Plan Year 2020

2020 Formulary (List of Covered Drugs)

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

$0 Cost Share AI/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 07/01/2020. 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

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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	***atorvastatin calcium***
Generic drug with a brand name reference	***atorvastatin calcium*** (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 is it 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.

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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		
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	QL (10 EA per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl citrate***)	Tier 2	PA; QL (120 EA per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone rectal suppository 3 mg	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 (***hydrocodone bitartrate***)	Tier 3	QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	Tier 2	
meperidine oral tablet 100 mg, 50 mg	Tier 1	
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	
methadone oral concentrate 10 mg/ml	Tier 1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methadone oral tablet 10 mg, 5 mg	Tier 1	
methadone oral tablet,soluble 40 mg	Tier 1	
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bitartrate/acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (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		
ibuprofen-oxycodone oral tablet 400-5 mg	Tier 1	
Analgesic Opioid Oxycodone and Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
ibuprofen-oxycodone oral tablet 400-5 mg	Tier 1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1	
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 3	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	Tier 1	QL (2.5 ML per 1 FILL)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	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) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	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 (***adalimumab***)	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 (***adalimumab***)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	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) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	Tier 4	PA; SP; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	Tier 4	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP; QL (4 ML per 28 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (***upadacitinib***)	Tier 4	PA; SP; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***)	Tier 4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***)	Tier 4	PA; SP; QL (1 EA per 1 day)
DMARD - Other - Arthritis and Pain Drugs		
penicillamine oral tablet 250 mg	Tier 3	SP
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral tablet 200 mg	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALEVE ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	
ALL DAY PAIN RELIEF ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	
ALL DAY RELIEF ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (***ibuprofen***)	Tier 1	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML (***ibuprofen***)	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	Tier 1	
FLANAX (NAPROXEN) ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
ibuprofen oral drops,suspension 50 mg/1.25 ml	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
INFANT'S ADVIL ORAL DROPS,SUSPENSION 50 MG/1.25 ML (***ibuprofen***)	Tier 1	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (***ibuprofen***)	Tier 1	
INFANT'S MOTRIN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (***ibuprofen***)	Tier 1	
INFANTS PROFENIB ORAL DROPS,SUSPENSION 50 MG/1.25 ML (***ibuprofen***)	Tier 1	
MEDIPROXEN ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	
naproxen oral suspension 125 mg/5 ml	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 220 mg, 275 mg	Tier 1	
WAL-PROXEN ORAL TABLET 220 MG (***naproxen sodium***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (***indomethacin***)	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	Tier 2	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
aspirin oral tablet 325 mg	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
aspirin oral tablet,chewable 81 mg	$0	EHB; AG: IF MALE, 45-79 YEARS
aspirin oral tablet,delayed release (dr/ec) 325 mg	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
aspirin oral tablet,delayed release (dr/ec) 81 mg	$0	EHB; AG: IF MALE, 45-79 YEARS
aspirin rectal suppository 600 mg	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
diflunisal oral tablet 500 mg	Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LITE COAT ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
Anesthetics - Drugs for Pain and Fever		
Local Anesthetic - Amides - Drugs for Sedation		
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine topical ointment 5 %	Tier 2	QL (50 GM per 30 days)
Anorectal Preparations - Rectal Preparations		
Anorectal - Glucocorticoids - Rectal Preparations		
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %	Tier 1	
hydrocortisone acetate/pramoxine hcl (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) (***zinc acetate***)	Tier 2	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
penicillamine oral tablet 250 mg	Tier 3	SP
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 4	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (***deferasirox***)	Tier 4	PA; SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 4	PA
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
naloxone injection syringe 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin oral capsule 250 mg	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin oral tablet 500 mg	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 250 mg, 500 mg	Tier 1	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
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	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 2	
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
trimethoprim oral tablet 100 mg	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
Antifungal - Triazoles - Drugs for Fungus		
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (***posaconazole***)	Tier 3	QL (240 ML per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 3	QL (93 EA per 30 days)
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
voriconazole oral tablet 200 mg, 50 mg	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
Antifungal other - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 4	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	Tier 1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
abacavir oral tablet 300 mg	Tier 1	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG (***emtricitabine***)	Tier 4	
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 4	
lamivudine oral solution 10 mg/ml	Tier 1	PA
lamivudine oral tablet 150 mg	Tier 1	
lamivudine oral tablet 300 mg	Tier 1	PA
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	
zidovudine oral capsule 100 mg	Tier 1	
zidovudine oral syrup 10 mg/ml	Tier 1	
zidovudine oral tablet 300 mg	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 4	PA
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (***lopinavir/ritonavir***)	Tier 4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 4	
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 4	
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 4	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	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 (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 4	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 4	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 1	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG (***efavirenz/emtricitabine/tenofovir disoproxil fumarate***)	Tier 4	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 4	QL (1 EA per 1 day)
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 2	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	Tier 3	
Antitubercular Combinations - Antibiotics		

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 (***ciprofloxacin***)	Tier 3	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (***ciprofloxacin/ciprofloxacin hcl***)	Tier 3	
ciprofloxacin hcl oral tablet 100 mg	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
