WARM STEAM VAPORIZER (<i>vaporizer</i>)	Tier 2	
WARM STEAM VAPORIZER (<i>vaporizer</i>)	Tier 2	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
A.I.R.S NEBULIZER REPLACEMENT KIT (<i>nebulizer accessories</i>)	Tier 2	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ACCU-CHEK SOFT DEV LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (<i>catheterization tray</i>)	Tier 2	
ADULT DISPOSABLE MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 6-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
ADVANCED TRAVEL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ADVOCATE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADVOCATE LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ADVOCATE RAPID-SAFE LANCING (<i>lancing device</i>)	Tier 1	DD
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 2	
AEROGear ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AGAMATRIX CONTROL NORM-HI SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	Tier 2	
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
AIRZONE AND MINIWRIGHT AFS (<i>medical supply, miscellaneous</i>)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 1	DD
ALTERNATE SITE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ANGIOCATH AUTOGUARD IV CATH INFUSION SET 20 GAUGE X 1" (<i>intravenous catheter</i>)	Tier 2	
ANTI-EMBOLISM STOCKINGS (<i>medical supply, miscellaneous</i>)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
AQUA LANCE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AURA PORTANEB (<i>nebulizer</i>)	Tier 2	
AUTODROP (<i>medical supply, miscellaneous</i>)	Tier 2	
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD
AUTOSQUEEZE (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CATHETER STRAP (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 ", 8-16 FR-" (<i>catheter</i>)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (<i>catheter</i>)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR (<i>catheterization tray</i>)	Tier 2	
BARDEX ALL-SILICONE FOLEY CATH 14 FR (<i>catheter</i>)	Tier 2	
BARDEX CLOSED SYSTEM CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARDEX LUBRICATH FOLEY CATH 16 FR, 24 FR (<i>catheter</i>)	Tier 2	
BARDEX URETHRAL CATHETERTRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARDIA RED RUBBER CATHETER 14 FR, 16 FR (<i>catheter</i>)	Tier 2	
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	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 2	DD
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	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 INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 22 GAUGE X 1" (<i>intravenous catheter</i>)	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1" (<i>intravenous catheter kit</i>)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CAREONE THIN LANCET (<i>lancets</i>)	Tier 1	DD
CARESENS CONTROL A AND B SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
CARESENS CONTROL A NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	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 2	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 2	DD
CARETOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH TWIST LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
CATH-SECURE TUBE HOLDER (<i>catheter accessories,external</i>)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHOICE DM CLARUS NORM CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CLEVER CHOICE NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
CLEVER CHOICE WHISPER AIRE PED DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 1	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	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", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
COMPACT COMPRESSOR NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMPACT SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
COMPACT ULTRASONIC NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
COOL CONTROL A SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
COOL CONTROL B SOLUTION SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CURITY 8000 URINE MTR FLY TRAY TRAY , 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE DRAINAGE SET TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE-MONO-FLO DRANGE TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY STRMLIN CATH - MONO-FLO TRAY 14 FR (<i>catheterization tray</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH LAT/T 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH TEFLN 28 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-WAY CATHETER 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 28 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER IRRG 3WAY CATH 26 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER URETHRAL CATH 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY UNIVERSAL - NO DRAINAGE TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY URETHRAL CATHETER 14 FR (<i>catheter</i>)	Tier 2	
DAVOL C.S. FOLEY CATHETER TRAY TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL SILICONE FOLEY CATHETER 14 FR (<i>catheter</i>)	Tier 2	
DAVOL URETHRAL CATHETER TRAY TRAY 15 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL URETHRAL CATHTRAY (W/O) TRAY (<i>catheterization tray</i>)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
DIATRUE CONTROL SOLN NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
DIATRUE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
DIATRUE CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
DOVER CATHETER 10 FR (<i>catheter</i>)	Tier 2	
DOVER FOLEY CATHETER 10 FR, 24 FR (<i>catheter</i>)	Tier 2	
DOVER LATEX FOLEY CATHETER 28 FR (<i>catheter</i>)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (<i>catheter</i>)	Tier 2	
DOVER UNIVERSAL TRAY (<i>catheterization tray</i>)	Tier 2	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 2	DD
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
DROPLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (<i>pen needle, diabetic</i>)	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	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 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
EASY MINI EJECT LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	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 2	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 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	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 2	DD
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EASYAIR COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASYMAX 15 LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ERAPID NEBULIZER HANDSET (<i>nebulizer accessories</i>)	Tier 2	
ERAPID NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 2	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EXPIRATORY MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
<i>external catheter, male 22 mm to 25 mm, 26 mm to 30 mm, 31 mm to 35 mm</i>	Tier 2	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
FACE SPLASH SHIELD, FULL (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, SHORT (<i>medical supply, miscellaneous</i>)	Tier 2	
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
FEMALE CATHETER 14 FR (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMALE SPECIMEN CATHETER 8 FR (<i>catheter</i>)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
FILTER PAD (<i>nebulizer accessories</i>)	Tier 2	
FILTERED MOUTHPIECE ATTACHMENT (<i>medical supply, miscellaneous</i>)	Tier 2	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FOLEY CATHETER 14 FR (<i>catheter</i>)	Tier 2	
FOLEY CATHETER TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
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 2	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 2	DD
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GENTLECATH 10 FR, 12 FR, 12-16 FR-", 14 FR, 14-16 FR-", 16 FR, 16-16 FR-", 8 FR, 8-16 FR-" (<i>catheter</i>)	Tier 2	
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
HARMONY CONTROL L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
HEALTHMIST (<i>humidifier</i>)	Tier 2	
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 2	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 2	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 2	DD
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
HEALTHY ACCENTS AUTOLET (<i>lancing device</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
HYPERSONIQU NEBULIZER CARTRIDGE (<i>nebulizer accessories</i>)	Tier 2	
HYPOLANCE AST LANCING KIT (<i>lancing device/lancets</i>)	Tier 1	DD
IN-CHECK DIAL TRAINING DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
INCONTROL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 2	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
<i>insulin syringe needleless syringe 1 ml</i>	Tier 2	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 28 gauge, 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 3/8", 1 ml 31 gauge x 1/4", 1/2 ml 28 gauge, 1/2 ml 31 gauge x 1/4"</i>	Tier 2	DD
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 33 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 2	
INTELLIGENT MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (<i>intravenous catheter kit/intravenous catheter kit accessory</i>)	Tier 2	
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
KENGUARD FOLEY CATHETER 18-16 FR-" (<i>catheter</i>)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (<i>catheterization tray</i>)	Tier 2	
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
KETONE URINE TEST STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
KETOSTIX STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 1	DD
LANCETS, THIN 28 GAUGE (<i>lancets</i>)	Tier 1	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 1	DD
LANCING SYSTEM (<i>lancing device</i>)	Tier 1	DD
LANZO LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
LC STAR (<i>nebulizer</i>)	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 2	DD
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 2	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
LITE TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 2	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 2	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" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 2	DD
MAGIC3 INTERMITTENT CATHETER 12-16 FR-", 16-16 FR-", 18-16 FR-" (<i>catheter</i>)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDPOINT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MICRO ELITE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
MICRODOT HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
MICROLET 2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MICROLET NEXT LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MINI ELITE FILTER REPLACEMENT (<i>nebulizer accessories</i>)	Tier 2	
MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
MINI-WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MISTASSIST DEVICE (<i>spirometers and accessories</i>)	Tier 2	
MISTASSIST KIT DEVICE (<i>spirometer with drug delivery adapters</i>)	Tier 2	
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 2	DD
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
MOUTHPIECE REUSABLE MW (<i>nebulizer accessories</i>)	Tier 2	
MULTI-LANCET DEVICE 2 KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
MY MDI PORTABLE NEBULISER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
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 ", 24 GAUGE X 3/4", 24 X 0.56 " (<i>intravenous catheter</i>)	Tier 2	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 2	
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 1	DD
NOVA MAX GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	DD
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	Tier 1	DD
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (<i>pen needle, diabetic</i>)	Tier 2	DD
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (<i>pen needle, diabetic</i>)	Tier 2	DD
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ON CALL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL PLUS CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL VIVID CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ONETOUCH DELICA LANC DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ONETOUCH DELICA LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 1	DD
ONETOUCH VERIO HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
OPTUMRX SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONVERSION PACK 1 (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONVERSION PACK 2 (<i>nebulizer accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI LC D NEBULIZER (<i>nebulizer</i>)	Tier 2	
PARI LC FILTER WITH VALVE SET (<i>nebulizer accessories</i>)	Tier 2	
PARI LC MASK SET (<i>nebulizer accessories</i>)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PEDIATRIC AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC MOUTHPIECES (<i>medical supply, miscellaneous</i>)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i>	Tier 2	DD
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (<i>catheter</i>)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	
PILLOW MASK CHILD (<i>nebulizer accessories</i>)	Tier 2	
PILLOW MASK PEDIATRIC (<i>nebulizer accessories</i>)	Tier 2	
PIP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PORTABLE NEBULIZER SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	\$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 2	
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 2	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 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
PRO COMFORT SPACER-ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PROCARE HUMIDIFIER (<i>humidifier</i>)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD
PRODIGY LANCETS 28 GAUGE (lancets)	Tier 1	DD
PRODIGY LANCING DEVICE (lancing device)	Tier 1	DD
PRONEB ULTRA FILTER ASSEMBLY (nebulizer accessories)	Tier 2	
PRONEB ULTRA II DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURE COMFORT HUMIDIFIER (humidifier)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 1	DD
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 1	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE (lancets)	Tier 1	DD
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 1	DD
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD
RELIAMED LANCET 23 GAUGE, 30 GAUGE (lancets)	Tier 1	DD
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 1	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 1	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 1	DD
RELION NEEDLES NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
RELION THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	DD
REPLACEMENT J-4 CANNULA (<i>medical supply, miscellaneous</i>)	Tier 2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
RUBBER MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
SAFETY LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAMI THE SEAL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SAMI THE SEAL FILTER (<i>nebulizer accessories</i>)	Tier 2	
SAMI THE SEAL MASK (<i>nebulizer accessories</i>)	Tier 2	
SELF-CATH 20-16 FR-", 6-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (<i>catheter</i>)	Tier 2	
SIDESTREAM ADULT FACE MASK (<i>nebulizer accessories</i>)	Tier 2	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 2	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SILICONE MASK - PEDIATRIC DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SINGLE-LET (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
SMARTDIABETES VANTAGE (<i>lancing device</i>)	Tier 1	DD
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SOLUS V2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
SOOTHENEB NBL100 ADULT MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 CHILD MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MED CUP (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MESH CAP (<i>nebulizer accessories</i>)	Tier 2	
SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 2	
SPEEDICATH (MALE) 12 FR (<i>catheter</i>)	Tier 2	
SPIRIT EXT CATHETER TYPE 3 32 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-3 29 MM (<i>catheter male,external</i>)	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCING PEN (<i>lancing device</i>)	Tier 1	DD
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
SUREFLEX DEVICE WITH LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
SURE-LANCE 26 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	DD
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
TRUECONTROL LEVEL 0 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TRUECONTROL LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
TRUEPLUS LANCETS 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 2	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD
ULTI-LANCE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET CLASSIC LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTILET LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA CMFT INS SYR HALF UNIT 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 (half unit mark)</i>)	Tier 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
UNIFINE PENTIPS NEEDLE 29 GAUGE (<i>pen needle, diabetic</i>)	Tier 2	DD
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
UNISTIK 2 NORMAL LANCET,DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTRIP HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
URETHRAL CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 2	DD
VAPORIZER CLEANING TABLET,SOLUBLE (<i>vaporizer-humidifier supplies</i>)	Tier 2	
VAPORIZER INHALANT LIQUID (<i>vaporizer-humidifier supplies</i>)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8" (<i>urinary bag/catheter</i>)	Tier 2	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
VICKS WARM STEAM VAPORIZER (<i>vaporizer</i>)	Tier 2	
VINYL CATHETER 14-16 FR-", 14-6 FR-" (<i>catheter</i>)	Tier 2	
VIVAGUARD INO CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 2	
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
WARM STEAM VAPORIZER (<i>vaporizer</i>)	Tier 2	
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
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 2	
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA; SP
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF 0-5 YEARS
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF 0-5 YEARS
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	\$0 COPAY IF 0-5 YEARS
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	\$0 COPAY IF 0-5 YEARS
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	\$0 COPAY IF 0-5 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF 0-5 YEARS
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	
PREVIDENT DENTAL SOLUTION 0.2 % (<i>fluoride (sodium)</i>)	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF 0-5 YEARS
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF 0-5 YEARS
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	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 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 4	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 4	SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	SP
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 4	SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) (<i>dimethyl fumarate</i>)	Tier 4	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG (<i>dimethyl fumarate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 3	PA; SP; QL (2 EA per 1 day)
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Combinations - Drugs for the Eye		
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin/propylene glycol</i>)	\$0	EHB
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol/povidone</i>)	\$0	EHB
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (<i>dextran 70/hypromellose/pf</i>)	\$0	EHB
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
LUBRICATING DROPS OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i>)	\$0	EHB
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i>)	\$0	EHB
REFRESH OPTIVE SENSITIVE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin/pf</i>)	\$0	EHB
REFRESH RELIEVA OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (<i>polyvinyl alcohol</i>)	\$0	EHB
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (<i>hydroxypropyl cellulose</i>)	Tier 2	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	\$0	EHB
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 2	
Miotics - Direct Acting - Drugs for Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	Tier 2	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % (<i>sulfacetamide sodium/prednisolone acetate</i>)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (<i>gentamicin sulfate/prednisolone acetate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 2	QL (5 ML per 1 FILL)
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	\$0	EHB; QL (10 ML per 30 days)
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	\$0	EHB; QL (10 ML per 30 days)
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	\$0	EHB; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	\$0	EHB; QL (10 ML per 30 days)
ITCHY EYE DROPS OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	\$0	EHB; QL (10 ML per 30 days)
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	\$0	EHB; QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 2	ST: Prior prescription for Ketotifen Fumarate in 120 days; QL (2.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 2	ST: Prior prescription for Ketotifen Fumarate or Olopatadine HCL 0.1% drops in 120 days; QL (2.5 ML per 30 days)
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	\$0	EHB; QL (10 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (<i>difluprednate</i>)	Tier 2	QL (5 ML per 1 FILL)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 3	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST; QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 3	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST; QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (2.5 ML per 1 FILL)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (<i>bromfenac sodium</i>)	Tier 2	QL (5 ML per 1 FILL)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<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 ML per 1 FILL)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (<i>bromfenac sodium</i>)	Tier 2	QL (3 ML per 1 FILL)
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (<i>brimonidine tartrate/timolol maleate</i>)	Tier 3	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>brinzolamide</i>)	Tier 3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i>	Tier 3	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (<i>nedocromil sodium</i>)	Tier 2	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin/polymyxin b sulfate</i> (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<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	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin sulfate</i> (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	ST: Prior prescription for Ciprofloxacin HCL, Levofloxacin, Moxifloxacin HCL, or Ofloxacin in 120 days
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	QL (3 ML per 1 FILL)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	QL (3 ML per 1 FILL)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 2	QL (2.5 ML per 1 FILL)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium</i> (Bleph-10 Ophthalmic (Eye) Drops 10 %)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 2	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (<i>brimonidine tartrate</i>)	Tier 3	QL: 15mL BOTTLE: 1 BOTTLE IN 45 DAYS; ST: Prior prescription for Brimonidine Tartrate in 120 days
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 1	QL: 5mL BOTTLE: 2 BOTTLES IN 30 DAYS
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL: 15mL BOTTLE: 1 BOTTLE IN 45 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 3	QL (5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 3	QL (5 ML per 30 days)
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (<i>ciprofloxacin hcl/dexamethasone</i>)	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
BANOPHEN ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
PHARBEDRYL ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>cycloheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cycloheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
NIGHTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 1	
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>benzonatate oral capsule 150 mg</i>	Tier 3	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 2	
<i>theophylline anhydrous</i> (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (IL-5) Antagonists - Drugs for Asthma/COPD		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA; SP; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA; SP; QL (1 ML per 28 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	Tier 2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 2	
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 3	QL (1 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 2	
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<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	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (<i>albuterol sulfate</i>)	Tier 3	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (<i>albuterol sulfate</i>)	Tier 3	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	BRAND COVERED AT GENERIC COPAY
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	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (<i>tobramycin</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (4 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N) (<i>tezacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	SP
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamines - Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
Nasal Corticosteroids - Allergy		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 3	ST: Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Triamcinolone Acetonide in 120 days; QL (31.6 ML per 1 FILL)
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 3	ST: Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Triamcinolone Acetonide in 120 days; QL (31.6 ML per 1 FILL)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (50 ML per 1 FILL)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL: 2 BOTTLES PER FILL
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (34 GM per 1 FILL)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 1	QL (33.8 ML per 1 FILL)
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
TYZINE NASAL DROPS 0.1 % (<i>tetrahydrozoline hcl</i>)	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (<i>tetrahydrozoline hcl</i>)	Tier 3	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (120 ML per 1 FILL)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl/codeine phosphat</i>)	Tier 1	
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 ML)	Tier 1	
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	QL (240 ML per 1 FILL)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	Tier 4	PA; SP; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	Tier 4	PA; SP; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	Tier 4	PA; SP; QL (3 EA per 1 day)
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	Tier 3	
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	

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Index of Drugs

1

1ST TIER UNIFINE
PENTIPS 142
1ST TIER UNIFINE
PENTIPS PLUS 142
1ST TIER UNILET
COMFORTOUCH 127

2

24 HOUR ALLERGY RELIEF
..... 225
24 HOUR NASAL ALLERGY
..... 225
2TEK CONTROL (HIGH-
NORMAL) 127

A

A.I.R.S NEBULIZER
REPLACEMENT.. 162, 175
abacavir 15
abacavir-lamivudine 16
abacavir-lamivudine-
zidovudine 16
abiraterone 24
ABOUTTIME PEN NEEDLE
..... 142, 175
acamprosate 57
acarbose 101
ACCU-CHEK AVIVA
CONTROL SOLN 127, 175
ACCU-CHEK FASTCLIX
LANCET DRUM... 127, 175
ACCU-CHEK FASTCLIX
LANCING DEV 127, 175
ACCU-CHEK GUIDE L1-L2
CTRL SOL 127
ACCU-CHEK MULTICLIX
LANCET 127, 175
ACCU-CHEK SAFE-T-PRO
..... 127
ACCU-CHEK SAFE-T-PRO
PLUS 127, 175
ACCU-CHEK SMARTVIEW
CONTRL SOL..... 127, 175
ACCU-CHEK SOFT DEV
LANCETS 127, 175
ACCU-CHEK SOFTCLIX
LANCETS 127
ACCUTREND GLUCOSE
CONTROL 127, 175

ACE AEROSOL CLOUD
ENHANCER 162, 175
acebutolol 37
acetaminophen-codeine 2
acetazolamide 40
acetic acid 220
acetylcysteine 225
ACID CONTROLLER 113
ACID REDUCER
(CIMETIDINE) 113
ACID REDUCER
(FAMOTIDINE) 113
acitretin 75
ACNE MEDICATION 72
ACTI-LANCE LANCETS . 127
ACTIVE CATH 171
acyclovir 19, 76
ADACEL(TDAP
ADOLESN/ADULT)(PF). 31
adapalene 72
ADD-A-FOLEY CATH-
MONO-FLO DRNG..... 171,
176
ADD-A-FOLEY CATH-PRE-
FILL SYRN 171
ADD-A-FOLEY TRAY..... 171
adefovir 18
ADJUSTABLE LANCING
DEVICE 127
ADULT AEROSOL MASK 162
ADULT ASPIRIN REGIMEN 8
ADULT DISPOSABLE
MOUTHPIECE..... 162, 176
ADULT LOW DOSE
ASPIRIN 8, 123
ADVAIR DISKUS 224
ADVAIR HFA..... 224
ADVANCE PLUS
INTERMITTENT .. 171, 176
ADVANCED LANCING
DEVICE 127
ADVANCED TRAVEL
LANCETS 127, 176
ADVOCATE CONTROL
SOLUTION HIGH 128, 176
ADVOCATE LANCET 128
ADVOCATE LANCING
DEVICE 128, 176

ADVOCATE LOW
CONTROL 128, 176
ADVOCATE PEN NEEDLE
..... 142, 176
ADVOCATE RAPID-SAFE
LANCING 128, 176
ADVOCATE REDI-CODE+
CTRL HIGH 128, 176
ADVOCATE REDI-CODE+
CTRL LOW 128, 176
ADVOCATE SYRINGES 142,
143, 176
AEROCHAMBER MINI... 162,
176
AEROCHAMBER MV 162,
176
AEROCHAMBER PLUS
FLOW-VU 162
AEROCHAMBER PLUS
FLOW-VU,L MSK 162
AEROCHAMBER PLUS
FLOW-VU,M MSK 162
AEROCHAMBER PLUS
FLOW-VU,S MSK 162
AEROCHAMBER PLUS Z
STAT 163, 177
AEROCHAMBER PLUS Z
STAT LG MSK 162, 176
AEROCHAMBER PLUS Z
STAT MD MSK 163, 176
AEROCHAMBER PLUS Z
STAT SM MSK 163, 176
AEROCHAMBER WITH
FLOW SIGNAL 163, 177
AEROCHAMBER Z-STAT
PLUS-FLW SG 163, 177
AEROECLIPSE II
NEBULIZER..... 160, 177
AEROGear ACTION
ASTHMA KIT 161, 177
AERONEB GO 163
AERONEB GO NEBULIZER
..... 160
AEROTRACH PLUS 163, 177
AEROVENT PLUS .. 163, 177
AFINITOR 27
AFINITOR DISPERZ 27
Afirmelle 60

AFTERA.....	69	ALL FLOW 4000 KIT	163	amitriptyline-chlordiazepoxide	48
AGAMATRIX CONTROL HIGH	128, 177	ALL FLOW 4000 PFT FILTER	163	amlodipine.....	38
AGAMATRIX CONTROL NORM-HI.....	128, 177	ALL FLOW 5000 KIT	163	amlodipine-atorvastatin	37
AGAMATRIX CONTROL SOLN-LEVEL 2 ...	128, 177	ALL FLOW 5000 PFT FILTER	163	amlodipine-benazepril	32
AGAMATRIX CONTROL SOLN-LEVEL 4 ...	128, 177	ALL FLOW 6000 PFT FILTER	163	amlodipine-valsartan	33
AIR TUBE WITH AIR PLUGS	163, 177	ALLER-CORT	225	amlodipine-valsartan-hcthiacid	33
AIRS ADULT AEROSOL MASK	163, 177	ALLER-FLO.....	225	ammonium lactate	76
AIRS DISPOSABLE NEBULIZER	160, 177	ALLERGY EYE (KETOTIFEN).....	215	Amnesteem	70
AIRZONE AND MINIWRIGHT AFS	159, 177	ALLERGY RELIEF (FLUTICASONE)	226	amoxapine.....	49
AIRZONE PEAK FLOW METER.....	161, 177	allopurinol.....	120	amoxicil-clarithromy-lansopraz	117
Ak-Poly-Bac	218	ALOCRIL.....	218	amoxicillin.....	11
AKYNZEO (NETUPITANT)	112	alogliptin.....	101	amoxicillin-pot clavulanate	11
Ala-Cort.....	77	alogliptin-metformin.....	103	ampicillin	11
Ala-Scalp.....	77	alogliptin-pioglitazone.....	103	anagrelide	123
ALAWAY	215	ALOMIDE	218	anastrozole.....	24
albendazole.....	11	ALORA	105	ANGIOCATH AUTOGUARD IV CATH	159, 177
albuterol sulfate.....	223	ALPHAGAN P	219	ANTI-DANDRUFF	75
Alcaine	218	alprazolam.....	42	ANTI-DANDRUFF WITH MENTHOL	76
alclometasone	77	ALREX	216	ANTI-EMBOLISM STOCKINGS.....	159, 177
ALCOH-GLOVE	30, 126	Altavera (28).....	61	ANTI-ITCH (HC).....	77
ALCOHOL PADS	29	ALTERA NEBULIZER	160	ANTI-ITCH PLUS	79
ALCOHOL PREP PADS....	29	ALTERA NEBULIZER SYSTEM.....	160	ANTI-ITCH(HYDROCORTISON E)-ALOE	79
alcohol swabs.....	29	ALTERNATE SITE LANCET	128, 177	APOGEE HC INTERMIT CATHETER	171
ALCOHOL WIPES	29	ALTERNATE SITE LANCING DEVICE	128, 177	APOGEE IC INTERMIT CATHETER	171, 177
ALCOH-WIPE	30, 126	ALUNBRIG.....	23	apraclonidine	219
ALECENSA.....	23	Alyacen 1/35 (28).....	61	aprepitant	112
alendronate	104	Alyacen 7/7/7 (28).....	67	Apri.....	61
ALEVE	6	Alyq	41	APRISO.....	115
alfuzosin	118	Amabelz	104	APTIVUS	21
ALINIA.....	13	amantadine hcl.....	50	APTIVUS (WITH VITAMIN E)	21
ALIVE PRENATAL	98	Amethia	59	AQUA CARE SODIUM CHLORIDE	83
ALL DAY PAIN RELIEF	7	Amethia Lo	59	AQUA LANCE LANCING DEVICE	128, 177
ALL DAY RELIEF	7	AMIELLE VAGINAL TRAINER.....	159	AQUANIL HC	77
ALL FLOW 1000 KIT	163	amiloride.....	40	Aranelle (28).....	67
ALL FLOW 1000 PFT FILTER	163	amiloride-hydrochlorothiazide	40	ARANESP (IN POLYSORBATE).....	121
ALL FLOW 3000 KIT	163	aminocaproic acid	122	ARGYLE TROCAR..	171, 177
ALL FLOW 3000 PFT FILTER	163	amiodarone	35		
		AMITIZA.....	115, 116		
		amitriptyline	49		

aripiprazole.....	53	ATROVENT HFA	222	BANZEL	46
ARMOUR THYROID	110	AUBAGIO.....	213	BAQSIMI	100
ARNUITY ELLIPTA	221	Aubra.....	61	BARD CATHETER STRAP	
ARTIFICIAL TEARS		Aubra Eq	61	.....	160, 178
(POLYVIN ALC).....	214	AURA PORTANEB .	160, 178	BARD CLEAN-CATH	171,
ARTIFICIAL		Aurovela 1.5/30 (21).....	61	178	
TEARS(GLYCERIN-PEG)		Aurovela 1/20 (21).....	61	BARD COUDE TIP	
.....	213	Aurovela 24 Fe.....	61	CATHETER	171, 178
ARTIFICIAL		Aurovela Fe 1.5/30 (28).....	61	BARD FEMALE	
TEARS(PVALCH-POVID)		Aurovela Fe 1-20 (28)	61	INTERMITTENT CATH	
.....	213	AURYXIA	83, 118	.....	171, 178
Ashlyna	59	AUTODROP	160, 178	BARD INFECT CONT TRAY-	
ASPERCREME		AUTO-LANCET MINI	129,	NO CATH	171, 178
(LIDOCAINE).....	80	178		BARD LUBRICATH FOLEY	
ASPIR-81	8, 123	AUTOLET IMPRESSION		TRAY	171, 178
aspirin	8	LANC DEV.....	129	BARD LUBRICATH FOLEY	
ASPIRIN CHILDRENS	8, 123	AUTOLET LANCING		TRAY 18FR	171, 178
ASPIRIN LOW DOSE	8	DEVICE	129	BARD RUBBER UTILITY	
aspirin-dipyridamole	122	AUTOLET PLUS LANCING		CATHETER	171, 178
ASPIR-TRIN.....	8, 123	DEVICE	129	BARD UNIVERSAL FOLEY	
ASSURE 4 CONTROL		AUTOSQUEEZE	160, 178	CATH TRAY	171
SOLUTION	128	AVANDIA	109	BARD URETHRAL	
ASSURE DOSE NORMAL		AVASTIN.....	22	CATHETER TRAY.....	171,
CONTROL	128	AVEENO ANTI-ITCH		178	
ASSURE DOSE NORM-HI		(HYDROCORTSN)	79	BARDEX ALL-SILICONE	
CONTROL	128	Aviane	61	FOLEY CATH	172, 178
ASSURE HAEMOLANCE		AVITA.....	72	BARDEX CLOSED SYSTEM	
PLUS	128	AVONEX	211	CATH TRAY	172, 178
ASSURE ID INSULIN		Ayuna	61	BARDEX LUBRICATH	
SAFETY.....	143	AZASITE	219	FOLEY CATH	172, 178
ASSURE ID PEN NEEDLE		azathioprine.....	125	BARDEX URETHRAL	
.....	143	azelaic acid	70	CATHETERTRAY	172, 178
ASSURE LANCE	128	azelastine	215, 225	BARDIA RED RUBBER	
ASSURE LANCE PLUS ..	128	AZESCHEW	98	CATHETER	172, 178
ASSURE PRISM CONTROL		azithromycin	20	BD ALCOHOL SWABS	29
1-2 SOLN.....	128	AZO URINARY PAIN		BD ANGIOCATH IV	
ASTHMA CHECK METER		RELIEF	119	CATHETER	159, 178
.....	161, 178	AZOPT	217	BD AUTOSHIELD DUO PEN	
ASTHMAPACK CHILDREN'S		Azurette (28)	59	NEEDLE	143, 178
.....	161, 178	B		BD ECLIPSE LUER-LOK	143,
ATABEX OB.....	87	bacitracin.....	219	179	
atazanavir.....	21	bacitracin-polymyxin b.....	218	BD INSULIN SYRINGE ..	143,
atenolol	37	baclofen.....	125	179	
atenolol-chlorthalidone	39	BALANCED B-50	82	BD INSULIN SYRINGE	
atomoxetine.....	52	BAL-CARE DHA.....	87	HALF UNIT	143, 179
atorvastatin.....	36	BAL-CARE DHA ESSENTIAL		BD INSULIN SYRINGE	
atovaquone	13	.....	87	MICRO-FINE	143, 179
atovaquone-proguanil	12	balsalazide	115	BD INSULIN SYRINGE	
ATRIPLA	16	Balziva (28)	61	SAFETY-LOK	143, 179
atropine	215	BANOPHEN	220		