FACTIVE ORAL TABLET 320 MG (***gemifloxacin mesylate***)	Tier 4	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg, 250 mg	Tier 4	QL (56 EA per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (***lamivudine***)	Tier 4	PA
lamivudine oral tablet 100 mg	Tier 1	
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 4	PA; SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 4	PA
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 4	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (***peginterferon alfa-2b***)	Tier 4	PA; SP
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 3	ST: Prior prescription for Vancomycin HCL in 120 days; QL (20 EA per 30 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
erythromycin stearate (Erythrocin (As Stearate) Oral Tablet 250 Mg)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	Tier 3	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 3	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 1 gram	Tier 1	

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

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

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 (***abiraterone acetate***)	Tier 3	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; SP; OCH
IRESSA ORAL TABLET 250 MG (***gefitinib***)	Tier 4	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 4	SP; OCH
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 2	SP; OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 2	SP; OCH
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 2	SP; OCH
melphalan oral tablet 2 mg	Tier 2	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	Tier 3	SP; OCH
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 4	PA; SP; OCH; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 4	PA; SP; OCH; QL (6 EA per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	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 (***crizotinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg	Tier 3	PA; SP; OCH; QL (4 EA per 1 day)
bicalutamide oral tablet 50 mg	Tier 1	OCH
flutamide oral capsule 125 mg	Tier 1	OCH
nilutamide oral tablet 150 mg	Tier 4	SP; OCH
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG (***abiraterone acetate***)	Tier 3	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
mercaptopurine oral tablet 50 mg	Tier 1	OCH
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 2	SP; OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
capecitabine oral tablet 150 mg, 500 mg	Tier 4	SP; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	Tier 4	PA; SP; OCH
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	Tier 1	OCH
exemestane oral tablet 25 mg	Tier 1	OCH
letrozole oral tablet 2.5 mg	Tier 1	OCH

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 (***venetoclax***)	Tier 4	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 4	PA; SP; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 50 MG (***encorafenib***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 4	PA; SP; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (***ibrutinib***)	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 (***palbociclib***)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) (***ribociclib succinate***)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) (***ribociclib succinate***)	Tier 4	PA; SP; OCH; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) (***ribociclib succinate***)	Tier 4	PA; SP; OCH; QL (63 EA per 28 days)
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 4	OCH
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	Tier 2	SP; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	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 (***panobinostat lactate***)	Tier 4	PA; SP; OCH; QL (6 EA per 21 days)
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	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) (***interferon alfa-2b,recomb.***)	Tier 4	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (***interferon alfa-2b,recomb.***)	Tier 4	SP
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	Tier 2	SP
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	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 (***ribociclib succinate/letrozole***)	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 (***ribociclib succinate/letrozole***)	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 (***ribociclib succinate/letrozole***)	Tier 4	PA; SP; OCH; QL (91 EA per 28 days)
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4	PA; SP; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	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 (***everolimus***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG (***everolimus***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (***sorafenib tosylate***)	Tier 4	PA; SP; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	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 (***ivosidenib***)	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 (***enasidenib mesylate***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
IDHIFA ORAL TABLET 50 MG (***enasidenib mesylate***)	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 (***idelalisib***)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) (***alpelisib***)	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) (***alpelisib***)	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 (***idelalisib***)	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 (***olaparib***)	Tier 4	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 4	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
BOSULIF ORAL TABLET 100 MG, 500 MG (***bosutinib***)	Tier 4	PA; SP; OCH
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	Tier 4	PA; SP; OCH
imatinib oral tablet 100 mg, 400 mg	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (***ibrutinib***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	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 X2), 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) (***lenvatinib mesylate***)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	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 (***dasatinib***)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (***sunitinib malate***)	Tier 4	PA; SP; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG (***nilotinib hcl***)	Tier 4	PA; SP; OCH
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	Tier 4	PA; SP; OCH
Antineoplastic - Retinoids - Drugs for Cancer		

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

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

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

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 (***hepatitis b virus vaccine recombinant/pf***)	Tier 3	QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	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 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 3	PA; SP
Live Vaccine and Live Virus Formulations - Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	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 (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	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 (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	Tier 3	QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	Tier 3	QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	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 (***typhoid vacc,live,attenuated***)	Tier 2	QL (4 EA per 1 FILL)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	Tier 3	QL (1 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	Tier 3	QL (1 ML per 365 days)
Vaccine Viral - Influenza A and B - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2019-20 (36 mos up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (***influenza virus vaccine quadrival 2019-20 (6 mos-35 mos)/pf***)	$0	EHB; QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2019-20 (6 mos and up)***)	$0	EHB; QL (0.5 ML per 180 days)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2019-20 (65 yr up)/adjuvant mf59c.1/pf***)	$0	EHB; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2019-2020(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2019-20(18 yrs and older)rcmb/pf***)	$0	EHB; QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quad 2019-2020(4 years and older)cell derived/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quadriv 2019-2020(4 years and older)cell derived***)	$0	EHB; QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2019-2020(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2019-20 (6 mos and up)***)	$0	EHB; QL (0.5 ML per 180 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2019-2020 (2 yrs-49 yrs)***)	$0	EHB; QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2019-2020(65 yr up)/pf***)	$0	EHB; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2019-2020(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2019-2020(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2019-20 (6 mos and up)***)	$0	EHB; QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (***influenza virus vaccine quadrival 2019-20 (6 mos-35 mos)/pf***)	$0	EHB; QL (0.25 ML per 180 days)