BD INSULIN SYRINGE SLIP
TIP 143, 179

BD INSULIN SYRINGE U-
500 143, 179

BD INSULIN SYRINGE
ULTRA-FINE 144

BD INSYTE AUTOGUARD
..... 159, 179

BD LO-DOSE MICRO-FINE
IV 144, 179

BD LO-DOSE ULTRA-FINE
..... 144, 179

BD MICROTAINER LANCET
..... 129, 179

BD NANO 2ND GEN PEN
NEEDLE 144, 179

BD SAFETYGLIDE INSULIN
SYRINGE 144, 179, 180

BD SAFETYGLIDE
SYRINGE 144, 180

BD SAF-T-INTIMA .. 159, 180

BD ULTRA FINE LANCETS
..... 129, 180

BD ULTRA-FINE II
LANCETS 129

BD ULTRA-FINE MICRO
PEN NEEDLE..... 144, 180

BD ULTRA-FINE MINI PEN
NEEDLE 144

BD ULTRA-FINE NANO PEN
NEEDLE 145

BD ULTRA-FINE ORIG PEN
NEEDLE 145

BD ULTRA-FINE SHORT
PEN NEEDLE..... 145

BD VEO INSULIN SYR HALF
UNIT 145, 180

BD VEO INSULIN SYRINGE
UF 145

Bekyree (28)..... 59

belladonna alkaloids-opium
..... 115

benazepril..... 32

benazepril-
hydrochlorothiazide 32

benzonatate 221

benzoyl peroxide 72

benztropine 50

BERINERT 121

BETA-HC 77

betamethasone dipropionate
..... 77

betamethasone valerate.... 77

betamethasone, augmented
..... 77

betaxolol..... 37, 217

bethanechol chloride 120

BETHKIS..... 224

bexarotene 29

bicalutamide 24

BIKTARVY 15

bimatoprost 220

bisoprolol fumarate..... 37

bisoprolol-
hydrochlorothiazide 39

Bleph-10..... 219

BLEPHAMIDE 214

Blisovi 24 Fe..... 61

Blisovi Fe 1.5/30 (28) 61

Blisovi Fe 1/20 (28) 61

blood glucose contrl
hi,normal..... 129, 180

blood glucose control, normal
..... 129

blood glucose ctl
high,nml,low..... 129, 180

BLUE-EMU LIDOCAINE
PATCH 81

BOOSTRIX TDAP 31

BOSULIF 28

BP 10-1 71

BRAFTOVI 25

BRAINSTRONG PRENATAL
..... 87

BREATHERITE MDI
SPACER..... 163

BREATHERITE SPACER-
MASK, NEO..... 163

BREATHERITE SPACER-
MASK,ADULT..... 163

BREATHERITE SPACER-
MASK,CHILD..... 163

BREATHERITE SPACER-
MASK,INFANT 163

BREATHERITE SPACER-
MASK,S.CHLD 163

BREATHERITE VALVED
MDI CHAMBER 164

BREATHERITE VALVED
MDI SPACER 164

BREEZE 2 CONTROL
SOLUTION, LOW 129, 180

BREEZE 2 CONTROL
SOLUTION, NML. 129, 180

BREEZE 2 CONTROL
SOLUTION,HIGH 129, 180

BREO ELLIPTA..... 224

Briellyn 62

BRILINTA 122

brimonidine..... 219

bromfenac 217

bromocriptine 50

BROMSITE 217

BUBBLES THE FISH PEDI
MASK 164

budesonide..... 115, 221

BULLSEYE MINI SAFETY
LANCETS 129

bumetanide 40

buprenorphine 3

buprenorphine-naloxone ... 56

bupropion hcl..... 48

bupropion hcl (smoking
deter) 57

BURN RELIEF WITH ALOE
..... 80

buspirone 42

butorphanol 3

BYDUREON 102

BYSTOLIC 37

C

cabergoline..... 109

CABOMETYX..... 27

CADEAU DHA..... 87

caffeine citrate 54

calcipotriene 75

calcipotriene-betamethasone
..... 72

calcitonin (salmon) 104

calcitriol 75, 99

calcium acetate 83

calcium acetate(phosphat
bind)..... 118

CALCIUM PNV..... 86, 87

CALPHRON 83, 118

CALQUENCE 25, 28

Camila 67

CAMRESE 60

CAMRESE LO..... 60

candesartan 34

candesartan- hydrochlorothiazid	33	CAYA CONTOURED	126, 181	Cholestyramine Light.....	35
capecitabine	24	CAYSTON.....	224	ciclopirox	74
CAPRELSA	28	Caziant (28).....	67	cilostazol	122
captopril	32	cefaclor.....	17	cimetidine	113
captopril-hydrochlorothiazide	32	cefadroxil.....	17	cimetidine hcl	113
carbamazepine.....	44	cefdinir.....	17	CIMZIA	3, 4, 116
CARBATROL	44, 53	cefixime	17	CIMZIA POWDER FOR RECONST	3, 4, 115
carbidopa	50	cefpodoxime.....	17	CIMZIA STARTER KIT ...	3, 4, 116
carbidopa-levodopa.....	49	cefprozil.....	17	cinacalcet	104
carbidopa-levodopa- entacapone.....	49	cefuroxime axetil	17	CIPRO.....	18
carbinoxamine maleate ..	220, 221	celecoxib	6	CIPRO XR.....	18, 119
CAREFINE PEN NEEDLE	145, 180	CELONTIN	46	CIPRODEX	220
CAREONE LANCING DEVICE	129, 181	cephalexin	17	ciprofloxacin	18
CAREONE THIN LANCET	129, 181	CERTAIN DRI	75	ciprofloxacin hcl. 18, 219, 220	
CAREONE ULTRA THIN LANCET	129	cevimeline	211	citalopram.....	47
CARESENS CONTROL A AND B.....	129, 181	CHANTIX	58	CITRANATAL (DUAL-IRON)	87
CARESENS CONTROL A NORMAL	129, 181	CHANTIX CONTINUING MONTH BOX.....	57	CITRANATAL 90 DHA (ALGAL OIL).....	87
CARESENS LANCETS ..	129, 181	CHANTIX STARTING MONTH BOX.....	58	CITRANATAL ASSURE	87
CARETOUCH ALCOHOL PREP PAD	30	Chateal (28)	62	CITRANATAL DHA (ALGAL OIL).....	87
CARETOUCH INSULIN SYRINGE	145, 181	Chateal Eq (28).....	62	CITRANATAL HARMONY (IRON FUM).....	87
CARETOUCH LANCING DEVICE	129, 181	CHEK-STIX CONTROL....	81, 175, 181	Claravis	70
CARETOUCH PEN NEEDLE	145, 181	CHEMET	10	CLARISPRAY	226
CARETOUCH SAFETY LANCETS	129, 181	CHEMSTRIP 10 MD .	81, 181	clarithromycin	20
CARETOUCH TWIST LANCET	129, 181	CHEMSTRIP 10/SG ..	81, 181	CLEANSING WASH....	71, 80
carisoprodol.....	125	CHEMSTRIP 2 GP	82, 181	CLEAR ADVANTAGE	172
carisoprodol-aspirin	125	CHEMSTRIP 50B.....	82, 181	CLEVER CHEK LANCETS	130
carisoprodol-aspirin-codeine	125	CHEMSTRIP 7	82, 181	CLEVER CHOICE CHAMBER-LRG MASK	164
carteolol	217	CHEMSTRIP 9	82, 181	CLEVER CHOICE CHAMBER-MED MASK	164
Cartia Xt	38	CHILDREN'S ALAWAY ..	215	CLEVER CHOICE CHAMBER-SM MASK .	164
carvedilol	33	CHILDREN'S ASPIRIN	9	CLEVER CHOICE LEVEL 1 CONTROL	130, 182
CATH-SECURE TUBE HOLDER.....	142, 181	CHILDREN'S FLONASE SENSIMIST	226	CLEVER CHOICE LEVEL 2 CONTROL	130, 182
		CHILDREN'S IBUPROFEN .	7	CLEVER CHOICE LEVEL 3 CONTROL	130, 182
		CHILDREN'S IRON.....	83	CLEVER CHOICE NEBULIZER.....	164, 182
		CHILDREN'S PROFEN IB ..	7	CLEVER CHOICE PEAK FLOW METER.....	161, 182
		chlordiazepoxide hcl.....	42		
		chlorhexidine gluconate...	211		
		chloroquine phosphate	13		
		chlorothiazide	40		
		chlorthalidone.....	41		
		chlorpromazine.....	51		
		CHOICE DM CLARUS NORM CONTROL	130, 181		
		cholecalciferol (vitamin d3)	99		
		cholestyramine (with sugar)	35		

CLEVER CHOICE WHISPER
 AIRE PED..... 164, 182
 CLICKFINE PEN NEEDLE
 145
 clindamycin hcl..... 20
 clindamycin palmitate hcl .. 20
 Clindamycin Pediatric..... 20
 clindamycin phosphate..... 70,
 71, 228
 clindamycin-benzoyl peroxide
 71
 clindamycin-tretinoin 72
 CLINPRO 5000 210
 clobazam..... 43
 clobetasol..... 77
 clobetasol-emollient 77
 clomipramine..... 49
 clonazepam..... 42
 clonidine 39
 clonidine hcl 39
 clopidogrel..... 123
 clorazepate dipotassium ... 42
 clotrimazole 210
 clotrimazole-betamethasone
 74
 clozapine..... 51
 C-NATE DHA 88
 COAGUCHEK LANCETS
 130, 182
 COARTEM 12
 codeine sulfate 1
 codeine-guaifenesin 227
 colchicine 120
 colesevelam 35
 COLESTID FLAVORED 35
 colestipol 35
 Colocort..... 115
 COLOR LANCETS.. 130, 182
 COMBIGAN..... 217
 COMBIPATCH 104
 COMBISTIX REAGENT ... 82,
 182
 COMBIVENT RESPIMAT 223
 COMFORT EZ INSULIN
 SYRINGE 145, 146, 182
 COMFORT EZ LANCETS 130
 COMFORT EZ PEN
 NEEDLES..... 146, 182
 COMFORT LANCETS 130

COMPACT COMPRESSOR
 NEBULIZER 160, 182
 COMPACT SPACE
 CHAMBER..... 164, 182
 COMPACT SPACE
 CHAMBER PLUS 164, 182
 COMPACT SPACE
 CHAMBER-LRG MASK
 164, 182
 COMPACT SPACE
 CHAMBER-MED MASK
 164, 183
 COMPACT SPACE
 CHAMBER-SM MASK 164,
 183
 COMPACT ULTRASONIC
 NEBULIZER 160, 183
 COMP-AIR NEBULIZER
 COMPRESSOR... 164, 183
 COMPETE 84
 COMPLERA 16
 COMPLETE 84
 COMPLETE NATAL DHA . 88
 COMPLETENATE 88
 Compro 111
 Constulose 116
 CONTOUR CONTROL
 SOLUTION, HIGH 130, 183
 CONTOUR CONTROL
 SOLUTION, LOW 130, 183
 CONTOUR CONTROL
 SOLUTION, NML. 130, 183
 CONTOUR NEXT LEV 1
 CONTROL SOL... 130, 183
 CONTOUR NEXT LEV 2
 CONTROL SOL... 130, 183
 COOL CONTROL A
 SOLUTION 130, 183
 COOL CONTROL B
 SOLUTION 130, 183
 COOL MIST HUMIDIFIER
 142
 CORLANOR..... 41
 CORTAID 77
 cortisone..... 105
 CORTISONE
 (HYDROCORTISONE).. 77
 CORTISONE WITH ALOE 79
 CORTISPORIN-TC 220
 CORTIZONE-10..... 78

CORTIZONE-10 PLUS..... 78
 CORTIZONE-10 WITH ALOE
 79
 COSENTYX 73
 COSENTYX (2 SYRINGES)
 73
 COSENTYX PEN 73
 COSENTYX PEN (2 PENS)
 73
 COTELLIC..... 26
 CREON 112
 CRIXIVAN 21
 cromolyn..... 26, 218, 222
 Cryselle (28)..... 62
 CURITY 8000 URINE MTR
 FLY TRAY 172, 183
 CURITY ALCOHOL SWABS
 30
 CURITY BEDSIDE
 DRAINAGE SET .. 172, 183
 CURITY BEDSIDE-MONO-
 FLO DRANGE 172, 183
 CURITY FOLEY CATHETER
 KIT 172
 CURITY PREMIUM
 CATHETER TRAY..... 172
 CURITY STRMLIN CATH -
 MONO-FLO 172, 183
 CURITY ULTRAMER 2-W
 CATH LAT/T 172, 183
 CURITY ULTRAMER 2-W
 CATH TEFLN..... 172, 183
 CURITY ULTRAMER 2-WAY
 CATHETER 172, 183
 CURITY ULTRAMER IRRG
 3WAY CATH..... 172, 183
 CURITY ULTRAMER
 URETHRAL CATH..... 172,
 183
 CURITY UNIVERSAL - NO
 DRAINAGE 172, 184
 CURITY URETH CATH
 CLOSED SYSTM..... 172
 CURITY URETH CATH
 OPEN SYSTEM..... 172
 CURITY URETHRAL
 CATHETER 173, 184
 cyanocobalamin (vitamin b-
 12) 99
 Cyclofem 1/35 (28)..... 62

Cyclafem 7/7/7 (28).....	67	DEPO-SUBQ PROVERA	104	diflunisal	9
cyclobenzaprine	125	.....	59	Digitek	40
CYCLOMYDRIL	214	DERMAREST ECZEMA		Digox	40
cyclopentolate	215	(HYDROCORT)	78	digoxin	40
cyclophosphamide	23	DESCOVY	14	dihydroergotamine.....	54
cyclosporine	5, 124	desipramine.....	49	DILANTIN	44
cyclosporine modified.....	124	desmopressin	100	Dilantin Extended	44
cyproheptadine.....	221	desog-e.estradiol/e.estradiol		Dilantin Infatabs.....	44
Cyred	62	.....	60	DILANTIN-125.....	44
Cyred Eq	62	desogestrel-ethinyl estradiol		diltiazem hcl	38
D		.....	62	DILT-XR	38
DAILY PRENATAL	88	desoximetasone	78	diphenhydramine hcl	221
dalfampridine.....	212	DEVILBISS DISPOSABLE		diphenoxylate-atropine ...	110
danazol	106	NEBULIZER	160, 184	dipyridamole	123
DANDRUFF SHAMPOO		DEVILBISS PULMO-AIDE		disopyramide phosphate ...	34
(SELEN-ALOE).....	76	COMPRESSR	164, 184	DISPOSABLE PAPER	
DANDRUFF SHAMPOO		DEVILBISS PULMOMATE		MOUTHPIECE	160
(SELENIUM).....	75	COMPRESSOR... ..	164, 184	disulfiram	57
DANDRUFF SHAMPOO-		DEVILBISS PULMONEB LT		DIURIL	41
MENTHOL	76	COMP-NEB	164, 184	divalproex	43
dapsone	12	DEVILBISS TRAVELER		dofetilide	35
Dasetta 1/35 (28)	62	COMPRESSOR.....	164	donepezil	58
Dasetta 7/7/7 (28)	68	dexamethasone.....	105	dorzolamide.....	217
DAVOL C.S. FOLEY		DEXAMETHASONE		dorzolamide-timolol	217
CATHETER TRAY.....	173, 184	INTENSOL.....	105	Dotti.....	105
DAVOL COMPLETE FOLEY		dexamethasone sodium		DOVATO	14
.....	173	phosphate	216	DOVER CATHETER.....	173, 184
DAVOL FOLEY CATH		dexmethylphenidate	52	DOVER FOLEY CATHETER	
INSERT TRAY	173	dextroamphetamine	54	.....	173, 184
DAVOL SILICONE FOLEY		dextroamphetamine-		DOVER LATEX FOLEY	
CATHETER	173, 184	amphetamine	54	CATHETER	173, 184
DAVOL UNIVERSAL CATH		DIACOMIT	46	DOVER RED RUBBER	
TRAY	173	DIASTIX	174	ROBINSON CATH.....	173, 184
DAVOL URETHRAL		DIATRUE CONTROL SOLN			
CATHETER TRAY.....	173, 184	NORMAL	130, 184	DOVER TEXAS MALE	
DAVOL URETHRAL		DIATRUE CONTROL		EXTERNAL CATH	173
CATHTRAY (W/O).....	173, 184	SOLUTION HIGH	130, 184	DOVER UNIVERSAL	173, 184
Daysee	60	DIATRUE CONTROL			
DDAVP	100	SOLUTION LOW	130, 184	DOVER URI-DRAIN MALE	
Deblitane	67	diazepam.....	42, 52	EXT CATH	173
Decadron.....	105	Diazepam Intensol	42, 52	doxazosin	41
deferasirox	10	diclofenac potassium.....	6	doxepin.....	49
demeclocycline.....	22	diclofenac sodium ..	6, 74, 80, 217	doxercalciferol	209
DENAVIR	76	diclofenac-misoprostol.....	6	doxycycline hyclate ...	22, 211
DENTA 5000 PLUS.....	210	dicloxacinil	21	doxycycline monohydrate..	22
DENTAGEL.....	210	dicyclomine	114	DRAMAMINE LESS	
		didanosine.....	15	DROWSY	111
		DIFICID	20	dronabinol	111
		diflorasone.....	78	DROPLET INSULIN SYR	
				HALF UNIT	146, 184

DROPLET INSULIN
 SYRINGE 146, 184, 185
 DROPLET LANCETS..... 130,
 185
 DROPLET LANCING
 DEVICE 130, 185
 DROPLET MICRON PEN
 NEEDLE 146, 185
 DROPLET PEN NEEDLE
 146, 185
 DROPSAFE PEN NEEDLE
 146, 185
 drospirenone-e.estradiol-
 lm.fa 62
 drospirenone-ethinyl estradiol
 62
 DROXIA 123
 DRY SOL 75
 DRY SOL DAB-O-MATIC... 75
 DUAVEE 104
 DUET DHA BALANCED.... 88
 DUET DHA WITH OMEGA-3
 88
 duloxetine..... 48
 DUPIXENT SYRINGE 73
 DUREZOL 216
 dutasteride 119
 dutasteride-tamsulosin 117
 DUTOPROL 39
E
 E.C. PRIN..... 9, 123
 E.E.S. 400 20
 EASIVENT HOLDING
 CHAMBER..... 164
 EASIVENT MASK LARGE
 165, 185
 EASIVENT MASK MEDIUM
 165, 185
 EASIVENT MASK SMALL
 165, 185
 EASY COMFORT ALCOHOL
 PAD 30
 EASY COMFORT INSULIN
 SYRINGE 147, 185
 EASY COMFORT LANCETS
 130
 EASY COMFORT PEN
 NEEDLES..... 147, 185
 EASY GLIDE INSULIN
 SYRINGE 147, 185, 186

EASY GLIDE PEN NEEDLE
 147, 186
 EASY MINI EJECT
 LANCING DEVICE 131,
 186
 EASY NEB COMPRESSOR
 NEBULIZER 165, 186
 EASY PLUS II HIGH
 CONTROL 131, 186
 EASY PLUS II LOW
 CONTROL 131, 186
 EASY STEP HIGH
 CONTROL SOLN 131, 186
 EASY STEP LOW
 CONTROL SOLUTION
 131, 186
 EASY STEP NORMAL
 CONTROL SOLN 131, 186
 EASY TALK HIGH
 CONTROL 131, 186
 EASY TALK LOW CONTROL
 131, 186
 EASY TOUCH..... 148
 EASY TOUCH ALCOHOL
 PREP PADS 30
 EASY TOUCH FLIPLOCK
 INSULIN 147, 186
 EASY TOUCH HIGH-LOW
 CONTROL 131
 EASY TOUCH INSULIN
 SAFETY SYR 147, 186
 EASY TOUCH INSULIN
 SYRINGE 147, 148
 EASY TOUCH LANCETS
 131, 186
 EASY TOUCH LANCING
 DEVICE 131, 186
 EASY TOUCH LUER LOCK
 INSULIN 148, 187
 EASY TOUCH PEN NEEDLE
 148, 187
 EASY TOUCH SAFETY
 LANCETS 131, 187
 EASY TOUCH SAFETY PEN
 NEEDLE 148, 187
 EASY TOUCH
 SHEATHLOCK INSULIN
 148, 187
 EASY TOUCH TWIST
 LANCETS 131, 187

EASY TOUCH UNI-SLIP . 148
 EASY TRAK HIGH
 CONTROL 131, 187
 EASY TRAK LOW
 CONTROL 131, 187
 EASY TWIST AND CAP
 LANCETS 131, 187
 EASYAIR COMPRESSOR
 NEBULIZER..... 165, 187
 EASYGLUCO PLUS
 NORMAL CONTROL.. 131,
 187
 EASYMAX 15 LEVEL 1.. 131,
 187
 EASYMAX 15 LEVEL 2.. 131,
 187
 EASYMAX LOW CONTROL
 131
 EASYMAX NORMAL
 CONTROL 132
 EBASE CONTROLLER.. 165,
 187
 EC-NAPROXEN 7
 econazole 74
 ECONTRA EZ 69
 ECONTRA ONE-STEP 69
 ECOTRIN 9
 ED-SPAZ..... 114, 119
 EDURANT 14
 efavirenz..... 14
 EFFER-K..... 84
 ELEMENT COMPACT HIGH
 CONTROL 132, 187
 ELEMENT COMPACT
 NORMAL CONTROL.. 132,
 187
 ELEMENT HIGH CONTROL
 132, 187
 ELEMENT LOW CONTROL
 132, 187
 ELEMENT NORMAL
 CONTROL 132, 188
 Elinest 62
 ELIQUIS 121
 ELIQUIS DVT-PE TREAT
 30D START 121
 ELITE-OB..... 84, 88
 Elixophyllin 222
 ELLA 69
 ELMIRON..... 118

Eluryng.....	69	ERIVEDGE.....	25	EXPIRATORY	
EMBRACE EVO LEVEL 1		erlotinib.....	23	MOUTHPIECE.....	165, 188
.....	132, 188	Errin.....	67	EXTAVIA.....	211
EMBRACE GLUCOSE		ERY PADS.....	71	external catheter, male... 173,	
CONTROL HIGH..	132, 188	Ery-Tab.....	20	188	
EMBRACE GLUCOSE		Erythrocin (As Stearate)....	20	EXTRA-VIRT PLUS DHA..	88
CONTROL LOW..	132, 188	erythromycin.....	20, 219	EYE ITCH RELIEF.....	215
EMBRACE LANCETS....	132,	erythromycin ethylsuccinate		E-Z JECT LANCETS	133, 188
188		.....	20	E-Z JECT THIN LANCETS	
EMBRACE PRO.....	132, 188	erythromycin with ethanol..	71	.....	133
EMBRACE TALK		erythromycin-benzoyl		EZ SMART CONTROL....	133
CONTROL-HIGH (L2)	132,	peroxide.....	71	EZ SMART LANCETS....	133,
188		ESBRIET.....	227	188	
EMBRACE TALK		escitalopram oxalate.....	47	ezetimibe.....	36
CONTROL-LOW (L1) .	132,	Estarylla.....	62	EZ-LETS.....	133, 188
188		estazolam.....	56	F	
EMCYT.....	25	estradiol.....	105, 228	FACE SPLASH SHIELD,	
Emquette.....	62	estradiol-norethindrone acet		FULL.....	160, 188
EMTRIVA.....	15	.....	104	FACE SPLASH SHIELD,	
enalapril maleate.....	32	ESTRING.....	228	SHORT.....	160, 188
enalapril-hydrochlorothiazide		ethacrynic acid.....	40	FACTIVE.....	18
.....	32	ethambutol.....	16	Falmina (28).....	62
ENBREL.....	4	ethosuximide.....	46	famciclovir.....	19
ENBREL SURECLICK.....	4	ethynodiol diac-eth estradiol		famotidine.....	113
Endocet.....	3	.....	62	FARXIGA.....	102
ENERGIX-B (PF).....	30	etidronate disodium.....	104	FARYDAK.....	26
enoxaparin.....	122	etodolac.....	8	FC2 FEMALE CONDOM	127,
Enpresse.....	68	etonogestrel-ethinyl estradiol		188	
Enskyce.....	62	.....	69	febuxostat.....	121
entacapone.....	49	etoposide.....	25	felbamate.....	43
entecavir.....	18	EURAX.....	81	FELBATOL.....	43
ENTRESTO.....	33	EUTHYROX.....	110	felodipine.....	38
Enulose.....	112	EVENCARE.....	132, 188	FEMALE CATHETER.....	173,
EPANED.....	32	EVENCARE G2.....	132	188	
EPCLUSA.....	19	EVENCARE G3 CONTROL		FEMALE SPECIMEN	
EPIFOAM.....	80	.....	132	CATHETER.....	173, 189
epinastine.....	215	EVENCARE MINI GLUCOSE		FEMCAP.....	126, 189
epinephrine.....	39	CONTROL.....	132, 188	Femynor.....	62
Epitol.....	44, 53	EVENCARE PROVIEW		fenofibrate.....	36
EPIVIR HBV.....	18	CONTROL-L2,L3..	132, 188	fenofibrate micronized.....	36
eplerenone.....	33	everolimus (antineoplastic)	27	fenofibrate nanocrystallized	
EPOGEN.....	121	everolimus		.....	36
EQUETRO.....	44, 45, 53	(immunosuppressive) ..	124	fenofibric acid (choline)	36
ERAPID NEBULIZER		EVOLUTION NORMAL		fentanyl.....	1
HANDSET.....	165, 188	CONTROL.....	132, 188	fentanyl citrate.....	1
ERAPID NEBULIZER		EVOTAZ.....	15, 21	FENTORA.....	1
SYSTEM.....	160, 188	EXEL INSULIN.....	148	ferrous sulfate.....	83, 84
ergocalciferol (vitamin d2) .	99	exemestane.....	24	FETZIMA.....	48
ergoloid.....	59	EXPECTA PRENATAL.....	88	FIFTY50 SAFETY SEAL	
ERGOMAR.....	55			LANCETS.....	133

FILTER PAD 165, 189
 FILTERED MOUTHPIECE
 ATTACHMENT 160, 189
 FILTERS REPLACEMENT
 165
 FINACEA..... 71, 80
 finasteride..... 119
 FINE 30 UNIVERSAL
 LANCETS 133
 FINGERSTIX LANCETS 133,
 189
 FLANAX (NAPROXEN)..... 7
 flecainide 34
 FLEXICHAMBER 165, 189
 FLEXICHAMBER-LG CHILD
 MASK 165, 189
 FLEXICHAMBER-SM ADULT
 MASK 165, 189
 FLEXICHAMBER-SM CHILD
 MASK 165, 189
 FLONASE SENSIMIST ... 226
 FLOVENT DISKUS 221
 FLOVENT HFA 221
 fluconazole 12
 flucytosine 12
 fludrocortisone..... 109
 flunisolide 226
 fluocinolone 78
 fluocinolone acetonide oil 220
 fluocinolone and shower cap
 78
 fluocinonide 78
 Fluocinonide-E 78
 fluocinonide-emollient 78
 FLUORABON 210
 fluoride (sodium) 210
 FLUORIDEX DAILY
 DEFENSE..... 210
 fluorometholone 216
 FLUOROPLEX..... 74
 fluorouracil..... 74
 fluoxetine 47
 fluphenazine hcl 51
 FLURA-DROPS 210
 flurazepam 52, 56
 flurbiprofen 7
 flurbiprofen sodium..... 217
 flutamide..... 24
 fluticasone propionate 78, 226
 fluvastatin 36

fluvoxamine 47
 FLYP NEBULIZER 160
 FOLET ONE 86, 88
 FOLEY CATHETER 173, 189
 FOLEY CATHETER TRAY
 173, 189
 folic acid 99
 FOLIVANE-OB 85, 88
 fondaparinux 122
 FORA HIGH CONTROL. 133,
 189
 FORA LANCING DEVICE 133
 FORA LOW CONTROL.. 133,
 189
 FORA NORMAL CONTROL
 133
 FORACARE GDH HIGH
 CONTROL 133, 189
 FORACARE GDH LOW
 CONTROL 133, 189
 FORACARE GDH NORMAL
 CONTROL 133, 189
 FORACARE LANCETS.. 133,
 189
 FORTEO 103
 FORTISCARE HIGH 133, 189
 FORTISCARE LOW 133, 189
 FORTISCARE NORMAL 133,
 189
 fosamprenavir 21
 fosinopril 32
 fosinopril-hydrochlorothiazide
 32
 FOSRENOL 118
 FREEDOM CATH 173
 FREESTYLE CONTROL. 133
 FREESTYLE FREEDOM
 LITE 133, 189
 FREESTYLE INSULINX. 125,
 133, 189
 FREESTYLE INSULINX
 TEST STRIPS 126, 190
 FREESTYLE LANCETS. 133,
 190
 FREESTYLE LITE METER
 134, 190
 FREESTYLE LITE STRIPS
 126
 FREESTYLE PRECISION
 148, 190

FREESTYLE PRECISION
 NEO STRIPS 126
 FREESTYLE TEST 126
 FREESTYLE UNISTIK 2 134,
 190
 furosemide 40
 FUZEON 13
 Fyavolv 104
G
 G TUSSIN AC 227
 gabapentin 43
 GABITRIL 44
 galantamine..... 58
 GALZIN 10
 gatifloxacin 219
 GAVILYTE-C 117
 Gavilyte-G 117
 Gavilyte-N 117
 GE100 CONTROL
 SOLUTION NORMAL .. 134
 gemfibrozil 36
 Generlac..... 112
 Gengraf 5, 124
 Gentak..... 218
 gentamicin 73, 218
 GENTEAL TEARS
 MODERATE (PF) 213
 GENTLECATH 173, 190
 GENVOYA 15
 GERI-HYDROLAC 76
 GIANVI (28)..... 62
 GILENYA..... 213
 GIZMO 173
 glatiramer 212
 Glatopa..... 212
 GLEOSTINE..... 23
 glimepiride 102
 glipizide 102
 glipizide-metformin 102
 GLUCAGEN HYPOKIT ... 100
 GLUCAGON EMERGENCY
 KIT (HUMAN)..... 100
 GLUCOCARD 01 HI-
 NORMAL CONTROL... 134
 GLUCOCARD 01 NORMAL
 CONTROL 134
 GLUCOCARD EXPRESSION
 134
 GLUCOCARD SHINE 134