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (***varicella-zoster virus glycoprotein e,rec,component 2 of 2***)	$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		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (***enalapril maleate***)	Tier 3	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan potassium/hydrochlorothiazide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	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 (***sacubitril/valsartan***)	Tier 2	PA
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
isosorbide dinitrate oral tablet extended release 40 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (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 (***nitroglycerin***)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin (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		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	Tier 2	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colesevelam oral tablet 625 mg	Tier 2	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (***colestipol hcl***)	Tier 3	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
atorvastatin oral tablet 10 mg, 20 mg	$0	EHB
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 1	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0	EHB
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	EHB
rosuvastatin oral tablet 10 mg, 5 mg	$0	EHB; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	EHB
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 2	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***)	Tier 3	PA; QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***)	Tier 3	PA; QL (120 EA per 30 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs for Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	
VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***)	Tier 3	PA; QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***)	Tier 3	PA; QL (120 EA per 30 days)
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
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	Tier 3	
Anti-PCSK9 Monoclonal Antibodies - Drugs for Cholesterol		
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 4	PA; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 4	PA; QL (3 ML per 28 days)
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***nebivolol hcl***)	Tier 2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 25 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	Tier 1	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	Tier 1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol succinate/hydrochlorothiazide***)	Tier 2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 2	QL (2 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamterene oral capsule 100 mg, 50 mg	Tier 2	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorothiazide oral tablet 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	Tier 2	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	Tier 3	PA; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	Tier 3	PA
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 1	SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
LETAIRIS ORAL TABLET 10 MG, 5 MG (***ambrisentan***)	Tier 4	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	Tier 4	PA; SP; QL (1 EA per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (***bosentan***)	Tier 4	PA; SP; QL (2 EA per 1 day)
Pulmonary Arterial Hypertension Agents-Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 4	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 4	PA; SP
Central Nervous System Agents - Drugs for the Nervous System		
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
MYSOLINE ORAL TABLET 250 MG, 50 MG (***primidone***)	Tier 3	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	
clobazam oral tablet 10 mg, 20 mg	Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	Tier 2	PA
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML (***felbamate***)	Tier 3	
FELBATOL ORAL TABLET 400 MG, 600 MG (***felbamate***)	Tier 2	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
VIMPAT ORAL SOLUTION 10 MG/ML (***lacosamide***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***lacosamide***)	Tier 4	QL (2 EA per 1 day)
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 2	
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 (***tiagabine hcl***)	Tier 3	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1	
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 3	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 3	
PEGANONE ORAL TABLET 250 MG (***ethotoin***)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	
phenytoin oral suspension 100 mg/4 ml	Tier 1	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	Tier 2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 3	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	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 (***lamotrigine***)	Tier 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (***lamotrigine***)	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (***lamotrigine***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***lamotrigine***)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG (***lamotrigine***)	Tier 4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
lamotrigine oral tablet extended release 24hr 250 mg	Tier 4	
lamotrigine oral tablet extended release 24hr 300 mg	Tier 3	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	Tier 2	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (***ethosuximide***)	Tier 3	
ethosuximide (Zarontin Oral Solution 250 Mg/5 Ml)	Tier 3	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (***rufinamide***)	Tier 2	
BANZEL ORAL TABLET 200 MG, 400 MG (***rufinamide***)	Tier 2	
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 4	PA; SP
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	Tier 2	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	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
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 3	PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 3	PA; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 3	PA; QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
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	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***)	Tier 3	ST: Prior prescription for Carbidopa/levodopa or Rytary in 120 days
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 2	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	Tier 4	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
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	Tier 1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 3	QL (30 EA per 30 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 25 mg	Tier 1	
clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg	Tier 2	
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	Tier 1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	Tier 1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	Tier 2	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 2	
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
oxazepam oral capsule 15 mg, 30 mg	Tier 1	
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 (***carbamazepine***)	Tier 3	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	Tier 2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (***lamotrigine***)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (***carbamazepine***)	Tier 3	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	Tier 1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium carbonate***)	Tier 3	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	Tier 1	
dextroamphetamine oral solution 5 mg/5 ml	Tier 1	