GLUCOCOM CONTROL
 HIGH 134, 190
 GLUCOCOM CONTROL
 NORMAL 134, 190
 GLUCOCOM LANCETS. 134,
 190
 GLUCOSE CONTROL 134
 GLUCOSE KETONE
 CONTROL SOLN 134
 glyburide 102
 glyburide micronized 102
 glyburide-metformin 102
 glycopyrrolate 114
 Glydo 81
 GLYXAMBI 101
 GOJJI GLUCOSE CNTRL
 SOL-NORMAL 134, 190
 GOJJI LANCETS 134, 190
 granisetron hcl 111
 griseofulvin microsize 12
 griseofulvin ultramicrosize. 12
 GUAIATUSSIN AC 227
 GUAIFENESIN AC 227
 guanfacine 39, 52
 guanidine 125
 GYNOL II 70
H
 Hailey 63
 Hailey 24 Fe 63
 Hailey Fe 1.5/30 (28) 63
 Hailey Fe 1/20 (28) 63
 HAIR,SKIN AND NAILS 85
 halobetasol propionate 78
 haloperidol 51
 haloperidol lactate 51
 HARMONY CONTROL L1,L3
 134, 190
 HARVONI 19
 HEALTHMIST 142, 190
 HEALTHPRO HIGH-LOW
 CONTROL 134
 HEALTHWISE INSULIN
 SYRINGE 149, 190
 HEALTHWISE PEN NEEDLE
 149, 190
 HEALTHY ACCENTS
 AUTOLET 134, 190
 HEALTHY ACCENTS
 UNIFINE PENTIP 149, 191

HEALTHY ACCENTS
 UNILET LANCET 134
 HEARTBURN PREVENTION
 113
 HEARTBURN RELIEF
 (CIMETIDINE) 113
 HEARTBURN RELIEF
 (FAMOTIDINE) 113
 HEARTBURN TREATMENT
 24 HOUR 113
 Heather 67
 HEMA-COMBISTIX... 82, 191
 HIZENTRA 31
 HOMATROPAIRE 215
 HOME NEBULIZER PLUS
 SIDESTREAM 165
 HUMALOG KWIKPEN
 INSULIN 108
 HUMALOG MIX 50-50
 INSULN U-100 107
 HUMALOG MIX 50-50
 KWIKPEN 107
 HUMALOG MIX 75-25
 KWIKPEN 107
 HUMALOG MIX 75-25(U-
 100)INSULN 107
 HUMALOG U-100 INSULIN
 108
 humidifiers 142
 HUMIRA 4, 5, 116
 HUMIRA PEN 116
 HUMIRA PEN CROHNS-UC-
 HS START 3, 4, 116
 HUMIRA PEN PSOR-
 UVEITS-ADOL HS 4, 5,
 116
 HUMIRA(CF) 4, 5, 116
 HUMIRA(CF) PEDI CROHNS
 STARTER 4, 5, 116
 HUMIRA(CF) PEN .. 4, 5, 116
 HUMIRA(CF) PEN
 CROHNS-UC-HS. 4, 5, 116
 HUMIRA(CF) PEN PSOR-
 UV-ADOL HS 4, 5, 116
 HUMULIN 70/30 U-100
 INSULIN 106
 HUMULIN 70/30 U-100
 KWIKPEN 106
 HUMULIN N NPH INSULIN
 KWIKPEN 107

HUMULIN N NPH U-100
 INSULIN 107
 HUMULIN R REGULAR U-
 100 INSULN 107
 HUMULIN R U-500 (CONC)
 INSULIN 107
 HUMULIN R U-500 (CONC)
 KWIKPEN 107
 HYCANTIN 29
 hydralazine 40
 hydrochlorothiazide 41
 hydrocodone-acetaminophen
 2
 hydrocodone-
 chlorpheniramine 226
 hydrocodone-homatropine
 227
 hydrocodone-ibuprofen 2
 hydrocortisone 9, 78, 105,
 115
 hydrocortisone acetate 78
 HYDROCORTISONE PLUS
 78
 hydrocortisone-acetic acid
 220
 hydrocortisone-aloe vera... 79
 HYDROCREAM 78
 Hydromet 227
 hydromorphone 1
 hydroxychloroquine 13
 hydroxyurea 24
 hydroxyzine hcl 42
 hydroxyzine pamoate 42
 hyoscyamine sulfate 114
 HYOSYNE 114, 120
 HYPER-SAL 58
 HYPERSONIQ NEBULIZER
 CARTRIDGE 165, 191
 HYPOLANCE AST LANCING
 134, 191
 HYSINGLA ER 1
 HYZAAR 33
I
 ibandronate 104
 IBRANCE 25
 Ibu 7
 ibuprofen 7
 ibuprofen-oxycodone 3
 IDHIFA 27
 ILEVRO 217

imatinib.....	28	INNOSPIRE ESSENCE ..	165	isotretinoin.....	70
IMBRUVICA	25, 28	INNOSPIRE GO		isradipine	38
imipramine hcl.....	49	NEBULIZER	160, 191	ITCHY EYE DROPS.....	215
imipramine pamoate.....	49	INNOSPIRE MINI.....	165	itraconazole.....	12
imiquimod.....	80	INNOSPIRE		IV PREP WIPES.....	30
INCARE INVIEW		REPLACEMENT FILTER		ivermectin.....	11
CATHETER	173	.....	166, 191	J	
Incassia.....	67	INSPIRACHAMBER	166, 191	JADENU.....	10
IN-CHECK DIAL TRAINING		INSPIRACHAMBER WITH		Jaimiess	60
DEVICE	165, 191	MASK-LARGE	166, 191	JAKAFI	26
IN-CHECK NASAL WITH		INSPIRACHAMBER WITH		Jantoven.....	121
MASK	161, 191	MASK-MED	166, 192	JANUMET	103
IN-CHECK ORAL FLOW		INSPIRACHAMBER WITH		JANUMET XR	103
METER.....	161, 191	MASK-SMALL	166, 192	JANUVIA.....	101
INCONTROL ALCOHOL		INSPIRATION ELITE FILTER		JARDIANCE.....	102
PADS.....	30	.....	166, 192	Jasmiel (28).....	63
INCONTROL LANCING		insulin syr/ndl u100 half mark		Jencycla	67
DEVICE	134, 191	.....	149, 192	JENTADUETO	103
INCONTROL PEN NEEDLE		INSULIN SYRINGE ..	149, 192	JENTADUETO XR	103
.....	149, 191	INSULIN SYRINGE		Jinteli.....	104
INCONTROL SUPER THIN		MICROFINE	149, 192	JOLESSA.....	63
LANCETS	134, 191	insulin syringe needleless		Juleber	63
INCONTROL ULTRA THIN		.....	149, 192	JULUCA	14
LANCETS.....	135, 191	insulin syringe-needle u-100		Junel 1.5/30 (21)	63
INCRELEX.....	109	.....	150, 192	Junel 1/20 (21)	63
INCRUSE ELLIPTA.....	222	INSUPEN	150, 192	Junel Fe 1.5/30 (28)	63
indapamide.....	41	INSYTE IV CATHETER..	159,	Junel Fe 1/20 (28)	63
INDERAL XL	37	192		Junel Fe 24	63
INDOCIN.....	8	INTELENCE	14	K	
indomethacin.....	8	INTELLIGENT MESH		Kaitlib Fe	63
INFANT'S ADVIL.....	7	NEBULIZER	160, 192	KALETRA.....	15
INFANT'S IBUPROFEN	7	INTRON A	26	Kalliga	63
INFANT'S MOTRIN	7	INTROSYTE AUTOGUARD		KALYDECO.....	225
INFANTS PROFENIB	7	.....	159, 192	Kariva (28).....	60
INFINITY CONTROL		Introvale	63	KAZANO	103
SOLUTION HIGH	135, 191	INVACARE LANCETS ...	135,	Kelnor 1/35 (28).....	64
INFINITY CONTROL		192		Kelnor 1-50.....	64
SOLUTION LOW ..	135, 191	INVIRASE	22	KENGUARD FOLEY	
INFINITY CONTROL		ipratropium bromide	223, 225	CATHETER	174, 192
SOLUTION NORM	135,	ipratropium-albuterol	224	KENLINE ADD-A-FOLEY	
191		irbesartan	34	TRAY 30CC.....	174, 192
INFINITY VOICE CTRL		irbesartan-		ketoconazole	12, 74
SOLN-LVL 2	135, 191	hydrochlorothiazide	33	KETO-DIASTIX	175
INJECT EASE LANCETS		IRESSA.....	23	KETONE CARE.....	175, 192
.....	135, 191	ISENTRESS.....	14	KETONE URINE TEST ...	192
INLYTA	28	ISENTRESS HD.....	13	ketorolac.....	6, 217
INNOPRAN XL.....	37	Isibloom.....	63	KETOSTIX	192
INNOSPIRE DELUXE	165,	isoniazid	16	ketotifen fumarate.....	215
191		isosorbide dinitrate	34	KINERET	5
INNOSPIRE ELEGANCE	165	isosorbide mononitrate	34		

KIONEX (WITH SORBITOL)	LAYOLIS FE.....	LITE TOUCH INSULIN PEN
..... 83	LC D NEBULIZER SET .. 160	NEEDLES..... 150, 193
KISQALI 25	LC PLUS 161	LITE TOUCH INSULIN
KISQALI FEMARA CO-PACK	LC PLUS NEBULIZER-PED	SYRINGE 150, 193
..... 26	MASK 161	LITE TOUCH LANCETS 135,
Klor-Con M10 84	LC STAR..... 161, 193	193
Klor-Con M15 84	LEENA 28 68	LITE TOUCH LANCING
Klor-Con M20 84	leflunomide..... 6	DEVICE 135, 193
K-PHOS ORIGINAL 119	LENVIMA 28	LITE TOUCH-MEDIUM
KPN..... 88	Lessina..... 64	MASK 166, 193
Kurvelo (28)..... 64	LETAIRIS 41	LITEAIRE MDI CHAMBER
L	letrozole..... 24	 166, 193
l norgest/e.estradiol-e.estrad	leucovorin calcium..... 29	LITETOUCH-LARGE MASK
..... 60	LEUKERAN..... 23	 166, 193
labetalol..... 33	LEUKINE 122	LITETOUCH-SMALL MASK
LABSTIX REAGENT . 82, 193	levabuterol hcl 223	 166, 193
LACRISERT 214	levetiracetam..... 46	lithium carbonate 53, 54
lactulose 112, 116, 117	levobunolol 217	lithium citrate 54
LAMICTAL..... 45	levocarnitine 82, 209	LITHOBID..... 54
LAMICTAL ODT 45, 53	levocarnitine (with sugar) 209	LO LOESTRIN FE 60
LAMICTAL XR..... 45	levofloxacin 18, 219	LO-DOSE ASPIRIN..... 9, 123
lamivudine 15, 18	Levonest (28) 68	LOFRIC 174, 193
lamivudine-zidovudine..... 16	levonorgestrel..... 69	Lojaimiess 60
lamotrigine..... 45	levonorgestrel-ethinyl estrad	LONSURF 24
lancets..... 135	 64	lopinavir-ritonavir 15
LANCETS, SUPER THIN135,	levonorg-eth estrad triphasic	LOPREEZA 104
193	 68	lorazepam 42
LANCETS,THIN 135, 193	Levora-28..... 64	Lorazepam Intensol..... 42, 52
LANCETS,ULTRA THIN 135,	levorphanol tartrate 1	Lorcet (Hydrocodone)..... 2
193	levothyroxine 110	Lorcet Hd..... 2
lancing device 135	LEXIVA..... 22	Loryna (28)..... 64
lancing device with lancets	LIDO KING 81	losartan 34
..... 135	lidocaine 9, 81	losartan-hydrochlorothiazide
LANCING DEVICE WITH	lidocaine hcl 9, 81, 211	 33
LANCETS..... 135	lidocaine hcl-hydrocortison ac	LOTEMAX..... 216
LANCING SYSTEM 135, 193	 10, 80	loteprednol etabonate..... 216
lansoprazole..... 113	LIDOCAINE PAIN RELIEF 81	lovastatin 36
lanthanum 118	Lidocaine Viscous 211	Low-Ogestrel (28)..... 64
LANTUS SOLOSTAR U-100	lidocaine-aloe vera 80	loxapine succinate..... 51
INSULIN 108	lidocaine-prilocaine 80	Lo-Zumandimine (28)..... 65
LANTUS U-100 INSULIN 108	LIDOCARE..... 81	LUBRICANT EYE (CMC-
LANZO LANCING DEVICE	Lillow (28)..... 64	GLYCERIN)..... 213
..... 135, 193	lindane..... 81	LUBRICATING DROPS ..213
Larin 1.5/30 (21)..... 64	linezolid 21	Lutera (28)..... 65
Larin 1/20 (21)..... 64	LINZESS 116	LYNPARZA 28
Larin 24 Fe 64	liothyronine..... 110	Lyza..... 67
Larin Fe 1.5/30 (28)..... 64	lisinopril 32	M
Larin Fe 1/20 (28)..... 64	lisinopril-hydrochlorothiazide	MAGELLAN INSULIN
Larissia..... 64	 32	SAFETY SYRNG 150, 193,
latanoprost 220	LITE COAT ASPIRIN 9	194

MAGELLAN SYRINGE .. 151, 194	meclizine 111	methyldopa-
MAGIC3 INTERMITTENT CATHETER 174, 194	MEDI-MECLIZINE 111	hydrochlorothiazide..... 39
malathion..... 81	MEDIPROXEN 7	methylergonovine 109
maprotiline..... 49	MEDISENSE 135	methylphenidate hcl 52
Marlissa (28) 65	MEDISENSE CONTROLS 1-HI 1-LO 135, 194	methylprednisolone . 105, 106
MARNATAL-F 88	MEDISENSE GLUCOSE KETONE 135	methyltestosterone 100
MARPLAN..... 47	MEDISENSE MID CONTROL 135	metipranolol..... 218
MASK VORTEX BABY WHIRL DUCK..... 166	MEDISENSE THIN LANCETS 135	metoclopramide hcl 114
MASK VORTEX SPINNER THE DUCK 166	MEDLANCE PLUS LANCETS 135	metolazone..... 41
MATULANE..... 23	MEDLANCE PLUS SPECIAL BLADE..... 136	metoprolol succinate 37
Matzim La..... 38	MEDPOINT NORMAL CONTROL 136, 194	metoprolol ta- hydrochlorothiaz 39
MAVENCLAD (10 TABLET PACK)..... 212	MEDROL 105	metoprolol tartrate 37
MAVENCLAD (4 TABLET PACK)..... 212	medroxyprogesterone 59, 109	metronidazole 13, 71, 80, 228
MAVENCLAD (5 TABLET PACK)..... 212	mefloquine..... 13	mexiletine 34
MAVENCLAD (6 TABLET PACK)..... 212	megestrol 28, 82	MIACALCIN..... 104
MAVENCLAD (7 TABLET PACK)..... 212	MEKINIST 26	MICRO ELITE REPLACEMENT FILTER 166, 194
MAVENCLAD (8 TABLET PACK)..... 212	MEKTOVI 27	MICRO THIN LANCETS . 136
MAVENCLAD (9 TABLET PACK)..... 213	meloxicam 6	MICROAIR MESH NEBULIZER..... 161
MAVYRET 19	melphalan..... 23	MICROCHAMBER 166
MAXICOMFORT II PEN NEEDLE 151, 194	memantine 58, 59	MICRODOT HIGH-LOW CONTROL 136, 194
MAXICOMFORT INSULIN SYRINGE 151, 194	meperidine 1	MICRODOT INSULIN PEN NEEDLE 151
MAXI-COMFORT INSULIN SYRINGE 151	meprobamate 42	MICRODOT NORMAL CONTROL 136
MAXI-COMFORT INSULIN SYRINGE 151	mercaptopurine 24	Microgestin 1.5/30 (21)..... 65
MAXI-COMFORT INSULIN SYRINGE 194	mesalamine 115	Microgestin 1/20 (21)..... 65
MAXI-COMFORT INSULIN SYRINGE 194	MESNEX 29	Microgestin Fe 1.5/30 (28) 65
MAXICOMFORT SAFETY PEN NEEDLE..... 151	Metadate Er..... 52	Microgestin Fe 1/20 (28) ... 65
MAXIDEX 216	metaproterenol 223	MICROLET 2 LANCING DEVICE 136, 194
MAXIMUM DAILY GREEN 85	METER-CHECK..... 136	MICROLET LANCET..... 136
MAYZENT 213	metformin 108	MICROLET NEXT LANCING DEVICE 136, 194
MAYZENT STARTER PACK 213	methadone 1	MICROLIFE PEAK FLOW METER 162, 194
M-CLEAR WC 227	Methadone Intensol..... 1	MICROSPACER..... 166
	methadose 1	midodrine 39
	methamphetamine 54	MIGERGOT..... 55
	methazolamide..... 40	Mili 65
	methenamine hippurate..... 20	Mimvey 104
	methenamine mandelate... 20	MINI ELITE FILTER REPLACEMENT .. 166, 194
	methimazole 103	MINI LANCING DEVICE 136, 194
	methocarbamol 125	
	methotrexate sodium..... 5, 24	
	methotrexate sodium (pf) .. 24	
	methoxsalen 75	
	methscopolamine 114	
	methyldopa..... 39	

MINI PLUS NEBULIZER 161, 195	MULTI-LANCET DEVICE 2 136, 195	NEBUSAL 58
MINI PRENATAL 89	MULTISTIX 82, 196	Necon 0.5/35 (28)..... 65
MINI ULTRA-THIN II 151, 195	MULTISTIX 10 SG 82, 195	nefazodone 47
MINI WRIGHT PEAK FLOW METER 162	MULTISTIX 5 82, 195	neomycin..... 10
Minitran 34	MULTISTIX 7 82, 195	neomycin-bacitracin-poly-hc 214
MINI-WRIGHT PEAK FLOW METER 162, 195	MULTISTIX 8 SG 82, 196	neomycin-bacitracin-polymyxin..... 218
minocycline 22	MULTISTIX 9 82, 196	neomycin-polymyxin b-dexameth 214
minoxidil 40	MULTISTIX 9 SG 82, 196	neomycin-polymyxin-gramicidin 218
mirtazapine..... 46	MULTI-VIT WITH FLUORIDE-IRON 86, 87	neomycin-polymyxin-hc.. 214, 220
misoprostol 113	mupirocin..... 73	Neo-Polycin 218
MISTASSIST 166, 195	mupirocin calcium 73	Neo-Polycin Hc..... 214
MISTASSIST KIT 166, 195	MY CHOICE 69, 70	NESINA..... 101
M-NATAL PLUS 89	MY MDI PORTABLE NEBULISER 166, 196	NESTABS ABC 89
modafinil..... 55	MY WAY..... 69	NESTABS DHA 89
moexipril..... 32	mycophenolate mofetil 124	Neuac..... 71
mometasone 79, 226	mycophenolate sodium ... 124	NEULASTA 122
Mondoxylene NI 22	MYGLUCOHEALTH CONTROL SOLUTION 136, 196	NEUPRO 50
MONOJECT INSULIN SAFETY SYRINGE 151, 195	MYGLUCOHEALTH LANCETS 136, 196	NEVANAC..... 217
MONOJECT INSULIN SYRINGE 151, 152, 195	MYLERAN..... 23	nevirapine..... 14
MONOJECT SYRINGE.. 152, 195	MYNATAL 89	NEW DAY 69, 70
MONOJECT ULTRA COMFORT INSULIN .. 152, 195	MYNATAL ADVANCE 89	NEWGEN 89
MONOLET LANCETS..... 136	MYNATAL PLUS 89	NEXA PLUS 90
MONOLET THIN LANCETS 136, 195	MYNATAL-Z..... 89	NEXAVAR 27
Mono-Linyah 65	MYNATE 90 PLUS 89	NEXIVA 159, 196
montelukast..... 221, 222	Myorisan..... 70	niacin..... 36
morphine 1	MYSOLINE..... 42	NIACIN-AZE AC-TURMER-FA-B6-ZN 83
morphine concentrate 1	N	Niacor..... 36
MOTION RELIEF (MECLIZINE)..... 111	nabumetone 6	nicardipine..... 38
MOTION SICKNESS (MECLIZINE)..... 111	naftifine..... 73	NICORELIEF 57
MOTION SICKNESS II.... 111	NAFTIN 73	nicotine 57
MOTION SICKNESS RELIEF(MECLIZ) 111	naloxone..... 10	nicotine (polacrilex) 57
MOUTHPIECE 166, 195	naltrexone 10	NICOTROL..... 57
MOUTHPIECE REUSABLE MW 166, 195	NAMZARIC 59	NICOTROL NS..... 57
MOVIPREP 117	naproxen 7	nifedipine 38
moxifloxacin 18, 219	naproxen sodium..... 7	NIGHTTIME SLEEP 56, 221
MULTAQ 35	naratriptan 55	NIGHTTIME SLEEP AID (DIPHEN)..... 56
	NASAL ALLERGY 226	Nikki (28)..... 65
	NATACHEW (FE BIS-GLYCINATE) 89	nilutamide..... 24
	NATAVI PNV..... 89	nimodipine..... 38
	NATAVI PRIMA..... 89, 98	NINLARO 28
	nateglinide..... 101	nisoldipine 38
	NATURE-THROID 110	NITRO-DUR 34
	NEBUPENT..... 21	nitrofurantoin 119

nitrofurantoin macrocrystal	119	NOVOLIN N FLEXPEN ...	107	omega-3 acid ethyl esters .	36
nitrofurantoin monohyd/m-cryst	119	NOVOLIN N NPH U-100 INSULIN	107	omeprazole	113
nitroglycerin	34	NOVOLIN R FLEXPEN ...	107	ON CALL EXPRESS CONTROL	136, 196
Nitro-Time	34	NOVOLIN R REGULAR U-100 INSULN	107	ON CALL LANCET ..	136, 196
NIVA-PLUS	85, 90	NOVOLOG FLEXPEN U-100 INSULIN	108	ON CALL LANCING DEVICE	136, 196
nizatidine	113	NOVOLOG MIX 70-30 U-100 INSULN	107	ON CALL PLUS CONTROL	136, 196
NOBLE FORMULA HC	79	NOVOLOG MIX 70-30FLEXPEN U-100.....	108	ON CALL PLUS LANCET	137, 196
NORA-BE.....	67	NOVOLOG PENFILL U-100 INSULIN	108	ON CALL PLUS LANCING DEVICE	137, 197
NORDITROPIN FLEXPRO	106	NOVOLOG U-100 INSULIN ASPART	108	ON CALL VIVID CONTROL	137, 197
noreth-ethinyl estradiol-iron	65	NOVOTWIST	152, 196	ondansetron	111
norethindrone (contraceptive)	67	NOXAFIL.....	12	ondansetron hcl.....	111
norethindrone acetate	109	NP THYROID	110	ONE DAILY PRENATAL ...	90
norethindrone ac-eth estradiol	65, 104	NUBEQA	24	ONE WAY VALVED MOUTHPIECE	167
norethindrone-e.estradiol-iron	65	NUCALA.....	222	ONE-A-DAY WOMEN'S PRENATAL 1.....	90
norgestimate-ethinyl estradiol	65, 68	NUCYNTA ER.....	2	ONETOUCH DELICA LANC DEVICE	137, 197
Norlyda.....	67	NUDEXTA.....	55	ONETOUCH DELICA LANCETS	137, 197
NORPACE CR	34	Nyamyc	74	ONETOUCH DELICA PLUS LANCET	137, 197
Nortrel 0.5/35 (28)	65	nystatin.....	12, 74, 211	ONETOUCH SURESOFT LANCING DEV	137, 197
NORTREL 1/35 (21).....	65	nystatin-triamcinolone	74	ONETOUCH ULTRA CONTROL	137
Nortrel 1/35 (28)	66	Nystop	74	ONETOUCH ULTRASOFT LANCETS	137, 197
Nortrel 7/7/7 (28)	68	O		ONETOUCH VERIO HIGH CONTROL	137, 197
nortriptyline.....	49	OB COMPLETE	84, 85, 90	ONETOUCH VERIO MID CONTROL	137, 197
NORVIR	22	OB COMPLETE PREMIER	84, 90	ON-THE-GO LANCETS ..	137
NOSE CLIP	166, 196	OB COMPLETE WITH DHA	90	OPCICON ONE-STEP	69, 70
NO-STICK GLUCOSE ...	174, 196	OBSTETRIX DHA	90	opium tincture.....	110
NOVA MAX GLUCOSE CONTROL	136, 196	OBSTETRIX EC.....	90	OPSUMIT	41
NOVA SAFETY LANCETS	136	OBSTETRIX ONE	86	OPTICHAMBER ADULT MASK-LARGE	167, 197
NOVA SUREFLEX LANCETS	136, 196	OBTREX DHA (WITH QUATREFOLIC)	90	OPTICHAMBER DIAMOND LG MASK.....	167, 197
NOVAMAX PLUS GLU-KET	136, 196	O-CAL PRENATAL	90	OPTICHAMBER DIAMOND VHC	167, 197
NOVOFINE 32	152, 196	OCELLA	66	OPTICHAMBER DIAMOND-MED MSK	167, 197
NOVOFINE AUTOCOVER	152, 196	octreotide acetate.....	109		
NOVOFINE PLUS ...	152, 196	ODEFSEY	16		
NOVOLIN 70/30 U-100 INSULIN	106	ODOMZO	26		
NOVOLIN 70-30 FLEXPEN U-100.....	106	OFEV	28, 227		
		ofloxacin	18, 219, 220		
		olanzapine.....	53		
		olanzapine-fluoxetine	53		
		olopatadine.....	215, 216, 225		
		OMBRA COMPRESSOR SYSTEM.....	167, 196		

OPTICHAMBER DIAMOND-SML MASK.....	167, 197	PARI SINUS AEROSOL SYSTEM.....	167	PERRY PRENATAL.....	90
OPTION-2.....	69, 70	PARI TREK S COMBO PACK.....	167	PERSONAL BEST FULL RANGE.....	162, 198
OPTUMRX.....	137, 197	PARI TREK S COMPACT COMPRESSOR.....	167	PERSONAL BEST LOW RANGE.....	162, 198
ORACIT.....	119	PARI TREK S PORTABLE PWR KIT.....	167	PERSONAL CATHETER INTERMITTENT ..	174, 198
Oralone.....	211	paricalcitol.....	209	PFLEX INSPIRATORY TRAINER.....	168, 198
ORKAMBI.....	225	Paroex Oral Rinse.....	211	PHARBEDRYL.....	221
Orsythia.....	66	paromomycin.....	10	phenazopyridine.....	119
OSCIMIN.....	114, 120	paroxetine hcl.....	47	phenelzine.....	47
OSCIMIN SL.....	114, 120	PEAK AIR PEAK FLOW METER.....	162, 198	phenobarbital.....	56
OSCIMIN SR.....	114, 120	PEDIA IRON.....	84	phenoxybenzamine.....	41
oseltamivir.....	19	PEDIATRIC AEROSOL MASK.....	167, 198	phenylephrine hcl.....	217
OSMOPREP.....	117	PEDIATRIC DINOSAUR NEBULIZER.....	168, 198	Phenylek.....	44
OVACE PLUS SHAMPOO	75	PEDIATRIC DOG NEBULIZER.....	168, 198	phenytoin.....	44
oxandrolone.....	100	PEDIATRIC FROG NEBULIZER.....	168, 198	phenytoin sodium extended.....	44
oxazepam.....	42, 52	PEDIATRIC MEDIUM MASK.....	168, 198	Philith.....	66
oxcarbazepine.....	45	PEDIATRIC MOUTHPIECES.....	160, 198	PHOSLYRA.....	118
oxiconazole.....	74	PEDIATRIC PANDA MASK.....	168, 198	PHOSPHOLINE IODIDE.....	214
OXISTAT.....	74	PEDIATRIC SMALL MASK.....	168, 198	phytonadione (vitamin k1).....	99
oxybutynin chloride.....	120	PEDIATRIC-SMALL MOUTH ADAPTOR.....	160	PIKO 1.....	162, 198
oxycodone.....	2	peg 3350-electrolytes.....	117	PILLOW MASK CHILD... ..	168, 198
oxycodone-acetaminophen.....	3	PEGANONE.....	44	PILLOW MASK PEDIATRIC.....	168, 198
oxycodone-aspirin.....	3	PEGASYS.....	18	pilocarpine hcl.....	211, 214
OXYCONTIN.....	2	peg-electrolyte soln.....	117	pimecrolimus.....	76
P		PEGINTRON.....	18	pimozide.....	51
Pacerone.....	35	PEN NEEDLE.....	152	Pimtrea (28).....	60
paliperidone.....	50	pen needle, diabetic.....	152, 198	pioglitazone.....	109
PANCREAZE.....	112	penicillamine.....	6, 10	pioglitazone-glimepiride... ..	102
PANDA MASK.....	167	penicillin v potassium.....	21	pioglitazone-metformin....	102
pantoprazole.....	113	pentazocine-naloxone.....	3	PIP LANCET.....	137, 198
PARI BABY CONV KIT - SIZE 1.....	167, 197	PENTIPS.....	152	PIQRAY.....	27
PARI BABY CONV KIT - SIZE 2.....	167, 197	pentoxifylline.....	122	Pirmella.....	66, 68
PARI BABY CONV KIT - SIZE 3.....	167, 197	perindopril erbumine.....	33	piroxicam.....	6
PARI BABY CONVERSION PACK 1.....	167, 197	Periogard.....	211	PLEGRIDY.....	211, 212
PARI BABY CONVERSION PACK 2.....	167, 197	permethrin.....	81	PNEUMOVAX-23.....	31
PARI BABY NEBULIZER	161	perphenazine.....	51	PNV 29-1.....	90
PARI LC D NEBULIZER	161, 198	perphenazine-amitriptyline.....	48	pnv cmb#95-ferrous fumarate-fa.....	91
PARI LC FILTER WITH VALVE SET.....	167, 198			PNV-DHA.....	86, 91
PARI LC MASK SET	167, 198			PNV-DHA + DOCUSATE ..	91
PARI LC SPRINT NEBULIZER SET.....	161			PNV-FERROUS FUMARATE-DOCU-FA.....	91
PARI LC SPRINT SINUS	161			PNV-OMEGA.....	85, 91
				PNV-SELECT.....	91