dextroamphetamine oral tablet 10 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methamphetamine oral tablet 5 mg	Tier 1	
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	
CNS Stimulant - Analeptics - Drugs for Attention Deficit Disorder		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	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 (***milnacipran hcl***)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
ramelteon oral tablet 8 mg	Tier 2	PA; QL (1 EA per 1 day)
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	Tier 3	
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	Tier 2	
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (9 EA per 1 FILL)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (12 EA per 1 FILL)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (12 EA per 1 FILL)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (6 EA per 1 FILL)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (9 EA per 1 FILL)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 3	QL (2 ML per 1 FILL)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (2 ML per 1 FILL)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (2.5 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	QL (9 EA per 1 FILL)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	QL (9 EA per 1 FILL)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA; SP
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
modafinil oral tablet 100 mg, 200 mg	Tier 1	PA; QL (2 EA per 1 day)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
dextroamphetamine sulfate (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 (***dextromethorphan hbr/quinidine sulfate***)	Tier 2	QL (2 EA per 1 day)
Sedative-Hypnotic - Antihistamines - Drugs for Insomnia		
NIGHTIME SLEEP ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
SLEEPING ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	Tier 1	
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SECONAL SODIUM ORAL CAPSULE 100 MG (***secobarbital sodium***)	Tier 2	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
zaleplon oral capsule 10 mg, 5 mg	Tier 1	
zolpidem oral tablet 10 mg, 5 mg	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		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	EHB; QL (180 EA per 365 days)
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
NICORELIEF BUCCAL GUM 2 MG (***nicotine polacrilex***)	$0	EHB; QL (180 EA per 365 days)
nicotine (polacrilex) buccal gum 2 mg	$0	EHB; QL (180 EA per 365 days)
nicotine (polacrilex) buccal gum 4 mg	$0	EHB
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	$0	EHB
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	$0	EHB
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	$0	EHB
QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***)	$0	EHB; QL (180 EA per 365 days)
QUIT 2 BUCCAL LOZENGE 2 MG (***nicotine polacrilex***)	$0	EHB
QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***)	$0	EHB
QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***)	$0	EHB
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	$0	EHB
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (***varenicline tartrate***)	$0	EHB
CHANTIX ORAL TABLET 0.5 MG, 1 MG (***varenicline tartrate***)	$0	EHB
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (***varenicline tartrate***)	$0	EHB; QL (180 EA per 365 days)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	Tier 2	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
donepezil oral tablet 10 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
donepezil oral tablet 23 mg	Tier 1	ST: Prior prescription for Donepezil HCL in 120 days; QL (1 EA per 1 day)
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	
galantamine oral solution 4 mg/ml	Tier 1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	Tier 1	
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	
memantine oral solution 2 mg/ml	Tier 1	
memantine oral tablet 10 mg, 5 mg	Tier 1	
memantine oral tablets,dose pack 5-10 mg	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 (***memantine hcl/donepezil hcl***)	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 (***memantine hcl/donepezil hcl***)	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		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive Injectable - Progestin - Birth Control Pills		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	$0	CT; EHB; QL (1 ML per 90 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	CT; EHB; QL (1 ML per 90 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	CT; EHB; QL (1 ML per 90 days)
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Lo Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
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)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 1/20 (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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE 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
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (***nonoxynol 9***)	$0	CT; EHB
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (***nonoxynol 9***)	$0	CT; EHB
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
azelaic acid topical gel 15 %	Tier 1	Age (Max 34 Years)
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	
clindamycin phosphate topical swab 1 %	Tier 1	
ERY PADS TOPICAL SWAB 2 % (***erythromycin base in ethanol***)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (***sulfacetamide sodium/sulfur***)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Tier 1	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (***sulfacetamide sodium/sulfur***)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (***sulfacetamide sodium/sulfur***)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***)	Tier 1	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 1	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical gel 2.5 %	Tier 1	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	Tier 1	Age (Max 34 Years)
adapalene topical gel 0.1 %, 0.3 %	Tier 1	Age (Max 34 Years)
adapalene topical gel with pump 0.3 %	Tier 1	Age (Max 34 Years)
adapalene topical lotion 0.1 %	Tier 2	Age (Max 34 Years)
AVITA TOPICAL CREAM 0.025 % (***tretinoin***)	Tier 1	Age (Max 34 Years)
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	Tier 1	Age (Max 34 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 34 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 34 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	Age (Max 34 Years)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	Age (Max 34 Years)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 2	
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (1.66 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (***risankizumab-rzaa***)	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 (***secukinumab***)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	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 SUBCUTANEOUS SYRINGE 300 MG/2 ML (***dupilumab***)	Tier 4	PA; SP; QL (4 ML per 28 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	
gentamicin topical ointment 0.1 %	Tier 1	
Dermatological - Antibacterial Other - Drugs for the Skin		
mupirocin calcium topical cream 2 %	Tier 1	
mupirocin topical ointment 2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Sulfonamides - Drugs for the Skin		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	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 (***neomycin sulf/bacitracin zinc/polymyxin b sulf/pramoxine hcl***)	Tier 1	
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %, 2 %	Tier 1	
NAFTIN TOPICAL GEL 1 % (***naftifine hcl***)	Tier 3	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
ciclopirox topical cream 0.77 %	Tier 1	
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	
ciclopirox topical suspension 0.77 %	Tier 1	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
econazole topical cream 1 %	Tier 2	
ketoconazole topical cream 2 %	Tier 1	
ketoconazole topical shampoo 2 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	Tier 3	
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***)	Tier 2	
fluorouracil topical cream 0.5 %	Tier 2	
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	PA
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
TARGRETIN TOPICAL GEL 1 % (***bexarotene***)	Tier 4	SP
Dermatological - Antiperspirants - Drugs for the Skin		
CERTAIN DRI TOPICAL LIQUID (***aluminum chloride***)	Tier 1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 1	