POCKET CHAMBER	168	PRENAISSANCE	91	PREPLUS	94
POCKET PEAK FLOW		PRENAISSANCE PLUS....	92	PRESSURE ACTIVATED	
METER.....	162, 198	PRENATA	92	LANCETS	137, 199
PODOCON.....	80	PRENATABS FA.....	92	PRETAB.....	94
podofilox.....	80	PRENATABS RX	92	Prevalite	35
Polycin	218	PRENATAL	93, 98	PREVENT DROPSAFE PEN	
polymyxin b sulf-trimethoprim		PRENATAL + DHA.....	92	NEEDLE	152, 199
.....	218	PRENATAL 19	92	PREVIDENT.....	210
polyvinyl alcohol	214	PRENATAL 19 (WITH		PREVIDENT 5000	
PORTABLE NEBULIZER		DOCUSATE)	92	BOOSTER PLUS.....	210
SYSTEM.....	168, 199	PRENATAL COMPLETE...	92	PREVIDENT 5000 DRY	
Portia 28.....	66	PRENATAL FORMULA....	92	MOUTH	210
posaconazole	12	PRENATAL FORMULA-DHA		PREVIDENT 5000 ORTHO	
potassium chloride	84	.....	92	DEFENSE.....	210
potassium citrate	119	PRENATAL GUMMIES	98	Previfem	66
PR NATAL 400.....	91	PRENATAL GUMMY.....	92	PREVYMIS.....	17
PR NATAL 400 EC.....	91	PRENATAL LOW IRON	92	PREZCOBIX	15, 21
PR NATAL 430.....	91	PRENATAL MULTI	93	PREZISTA.....	21
PR NATAL 430 EC.....	91	PRENATAL MULTI-DHA		PRIFTIN	16
PRADAXA.....	123, 124	(ALGAL OIL).....	93	primaquine	13
pramipexole.....	50	PRENATAL MULTI-		PRIMEAIRE	168, 199
PRAMOSONE.....	80	DHA(WITH VIT K).....	93	primidone	42
prasugrel	123	PRENATAL		PRO COMFORT ALCOHOL	
pravastatin.....	36	MULTIVITAMINS	93	PADS.....	30
prazosin	41	PRENATAL ONE (WITH		PRO COMFORT INSULIN	
PRECISION GLUCOSE		FOOD BLEND)	85	SYRINGE	152, 199
CONTROL SOLN 137, 199		PRENATAL ONE DAILY ...	93	PRO COMFORT LANCET	
PRECISION		PRENATAL PLUS.....	93	.....	137, 199
GLUCOSE/KETONE		PRENATAL PLUS		PRO COMFORT PEN	
CONTR.....	137, 199	(CALCIUM CARB).....	93	NEEDLE	153, 199
PRECISION XTRA B-		PRENATAL PLUS DHA	93	PRO COMFORT SPACER-	
KETONE.....	81, 199	PRENATAL TABLET.....	93	ADULT MASK.....	168, 199
PRECISION XTRA		PRENATAL VITAMIN.....	94	PRO COMFORT SPACER-	
MONITOR.....	137, 199	PRENATAL VITAMIN PLUS		CHILD MASK.....	168, 199
PRECISION XTRA TEST	126	LOW IRON	94	PROAIR HFA	223
PRED MILD.....	216	PRENATAL VITAMIN WITH		probenecid	120
PRED-G	214	MINERALS	94	probenecid-colchicine.....	120
prednicarbate	79	prenatal vit-iron fum-folic ac		PROCARE COMPRESSOR	
prednisolone.....	106	.....	94	NEBULIZER.....	168, 199
prednisolone acetate.....	216	prenatal vits96-iron fum-folic		PROCARE HUMIDIFIER	142,
prednisolone sodium		.....	94	199	
phosphate.....	106, 216	PRENATAL WITH DHA-		PROCARE PEDIATRIC	
prednisone	106	FOLIC ACID	94	NEBULIZER.....	168
pregabalin	43	PRENATAL-U	86, 94	PROCARE SPACER WITH	
PREMARIN	105, 228	PRENATE DHA.....	86, 94	ADULT MASK.....	168, 199
PREMPHASE.....	105	PRENATE ELITE	94	PROCARE SPACER WITH	
PREMPRO.....	105	PRENATE ESSENTIAL....	86,	CHILD MASK.....	168, 199
PRENA1 CHEW.....	91	94		PROCHAMBER.....	168, 199
PRENA1 PEARL	91	PREPARATION H		prochlorperazine.....	111
PRENA1 TRUE	91	HYDROCORTISONE	79	prochlorperazine maleate..	51

Proctofoam Hc	10	PULMO-AIDE		REFRESH OPTIVE	
Procto-Med Hc	9	COMPRESSOR.....	169	SENSITIVE (PF).....	213
Procto-Pak	9, 79	PULMONEB LT		REFRESH RELIEVA.....	213
Proctosol Hc.....	9, 79	COMPRESSOR NEBUL		REFUAH PLUS GLUCOSE	
Proctozone-Hc	9	.....	169, 200	CONTROL	138, 200
PROCYSBI.....	118	PULMOZYME	225	REGENECARE HA	81
PRODIGY CONTROL		PURE COMFORT ALCOHOL		REGRANEX	81
SOLUTION, LOW	137	PADS.....	30	RELENZA DISKHALER	19
PRODIGY CONTROL		PURE COMFORT		RELIAMED LANCET.....	138,
SOLUTION,HIGH	137, 200	HUMIDIFIER.....	142, 200	200	
PRODIGY INSULIN		PURE COMFORT LANCETS		RELIAMED MINI LANCING	
SYRINGE	153, 200	.....	138, 200	DEVICE	138, 200
PRODIGY LANCETS	137,	PURE COMFORT PEN		RELIAMED SAFETY SEAL	
200		NEEDLE	153, 200	LANCETS	138, 200
PRODIGY LANCING		PURE COMFORT SAFETY		RELIAMED TWIST AND	
DEVICE	138, 200	LANCETS	138, 200	CAP LANCET	138, 200
PRODIGY MINI-MIST		PUREFE OB PLUS	85, 95	RELION NEEDLES .	153, 200
NEBULIZER	161	PUREFE PLUS	85, 95	RELION PEN NEEDLES	153,
PRODIGY TWIST TOP		PUSH BUTTON SAFETY		201	
LANCET	138	LANCETS	138, 200	RELION THIN LANCETS	138,
progesterone micronized.	109	pyrazinamide	16	201	
PROGRAF	124	pyridostigmine bromide ...	125	RELION ULTRA THIN PLUS	
PROLENSA.....	217	pyrimethamine.....	13	LANCETS	138, 201
PROLEUKIN	26	Q		RELISTOR	10
PROMACTA.....	124	quetiapine.....	53	repaglinide.....	101
promethazine	111, 221	quinapril.....	33	REPATHA SURECLICK....	37
promethazine-codeine....	226	quinapril-hydrochlorothiazide		REPATHA SYRINGE	37
promethazine-dm	226	.....	32	REPLACEMENT J-4	
promethazine-phenyleph-		quinidine gluconate	34	CANNULA	160, 201
codeine	227	quinidine sulfate	34	RESTASIS	217
promethazine-phenylephrine		quinine sulfate	13	RESTASIS MULTIDOSE.	216
.....	220	QUIT 2	57	RETACRIT	121
Promethegan.....	221	QUIT 4.....	57	RETRACTED PENIS	
PRONEB ULTRA FILTER		R		POUCH.....	174
ASSEMBLY	168, 200	raloxifene.....	109	REUSABLE NEBULIZER KIT	
PRONEB ULTRA FILTER		ramelteon	54	.....	169
SET	168	ramipril	33	REVLIMID	29
PRONEB ULTRA II .	168, 200	ranolazine.....	34	REYATAZ.....	22
PRONEB ULTRA II FILTER		rasagiline.....	50	ribavirin.....	19
ASSEM.....	169, 200	READYLANCE SAFETY		RIDAURA	5
propafenone	35	LANCETS	138, 200	rifabutin	16
propantheline	114	REBIF (WITH ALBUMIN)	212	RIFAMATE	17
proparacaine	218	REBIF REBIDOSE	212	rifampin	16
propranolol	37	REBIF TITRATION PACK	212	RIFATER.....	17
propranolol-		Reclipsen (28).....	66	RIGHTEST CONTROL	
hydrochlorothiazid	41	RECOMBIVAX HB (PF)	31	SOLUTION HIGH	138, 201
propylthiouracil	103	REFRESH OPTIVE		RIGHTEST CONTROL	
protriptyline.....	49	ADVANCED (PF).....	213	SOLUTION NORM	138,
PROVIDA OB.....	94	REFRESH OPTIVE MEGA-3		201	
		(PF).....	213		

RIGHTEST GC250S CNTRL
 SOL NORM 138, 201
 RIGHTEST GD500
 LANCING DEVICE 138,
 201
 RIGHTEST GL300
 LANCETS 138, 201
 riluzole 125
 rimantadine 19
 RINVOQ 5
 risedronate 104
 risperidone 50, 51
 RITEFLO AEROCHAMBER
 169, 201
 ritonavir 22
 rivastigmine 58
 rivastigmine tartrate 58
 rizatriptan 55
 R-NATAL OB 95
 ROBINSON CLEAR VINYL
 CATHETER 174, 201
 ROB-NEL URETHRAL
 CATHETER 174, 201
 ropinirole 50
 Rosadan 71, 80
 ROSANIL 71
 ROSULA CLEANSING
 CLOTHS 71
 rosuvastatin 36
 RUBBER MOUTHPIECE 169,
 201
 RUBRACA 28
 RYDEX 227
 RYTARY 49
S
 SAFELET IV CATHETER 159
 SAFESNAP INSULIN
 SYRINGE 153
 SAFETY LANCETS. 138, 201
 SAFETY PEN NEEDLE .. 153
 SAFETY SEAL LANCETS
 138
 SAFETY-LET LANCETS 138,
 201
 salicylic acid 80
 SALONPAS (LIDOCAINE) 81
 salsalate 9
 SAMI THE SEAL 169, 201
 SAMI THE SEAL FILTER
 169, 201

SAMI THE SEAL MASK. 169,
 201
 SANDIMMUNE 5, 124
 SANTYL 76
 SAVELLA 48, 54
 scopolamine base 111
 SEA-CLENS WOUND
 CLEANSER 118
 SECONAL SODIUM 56
 SELECT-OB 95
 SELECT-OB (FOLIC ACID)
 95
 SELECT-OB + DHA 95
 selegiline hcl 50
 selenium sulfide 75
 SELF-CATH 174, 201
 SELF-CATH 10 174
 SELF-CATHETER, FEMALE
 174, 201
 SELSUN BLUE 75
 SELSUN BLUE
 MOISTURIZING 76
 SELZENTRY 13
 SE-NATAL 19 CHEWABLE
 95
 SE-NATAL-19 95
 SEREVENT DISKUS 223
 sertraline 47
 Setlakin 66
 sevelamer carbonate 118
 SF 210
 SF 5000 PLUS 210
 Sharobel 67
 SHINGRIX (PF) 32
 SHINGRIX GE ANTIGEN
 COMPONENT 32
 SHOHL'S MODIFIED 119
 SIDESTREAM 161
 SIDESTREAM ADULT FACE
 MASK 169, 201
 SIDESTREAM MASK 169
 SIDESTREAM NEBULIZER
 161
 SIDESTREAM PEDIATRIC
 FACE MASK 169
 SIDESTREAM PLUS 161,
 201
 SIGNIFOR 109
 SILASTIC FOLEY
 CATHETER 174, 201

sildenafil (pulm.hypertension)
 41
 SILICONE MASK 169
 SILICONE MASK - INFANT
 169, 201
 SILICONE MASK -
 PEDIATRIC 169, 201
 silver sulfadiazine 76
 SIMBRINZA 214
 SIMILAC PRENATAL 95
 Simliya (28) 60
 Simpesse 60
 simvastatin 36
 SINGLE-LET 138, 201
 SINUSTAR AEROSOL 169
 SINUSTAR NEBULIZER. 161
 sirolimus 124
 SIVEXTRO 21
 SKIN TREATMENT 76
 SKYRIZI 72, 73
 SLEEP AID
 (DIPHENHYDRAMINE) . 56
 SLEEP AID MAX STR
 (DIPHENHYDR) 56
 SLEEPING 56
 SMART SENSE LANCETS
 138, 202
 SMARTDIABETES
 VANTAGE 139, 202
 SMARTEST CONTROL . 139,
 202
 SMARTEST LANCET 139,
 202
 SMARTMASK KIDS 169
 sodium chloride 58, 83
 SODIUM FLUORIDE 5000
 PLUS 210
 sodium phenylbutyrate ... 209,
 210
 SODIUM POLYSTYRENE
 (SORB FREE) 83
 sodium polystyrene sulfonate
 83
 SOFT TOUCH LANCETS
 139, 202
 solifenacin 119
 SOLUS V2 CONTROL
 SOLUTION, LOW 139, 202
 SOLUS V2 CONTROL
 SOLUTION,HIGH 139, 202

SOLUS V2 LANCETS 139, 202	ST. JOSEPH ASPIRIN 9	SURE-FINE PEN NEEDLES 154
SOLUS V2 LANCING DEVICE 139, 202	stavudine 15	SUREFLEX DEVICE WITH LANCETS 139, 203
SOMAVERT 106	STERILANCE TL 139, 202	SUREFLEX LANCING DEVICE 139, 203
SOOTHENEB COMPRESSOR NEBULIZER 169, 202	STERILE SALINE 83	SURE-JECT INSULIN SYRINGE 154, 203
SOOTHENEB MESH NEBULIZER 161, 202	STIMATE 100	SURE-LANCE 139, 203
SOOTHENEB NBL100 ADULT MASK 169, 202	STIOLTO RESPIMAT 224	SURE-LANCE ULTRA THIN 139
SOOTHENEB NBL100 CHILD MASK 169, 202	STIVARGA 27	SURE-PREP ALCOHOL PREP PADS 30
SOOTHENEB NBL100 MED CUP 169, 202	STOP SMOKING AID 57	SURE-TEST EASYPLUS MINI 139
SOOTHENEB NBL100 MESH CAP 169, 202	STRIBILD 15	SURE-TOUCH LANCET 139, 203
SOOTHING CARE (HYDROCORTISONE) .. 79	STRIVERDI RESPIMAT .. 223	SUTENT 28
Sorine 35	STUART ONE 95	Syeda 66
sotalol 35	Subvenite 46	SYMDEKO 225
Sotalol Af 35	sucralfate 117	SYMPAZAN 43
SOVALDI 19	sulfacetamide sodium 75, 219	SYNAREL 109
SPACE CHAMBER PLUS 169, 202	sulfacetamide sodium (acne) 71	SYNJARDY 101
SPEEDICATH (FEMALE) 174, 202	sulfacetamide sodium-sulfur 71, 72, 73	T
SPEEDICATH (MALE) ... 174, 202	sulfacetamide sod-sulfur-urea 72, 80	TABLOID 24
spinosad 81	sulfacetamide-prednisolone 215	tacrolimus 76, 124
SPIRIT EXT CATHETER TYPE 3 174, 202	SULFACLEANSE 8-4 72	tadalafil 82
SPIRIT STYLE-3 174, 202	sulfadiazine 22	tadalafil (pulm. hypertension) 41
SPIRIVA RESPIMAT 222	sulfamethoxazole-trimethoprim 11	TAFINLAR 25
SPIRIVA WITH HANDIHALER 222	SULFAMYLLON 76	TAGRISSO 23
spironolactone 33	sulfasalazine 115	TAKE ACTION 70
spironolacton-hydrochlorothiaz 40	SULFATRIM 11	tamoxifen 29
SPLASH SHIELD FLEX .. 160	sulindac 6	tamsulosin 118
Sprintec (28) 66	sumatriptan 55	TARGRETIN 75
SPRYCEL 28	sumatriptan succinate 55	Tarina 24 Fe 66
Sps (With Sorbitol) 83	SUNRISE COMPRESSOR-NEBULIZER 170, 202	Tarina Fe 1/20 (28) 66
SPS (WITH SORBITOL) ... 83	SUPER THIN LANCETS 139, 202	Tarina Fe 1-20 Eq (28) 66
Sronyx 66	SUPRAX 17	TARON-C DHA 85, 95
SSD 76	SURE COMFORT ALCOHOL PREP PADS 30	TARON-PREX PRENATAL-DHA 86, 95
SSKI 83	SURE COMFORT INS. SYR. U-100 153, 203	TASIGNA 28
SSS 10-5 71, 73	SURE COMFORT INSULIN SYRINGE 153, 154, 203	Taztia Xt 38
ST JOSEPH ASPIRIN 9	SURE COMFORT LANCETS 139, 203	TD GOLD LEVEL 1 CONTROL 139
	SURE COMFORT LANCING PEN 139, 203	TD GOLD LEVEL 2 CONTROL 139
	SURE COMFORT PEN NEEDLE 154, 203	TD GOLD LEVEL 3 CONTROL 139
		TECFIDERA 212