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	SP
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	Tier 2	
calcipotriene topical cream 0.005 %	Tier 2	
calcipotriene topical ointment 0.005 %	Tier 2	
calcitriol topical ointment 3 mcg/gram	Tier 3	
ULTRAVATE TOPICAL LOTION 0.05 % (***halobetasol propionate***)	Tier 3	PA; QL (60 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antiseborrheic - Drugs for the Skin		
ANTI-DANDRUFF TOPICAL SHAMPOO 1 % (***selenium sulfide***)	Tier 1	
DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 % (***selenium sulfide***)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
SELSUN BLUE TOPICAL SHAMPOO 1 % (***selenium sulfide***)	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 1	
Dermatological - Antiseborrheic Combinations - Drugs for the Skin		
ANTI-DANDRUFF WITH MENTHOL TOPICAL SHAMPOO 1 % (***selenium sulfide/menthol***)	Tier 1	
DANDRUFF SHAMPOO (SELEN-ALOE) TOPICAL SHAMPOO 1 % (***selenium sulfide/aloe vera***)	Tier 1	
DANDRUFF SHAMPOO-MENTHOL TOPICAL SHAMPOO 1 % (***selenium sulfide/menthol***)	Tier 1	
SELSUN BLUE MOISTURIZING TOPICAL SHAMPOO 1 % (***selenium sulfide/aloe vera***)	Tier 1	
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 4	ST: Prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in 120 days
DENAVIR TOPICAL CREAM 1 % (***penciclovir***)	Tier 2	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
pimecrolimus topical cream 1 %	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
GERI-HYDROLAC TOPICAL CREAM 12 % (***ammonium lactate***)	Tier 1	
GERI-HYDROLAC TOPICAL LOTION 12 %, 5 % (***ammonium lactate***)	Tier 1	
SKIN TREATMENT TOPICAL LOTION 12 % (***ammonium lactate***)	Tier 1	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 2	
Dermatological - Glucocorticoid - Drugs for the Skin		
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CORTIZONE-10 PLUS TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
CORTIZONE-10 TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
CORTIZONE-10 TOPICAL LOTION 1 % (***hydrocortisone***)	Tier 1	
CORTIZONE-10 TOPICAL OINTMENT 1 % (***hydrocortisone***)	Tier 1	
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 % (***hydrocortisone***)	Tier 1	
desoximetasone topical cream 0.25 %	Tier 1	QL (60 GM per 1 FILL)
diflorasone topical ointment 0.05 %	Tier 1	
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 %	Tier 1	PA
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	QL (30 GM per 1 FILL)
fluocinonide-emollient topical cream 0.05 %	Tier 1	QL (30 GM per 1 FILL)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halobetasol propionate topical cream 0.05 %	Tier 2	PA; QL (50 GM per 1 FILL)
halobetasol propionate topical ointment 0.05 %	Tier 2	PA; QL (50 GM per 1 FILL)
hydrocortisone acetate topical cream 0.5 %, 1 %	Tier 1	
hydrocortisone acetate topical ointment 1 %	Tier 1	
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (***hydrocortisone/aloe vera***)	Tier 1	
hydrocortisone topical cream 0.5 %, 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 1 %, 2.5 %	Tier 1	
hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %	Tier 1	
HYDROCREAM TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SOOTHING CARE (HYDROCORTISONE) TOPICAL CREAM 1 % (***hydrocortisone***)	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %, 0.5 %)	Tier 1	
VANICREAM HC TOPICAL CREAM 1 % (***hydrocortisone acetate***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
ANTI-ITCH PLUS TOPICAL CREAM 1 % (***hydrocortisone/aloe vera/vitamin e acetate/vitamins a and d***)	Tier 1	
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 % (***hydrocortisone/aloe vera***)	Tier 1	
AVEENO ANTI-ITCH (HYDROCORTSN) TOPICAL CREAM 1 % (***hydrocortisone/colloidal oatmeal/aloe/vitamin e***)	Tier 1	
CORTISONE WITH ALOE TOPICAL CREAM 1 % (***hydrocortisone/aloe vera***)	Tier 1	
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 % (***hydrocortisone/aloe vera***)	Tier 1	
hydrocortisone-aloe vera topical cream 1 %	Tier 1	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 2	
podofilox topical solution 0.5 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
BURN RELIEF WITH ALOE TOPICAL GEL 0.5 % (***lidocaine/aloe vera***)	Tier 1	
lidocaine-aloe vera topical gel 0.5 %	Tier 1	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
diclofenac sodium topical gel 1 %	Tier 1	QL (500 GM per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
lidocaine topical adhesive patch,medicated 4 %, 5 %	Tier 2	PA; QL (1 EA per 1 day)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
REGENECARE HA TOPICAL GEL 2 % (***lidocaine hcl/hyaluronic acid/aloe vera/collagen***)	Tier 1	
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (***lidocaine***)	Tier 2	PA; QL (1 EA per 1 day)
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
EURAX TOPICAL CREAM 10 % (***crotamiton***)	Tier 2	
lindane topical shampoo 1 %	Tier 1	
malathion topical lotion 0.5 %	Tier 1	QL (118 ML per 1 FILL)
permethrin topical cream 5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
spinosad topical suspension 0.9 %	Tier 2	QL (120 ML per 1 FILL)
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD; QL (30 GM per 1 FILL)
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	Tier 2	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 10 MD STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 1	
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 1	
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 1	
LABSTIX REAGENT STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 10 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 5 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 7 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 8 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 9 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 9 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX STRIP (***urine multiple test strips***)	Tier 1	
URISTIX 4 STRIP (***urine multiple test strips***)	Tier 1	
URISTIX REAGENT STRIP (***urine multiple test strips***)	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		
tadalafil oral tablet 5 mg	Tier 4	PA
Eating Disorder Therapy - Drugs for Eating Disorders		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	
B-Complex Vitamin Combinations - Drugs for Nutrition		
VIRT-VITE PLUS ORAL TABLET 5 MG (***folic acid/vitamin b complex with vitamin c no.17***)	Tier 1	
B-Complex Vitamins - Drugs for Nutrition		
BALANCED B-50 ORAL TABLET (***vitamin b complex***)	Tier 1	
Dietary Product - Dietary Supplements - Drugs for Nutrition		
NIACIN-AZE AC-TURMER-FA-B6-ZN ORAL TABLET 700-500-8-12 MG-MCG-MG-MG (***niacinamide/azelaic ac/quercet/turmer/fa/b6/zinc ox/copper***)	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML (***sodium polystyrene sulfonate/sorbitol solution***)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (***sodium polystyrene sulfonate***)	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***)	Tier 1	
Irrigation Solutions - Drugs for Nutrition		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (***sodium chloride irrigating solution***)	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
STERILE SALINE IRRIGATION SOLUTION 0.9 % (***sodium chloride irrigating solution***)	Tier 2	
Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate oral tablet 667 mg	Tier 3	
CALPHRON ORAL TABLET 667 MG (***calcium acetate***)	Tier 3	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	Tier 2	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	$0	EHB; Age (Max 1 Years)
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	$0	EHB; Age (Max 1 Years)
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	$0	EHB; Age (Max 1 Years)
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	$0	EHB; Age (Max 1 Years)
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	$0	EHB; Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	$0	EHB; Age (Max 1 Years)
Minerals and Electrolytes - Iron Combinations - Drugs for Nutrition		
COMPLETE ORAL TABLET 27-0.4 MG (***multivitamin with iron,hematinic***)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 2	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
COMPETE ORAL TABLET (***multivitamin with iron and other minerals***)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (***mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid***)	Tier 3	
HAIR,SKIN AND NAILS ORAL TABLET (***multivitamin with minerals***)	Tier 1	