TECHLITE INSULIN SYR	THYROLAR-1/4	110	trazodone	47
HALF UNIT	THYROLAR-2	110	TRECATOR	16
TECHLITE INSULIN	THYROLAR-3	110	tretinoin	72
SYRINGE	Tiadylt Er	38	tretinoin (antineoplastic)	29
TECHLITE LANCETS	tiagabine	44	tretinoin microspheres	72
TECHLITE PEN NEEDLE	TIBSOVO	27	TREXALL	5, 24
154	Tilia Fe	68	Tri Femynor	68
TEGRETOL	timolol maleate	218	triamcinolone acetonide ...	79, 211, 226
45, 53	tinidazole	13	triamterene	40
TEGRETOL XR	TIVICAY	14	triamterene-	
45, 53	tizanidine	125	hydrochlorothiazid	40
TELCARE CONTROL	TOBI PODHALER	224	triazolam	56
139,	TOBRADEX	215	TRICARE	96
203	tobramycin	218	Triderm	79
TELCARE LANCETS	tobramycin in 0.225 % nacl	224	Tri-Estarylla	68
140,	.....	224	trifluoperazine	51
203	tobramycin with nebulizer	224	trifluridine	219
temazepam	tobramycin-dexamethasone	215	trihexyphenidyl	50
56	.....	215	Tri-Legest Fe	68
temozolomide	TODAY CONTRACEPTIVE		Tri-Linyah	68
23	SPONGE	70	Tri-Lo-Estarylla	68
TENDERA-OB	TOLAK	74	Tri-Lo-Marzia	68
95	tolmetin	6	Tri-Lo-Mili	68
tenofovir disoproxil fumarate	tolterodine	120	Tri-Lo-Sprintec	68
.....	TOPCARE CLICKFINE ..	155, 204	Trilyte With Flavor Packets	
15	.....	204	.....	117
terazosin	TOPCARE ULTRA		trimethobenzamide	111
41	COMFORT	155, 204	trimethoprim	11
terbinafine hcl	TOPCARE UNIVERSAL1		Tri-Mili	68
11	LANCET	140, 204	trimipramine	49
terbutaline	topiramate	45	TRINATE	96
223	toremifene	29	TRINTELLIX	48
terconazole	torsemide	40	TRIPLE ANTIBIOTIC PLUS	
228	TOUCH-TROL	174, 204	.....	73
TERUMO INSULIN	TOUJEO MAX U-300		Tri-Previfem (28)	69
SYRINGE	SOLOSTAR	108	Tri-Sprintec (28)	69
155, 203, 204	TOUJEO SOLOSTAR U-300		TRIUMEQ	16
testosterone	INSULIN	108	TRIVEEN-DUO DHA	96
100	TOVIAZ	120	TRIVEEN-PRX RNF	96
testosterone cypionate	TRACLEER	41	Trivora (28)	69
100	TRADJENTA	101	Tri-Vylibra	69
tetrabenazine	tramadol	2	Tri-Vylibra Lo	69
55	tramadol-acetaminophen	3	tropicamide	215
tetracycline	trandolapril	33	tropium	120
22	trandolapril-verapamil	32	TRUE COMFORT ALCOHOL	
THALOMID	tranexamic acid	122	PADS	30
12	tranylcypromine	47	TRUE COMFORT INSULIN	
Theochron	TRAVEL-EASE (MECLIZINE)	111	SYRINGE	155, 204
222	.....	111		
theophylline	travoprost	220		
222				
THERANATAL				
96				
THERANATAL COMPLETE				
.....				
95				
THERANATAL ONE				
96				
THERANATAL OVAVITE ..				
96				
THERANATAL PLUS				
96				
THIN LANCETS				
140				
THINPRO INSULIN				
SYRINGE				
155, 204				
thioridazine				
51				
thiothixene				
51				
THRESHOLD IMT TRAINER				
.....				
170, 204				
THRESHOLD PEP DEVICE				
.....				
170, 204				
THRIVITE RX				
96				
THRIVITE-19				
85, 96				
thyroid (pork)				
110				
THYROLAR-1				
109				
THYROLAR-1/2				
110				

TRUE COMFORT LANCET
..... 140, 205
TRUE COMFORT PEN
NEEDLE 155, 205
TRUE METRIX LEVEL 1. 140
TRUE METRIX LEVEL 2. 140
TRUE METRIX LEVEL 3. 140
TRUECONTROL LEVEL 0
..... 140, 205
TRUECONTROL LEVEL 1
..... 140, 205
TRUEDRAW LANCING
DEVICE 140, 205
TRUEPLUS INSULIN..... 156
TRUEPLUS KETONE 205
TRUEPLUS LANCETS .. 140,
205
TRUEPLUS PEN NEEDLE
..... 156
TRULICITY..... 102
TRUNEB NEBULIZER ... 161,
205
TRUVADA..... 14
TRUZONE PEAK FLOW
METER..... 162, 205
Tulana 67
TWIST LANCETS 140
TYKERB..... 22
TYZINE 226
U
UCERIS 115
ULTICARE 156
ULTICARE INSULIN SYR
HALF UNIT 156
ULTICARE INSULIN
SYRINGE 156
ULTICARE PEN NEEDLE
..... 156
ULTIGUARD SAFE PACK
..... 156
ULTI-LANCE 140, 205
ULTILET ALCOHOL SWAB
..... 30
ULTILET BASIC LANCETS
..... 140, 205
ULTILET CLASSIC
LANCETS..... 140, 205
ULTILET INSULIN SYRINGE
..... 156, 157, 205
ULTILET LANCETS 140, 205

ULTILET PEN NEEDLE . 157,
205
ULTILET SAFETY LANCETS
..... 140, 205
ULTRA CMFT INS SYR
HALF UNIT 157, 205
ULTRA COMFORT INSULIN
SYRINGE 157, 206
ULTRA FINE LANCETS. 140,
206
ULTRA FLO INSULIN
SYRINGE 157, 206
ULTRA FLO PEN NEEDLE
..... 157, 206
ULTRA THIN II LANCETS
..... 140, 206
ULTRA THIN LANCETS. 140,
206
ULTRA THIN PEN NEEDLE
..... 157, 206
ULTRA THIN PLUS
LANCETS 140, 206
ULTRA TLC LANCETS ... 140
ULTRACARE INSULIN
SYRINGE 157, 158, 206
ULTRA-CARE LANCETS
..... 140, 206
ULTRACARE PEN NEEDLE
..... 158, 206
ULTRALANCE LANCETS
..... 140, 206
ULTRA-THIN II (SHORT) INS
SYR 158, 206, 207
ULTRA-THIN II (SHORT)
PEN NDL 158, 207
ULTRA-THIN II INS PEN
NEEDLES..... 158, 207
ULTRA-THIN II INSULIN
SYRINGE 158, 207
ULTRA-THIN II LANCETS
..... 140, 207
ULTRATRAK HIGH-LOW
CONTROL 141
ULTRATRAK NORMAL
CONTROL 141
ULTRATRAK ULTIMATE 141,
207
ULTRAVATE 75
UNIFINE PENTIPS . 158, 207

UNIFINE PENTIPS
MAXFLOW 158, 207
UNIFINE PENTIPS PLUS 158
UNIFINE PENTIPS PLUS
MAXFLOW 158, 207
UNILET COMFORTOUCH
LANCET 141
UNILET EXCELITE II
LANCET 141
UNILET EXCELITE LANCET
..... 141
UNILET GP LANCET 141
UNILET LANCET 141
UNILET LANCETS 141
UNILET SUPER THIN
LANCETS 141
UNISOM SLEEPGELS..... 56
UNISTIK 2 NORMAL
LANCET, DEVICE 141, 207
UNISTIK 3 COMFORT
LANCET 141, 207
UNISTIK 3 EXTRA LANCET
..... 141
UNISTIK 3 GENTLE..... 141
UNISTIK 3 LANCETS..... 141,
207
UNISTIK 3 NORMAL
LANCET 141, 207
UNISTIK CZT LANCET .. 141,
207
UNISTIK PRO LANCET . 141,
207
UNISTIK SAFETY ... 141, 207
UNISTIK TOUCH LANCETS
..... 141, 207
UNISTRIP HIGH CONTROL
..... 141, 207
UNISTRIP LOW CONTROL
..... 141, 207
UNIVERSAL 1 LANCETS 141
URETHRAL CATHETER 174,
207
URINARY PAIN RELIEF . 119
URISTIX 4 82, 208
URISTIX REAGENT .. 82, 208
URO-SAN PLUS 174
ursodiol..... 112
V
VAGINAL CONTRACEPTIVE
FILM 70

VAGINAL CONTRACEPTIVE		VIMPAT	43	VORTEX HOLDING	
FOAM	70	VINACAL B	96	CHAMBER.....	170
valacyclovir.....	19	VINATE CARE	86, 96	VORTEX HOLDING	
valganciclovir.....	17	VINATE GT	96	CHAMBER CHILD	170, 208
valproic acid	43	VINATE II	97	VORTEX HOLDING	
valsartan.....	34	VINATE M	97	CHAMBER TODDLER	170,
valsartan-hydrochlorothiazide		VINATE ONE	97	208	
.....	33	VINATE ULTRA	97	VORTEX LADYBUG MASK-	
vancomycin	18	VINYL CATHETER .	174, 208	TODDLER	170, 209
VANDAZOLE	228	Viorele (28).....	60	VORTEX VHC FROG MASK-	
VANICREAM HC.....	79	VIOS AEROSOL DELIVERY		CHILD	170
VANISHPOINT INSULIN		SYSTEM.....	170	VORTEX VHC LADYBUG	
SYRINGE	158, 208	VIRACEPT	22	MASK-TODDLR.....	170
VANISHPOINT SYRINGE		VIREAD.....	15, 18	VOTRIENT	28
.....	159	VIRT-C DHA.....	85, 97	VP-CH PLUS.....	98
VAPORIZER CLEANING	170,	VIRT-NATE DHA.....	97	VP-CH-PNV	98
208		VIRT-PN DHA	86, 97	VP-PNV-DHA	98
VAPORIZER INHALANT	170,	VIRT-PN PLUS	85, 97	Vyfemla (28).....	66
208		VIRTUSSIN AC	227	Vylibra	67
vaporizers.....	175	VIRT-VITE.....	99	VYVANSE	52
VAPRO PLUS INTERMITT		VIRT-VITE PLUS	82	W	
CATHETER	174, 208	VITAFOL FE+ (WITH		WAL-DRAM 2.....	111
VARUBI.....	112	DOCUSATE)	97	WAL-PROXEN	7
VASCEPA.....	36, 37	VITAFOL GUMMIES	97	WAL-SOM	
VCF CONTRACEPTIVE		VITAFOL NANO	97	(DIPHENHYDRAMINE) .	56
FILM	70	VITAFOL ULTRA	97	WAL-ZYR (KETOTIFEN).	216
VCF CONTRACEPTIVE GEL		VITAFOL-OB.....	97	warfarin	121
.....	70	VITAFOL-OB+DHA	97	WARM STEAM VAPORIZER	
Velivet Triphasic Regimen		VITAFOL-ONE	97	.....	175, 209
(28).....	69	VITAMED MD ONE RX.....	98	WAVESENSE CONTROL	
VENA-BAL DHA.....	96	Vitamin D2.....	99	SOLUTION	142, 209
VENCLEXTA.....	25	VITAMIN D3	99	WEBCOL.....	30
VENCLEXTA STARTING		VIVA DHA	98	Wera (28)	67
PACK.....	25	VIVAGUARD INO CONTROL		WESTHROID	110
venlafaxine	48	SOLUTION	142, 208	WIDE-SEAL DIAPHRAGM	
VENTOLIN HFA.....	223	VIVAGUARD LANCET ..	142,	60.....	126, 209
verapamil.....	35, 39	208		WIDE-SEAL DIAPHRAGM	
VERASENS CONTROL		VIVOTIF	31	65.....	126, 209
SOLN-LEVEL 1 ...	141, 208	VIXONE NEBULIZER....	161,	WIDE-SEAL DIAPHRAGM	
VERIFINE PEN NEEDLE	159,	208		70.....	126, 209
208		VIXONE NEBULIZER-		WIDE-SEAL DIAPHRAGM	
VERTICALM.....	111	ADULT MASK.....	161, 208	75.....	126, 209
V-GO 20	170, 208	VIXONE NEBULIZER-		WIDE-SEAL DIAPHRAGM	
V-GO 30.....	171, 208	PEDIATRIC MSK.	161, 208	80.....	126, 209
V-GO 40.....	171, 208	Volnea (28).....	60	WIDE-SEAL DIAPHRAGM	
VICKS WARM STEAM		voriconazole	12	85.....	126, 209
VAPORIZER.....	175, 208	VORTEX ADULT MASK..	170	WIDE-SEAL DIAPHRAGM	
VICTOZA 2-PAK	102	VORTEX FROG MASK-		90.....	126, 209
VICTOZA 3-PAK	102	CHILD	170, 208	WIDE-SEAL DIAPHRAGM	
Vienna	66			95.....	126, 209

WILLIS THE WHALE	XIGDUO XR	101	ZEPATIER.....	19
COMPRESSR NEB	XTANDI	24	zidovudine	15
209	XULANE	69	ZINGIBER	99
WINDMILL TRAINER.....	Z		ziprasidone hcl	53
209	zafirlukast	222	ZIRGAN	219
WING TIP TUBING	zaleplon.....	56	ZOLINZA	26
170	Zarah.....	67	zolmitriptan	55
WOMEN'S PRENATAL	Zarontin	46	zolpidem	56
PLUS DHA.....	ZARONTIN	46	zonisamide	46
98	ZARXIO	122	ZONTIVITY	123
WP THYROID	ZATEAN-PN DHA	86, 98	Zovia 1/35E (28).....	67
110	ZATEAN-PN PLUS	85, 98	Zumandimine (28)	67
Wymzya Fe	ZELBORAF	25	ZYDELIG	27
67	Zenatane	70	ZYLET	215
X	Zenzedi	52, 54, 55	ZYTIGA	23, 24
XALKORI.....				
24				
XARELTO				
121				
XELJANZ				
6, 115				
XELJANZ XR				
6, 115				