MAXIMUM DAILY GREEN ORAL TABLET 5-133 MG-MCG (***folic acid/multivit,calcium,iron,min/bee pollen/herbal 101***)	Tier 1	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (***multivitamin-minerals no.60/ferrous fumarate/folic acid***)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.61/ferrous fumarate/folic acid***)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
PRENATAL ONE (WITH FOOD BLEND) ORAL TABLET 27 MG-360 MCG- 125 MG-32 MG (***multivit-min 65/iron chelate/folic acid/herbal 298/digest 9***)	Tier 3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (***multivit-mins no.73/iron fumarate,polysacc comp/folic acid***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PUREFE PLUS ORAL CAPSULE 106 MG IRON- 1 MG (***multivitamin-minerals no.62/ferrous fumarate/folic acid***)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	Tier 3	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (***multivit-mins no.59/ferrous fumarate/folic acid/docusate sod***)	Tier 3	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	Tier 3	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
Multivitamins - Drugs for Nutrition		
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (***multivitamin comb no.48/ferrous fumarate/folic acid/dha***)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (***multivitamin combination no.51/ferrous fumarate/folic acid***)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (***multivitamin no.45/iron fumarate/folate comb no.6/dha***)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (***multivitamin no.46/iron fumarate/folate comb. no.6/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 3	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (***multivitamin combination no.43/ferrous fumarate/folic acid***)	Tier 3	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 3	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	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 (***pediatric multivitamin no.45/sodium fluoride/ferrous sulfate***)	Tier 1	
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (***pediatric multivitamin no.45/sodium fluoride/ferrous sulfate***)	Tier 1	
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (***prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate***)	Tier 3	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3***)	Tier 3	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3***)	Tier 3	
BRAINSTRONG PRENATAL ORAL COMBO PACK 33 MG IRON- 800 MCG-350 MG (***prenatal vitamins no.139/iron,carbonyl/folic acid/dha***)	Tier 3	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate combo no.6/dha***)	Tier 3	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (***multivitamin comb no.48/ferrous fumarate/folic acid/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***)	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	Tier 3	
DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***)	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (***prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa***)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (***prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s***)	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vits with calcium no.116/ferrous fum/folic acid/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.57/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (***mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid***)	Tier 3	
KPN ORAL TABLET (***prenatal vitamin calcium,iron,folic acid (less than 1 mg)***)	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (***prenatal vits with calcium no.65/iron polysacchar/folic acid***)	Tier 3	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	Tier 3	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	Tier 3	
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	Tier 3	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	Tier 3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (***prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (***prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil***)	Tier 3	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (***prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil***)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (***prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa***)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamin no.86/iron bis-glycinate/folic acid***)	Tier 3	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (***multivitamin-minerals no.60/ferrous fumarate/folic acid***)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (***prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3***)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***)	Tier 3	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	Tier 3	
OBTREX DHA (WITH QUATREFOLIC) ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON-1 MG -350 MG (***prenatal vitamins no.12/iron carbonyl/methylfolate/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (***prenatal vit with calcium no.127/ferrous fumarate/folic acid***)	Tier 1	
ONE DAILY PRENATAL ORAL COMBO PACK 28 MG IRON- 800 MCG, 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***)	Tier 3	
ONE-A-DAY WOMEN'S PRENATAL 1 ORAL CAPSULE 28 MG IRON- 800 MCG-235 MG (***prenatal vit,calcium no.123/iron/folic acid/omega-3/dha/epa***)	Tier 3	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG (***prenatal vits with calcium 36/ferrous fumarate/folic acid***)	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	Tier 3	
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	Tier 3	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 3	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	Tier 3	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vit with calcium no.40/iron fumarate/folate no.1***)	Tier 3	
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***)	Tier 3	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	Tier 3	
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***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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***)	Tier 3	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (***prenatal vitamins combination no.42/folic acid***)	Tier 3	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (***prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha***)	Tier 3	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (***prenatal vits no.105/iron amino acid chelate/folic acid/dha***)	Tier 3	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***)	Tier 3	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***)	Tier 3	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	Tier 3	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	Tier 3	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	Tier 3	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	Tier 3	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	Tier 3	
PRENATAL GUMMY ORAL TABLET,CHEWABLE 400 MCG-35 MG -25 MG-5 MG (***prenatal vitamins no.62/folic acid/omega-3s/dha/epa/fish oil***)	Tier 3	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.74/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	Tier 3	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***)	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	Tier 3	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS DHA ORAL COMB PAK, TAB CHEW AND CAPSULE 267 MCG-321 MG- 250 MG (***prenatal vitamins no.120/levomefolate calcium/omega-3/dha***)	Tier 3	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	Tier 3	
PRENATAL PLUS DHA ORAL COMBO PACK, CAPSULE AND PACKET 18 MG IRON-800 MCG-290 MG (***prenatal vits no.135/iron suc-prot/levomefolate/omega-3/dha***)	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	Tier 3	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	Tier 3	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	Tier 1	
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	Tier 1	
prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil***)	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (***multivitamin combination no.51/ferrous fumarate/folic acid***)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (***multivitamin no.45/iron fumarate/folate comb no.6/dha***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (***prenatal vitamins no.36/ferrous fumarate/folate comb. no.6***)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (***multivitamin no.46/iron fumarate/folate comb. no.6/dha***)	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	Tier 1	
PRETAB ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	Tier 1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/iron fumarate,polysac complex/folic acid***)	Tier 3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (***multivit-mins no.73/iron fumarate,polysacc comp/folic acid***)	Tier 3	
PUREFE PLUS ORAL CAPSULE 106 MG IRON- 1 MG (***multivitamin-minerals no.62/ferrous fumarate/folic acid***)	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (***prenatal vitamins no.66/iron,carbonyl/folic acid/dha***)	Tier 3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vit no.128/iron polysaccharide complex/folic acid***)	Tier 3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (***prenatal vitamins no.33/iron polysach complex/folic acid/dha***)	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamin no.13/iron polysaccharides/folate comb no.1***)	Tier 3	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	Tier 3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	Tier 3	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 3	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (***prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha***)	Tier 3	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	Tier 3	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	Tier 3	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***)	Tier 3	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	Tier 3	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	Tier 3	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (***multivit-mins no.59/ferrous fumarate/folic acid/docusate sod***)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	Tier 3	
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3***)	Tier 3	
VINACAL B ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG (***prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6***)	Tier 3	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (***multivitamin combination no.43/ferrous fumarate/folic acid***)	Tier 3	
VINATE GT ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 16/iron/folic acid/docusate sodium***)	Tier 3	
VINATE II ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins with calcium/iron fum,b-g/folic acid***)	Tier 3	
VINATE M ORAL TABLET 27 MG IRON-1 MG (***prenatal vits with calcium 136/ferrous fumarate/folic acid***)	Tier 3	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 18/iron/folic acid/docusate sodium***)	Tier 3	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	Tier 3	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG - 200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 3	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 3	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***)	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG (***prenatal vitamins no.75/ferrous fumarate/folate comb. no.1***)	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha***)	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***)	Tier 1	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (***prenatal vits with calcium no.10/ferrous fum/folic acid/dha***)	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vits no.26/iron polysaccharide cplex/folic acid/dha***)	Tier 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (***prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha***)	Tier 3	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 3	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG (***prenatal vits no.59/iron,carb/folic acid/docuate sodium/dha***)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***)	Tier 3	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/ferrous fumarate/folic acid/dha***)	Tier 3	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***)	Tier 3	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 3	
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE PRENATAL ORAL TABLET,CHEWABLE 400 MCG-25 MG (***prenatal vitamins no.138/folic acid/docosahexaenoic acid***)	Tier 3	
AZESCHEW ORAL TABLET,CHEWABLE 13 MG IRON- 1 MG (***prenatal vitamins no.165/ferrous fumarate/folic acid***)	Tier 3	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (***prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil***)	Tier 3	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***)	Tier 3	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***)	Tier 3	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (***folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger***)	Tier 3	
Vitamins - B Preparation Combinations - Drugs for Nutrition		
VIRT-VITE ORAL TABLET 2.5-25-1 MG (***cyanocobalamin/folic acid/pyridoxine***)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (***folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger***)	Tier 3	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)	$0	EHB; Age (Min 65 Years)
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	$0	EHB; Age (Min 65 Years)
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	$0	EHB; Age (Min 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ergocalciferol (vitamin d2) (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) (***cholecalciferol (vitamin d3)***)	$0	EHB; Age (Min 65 Years)
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (***cholecalciferol (vitamin d3)***)	$0	EHB; Age (Min 65 Years)
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid oral tablet 1 mg	Tier 1	$0 COPAY IF FEMALE
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB; Female Only
Vitamins - Folic Acid Combinations - Drugs for Nutrition		
VIRT-VITE ORAL TABLET 2.5-25-1 MG (***cyanocobalamin/folic acid/pyridoxine***)	Tier 1	
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) oral tablet 5 mg	Tier 2	
Endocrine - Hormones		
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 2	DD
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (***glucagon,human recombinant***)	Tier 2	DD
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (***glucagon,human recombinant***)	Tier 2	DD
Anabolic Steroid - Single Agents - Drugs for Men		
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	
Androgen - Single Agents - Drugs for Men		
methyltestosterone oral capsule 10 mg	Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 2	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1	PA; QL (4 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	Tier 2	PA; QL (2.5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	Tier 2	PA; QL (10 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 3	
Antidiuretic and Vasopressor Hormones - Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (***desmopressin acetate***)	Tier 3	
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (***desmopressin acetate***)	Tier 2	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	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 (***sitagliptin phosphate***)	Tier 2	DD; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (***alogliptin benzoate***)	Tier 2	DD; ST: At least 2 prior prescriptions for Janumet XR, Janumet, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	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		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	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 (***dapagliflozin propanediol/metformin hcl***)	Tier 3	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***dapagliflozin propanediol/metformin hcl***)	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 (***empagliflozin/linagliptin***)	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		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	Tier 3	DD; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	DD
glipizide oral tablet 10 mg, 5 mg	Tier 1	DD
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	DD
Antihyperglycemic, Incretin Mimetic,GLP-1 Receptor Agonist Analog-Type - Drugs for Diabetes		
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (***exenatide microspheres***)	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 (***dulaglutide***)	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) (***liraglutide***)	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) (***liraglutide***)	Tier 2	DD; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
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	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		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	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 (***sitagliptin phosphate/metformin hcl***)	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 (***sitagliptin phosphate/metformin hcl***)	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 (***linagliptin/metformin hcl***)	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 (***linagliptin/metformin hcl***)	Tier 3	DD; ST: Prior prescription for Janumet XR, Janumet, or Januvia in 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (***alogliptin benzoate/metformin hcl***)	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		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	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 (***teriparatide***)	Tier 4	PA; SP; QL (2.4 ML per 28 days)
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
etidronate disodium oral tablet 200 mg	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Tier 4	SP; QL (2 EA per 1 day)
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin,salmon,synthetic***)	Tier 4	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	Tier 2	
Estrogen-Progestin - Drugs for Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	Tier 3	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
LOPREEZA ORAL TABLET 1-0.5 MG (***estradiol/norethindrone acetate***)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
Estrogens - Drugs for Women		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	Tier 3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
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	Tier 1	
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	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Glucocorticoids - Drugs for Inflammation		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cortisone oral tablet 25 mg	Tier 2	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	Tier 1	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	
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)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 2	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 4	PA; SP
Growth Hormones - Drugs for Growth		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 4	PA; SP
Human Insulins - Fixed Combinations - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	DD
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	DD
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 3	DD
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 3	DD
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	DD
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 3	DD
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	Tier 2	DD
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	DD
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 3	DD
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 3	DD
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 3	DD
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 3	DD
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	DD
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	DD
Insulin Analogs - Long Acting - Drugs for Diabetes		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***)	Tier 2	DD
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 3	DD
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 3	DD
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***)	Tier 2	BRAND COVERED AT GENERIC COPAY; DD
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	Tier 2	BRAND COVERED AT GENERIC COPAY; DD
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Tier 3	DD; ST: Prior prescription for Metformin HCL in 120 days
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
AVANDIA ORAL TABLET 2 MG, 4 MG (***rosiglitazone maleate***)	Tier 2	DD
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 4	SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 2	SP
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 1 FILL)
Progestins - Drugs for Women		
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
raloxifene oral tablet 60 mg	Tier 1	AG: IF FEMALE >= 35 YEARS, COPAY=$0
Somatostatic Agents - Drugs for Growth		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	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 (***liotrix***)	Tier 2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (***liotrix***)	Tier 2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (***liotrix***)	Tier 2	
THYROLAR-2 ORAL TABLET 25-100 MCG (***liotrix***)	Tier 2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG (***liotrix***)	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 (***thyroid,pork***)	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 (***thyroid,pork***)	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	
thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***)	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 (***thyroid,pork***)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***levothyroxine sodium***)	Tier 1	
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	Tier 1	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 3	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
meclizine oral tablet 25 mg	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
MOTION SICKNESS II ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
VERTICALM ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG (***meclizine hcl***)	Tier 1	
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	QL (9 EA per 1 FILL)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (3 EA per 1 FILL)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (3 EA per 1 FILL)
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	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 (***netupitant/palonosetron hcl***)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (1 EA per 1 FILL)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***)	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 (***lipase/protease/amylase***)	Tier 2	
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
ACID CONTROLLER ORAL TABLET 10 MG, 20 MG (***famotidine***)	Tier 1	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG (***cimetidine***)	Tier 1	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (***famotidine***)	Tier 1	
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG (***famotidine***)	Tier 1	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (***cimetidine***)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (***famotidine***)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
nizatidine oral solution 150 mg/10 ml	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (***lansoprazole***)	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (***hyoscyamine sulfate***)	Tier 1	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
propantheline oral tablet 15 mg	Tier 2	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 2	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (***lubiprostone***)	Tier 2	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (***mesalamine***)	Tier 2	
balsalazide oral capsule 750 mg	Tier 1	
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 2	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 2	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
hydrocortisone (Colocort Rectal Enema 100 Mg/60 Ml)	Tier 1	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (***budesonide***)	Tier 3	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (***tofacitinib citrate***)	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) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	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 (***adalimumab***)	Tier 4	PA; SP; QL (3 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	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 (***adalimumab***)	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 (***lubiprostone***)	Tier 2	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	PA; QL (1 EA per 1 day)
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 20 gram/30 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
sodium chloride/sodium bicarbonate/potassium chloride/peg (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 (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	Tier 3	QL (1 EA per 1 FILL)
OSMOPREP ORAL TABLET 1.5 GRAM (***sodium phosphate,monobasic/sodium phosphate,dibasic***)	Tier 3	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln oral recon soln 420 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride/sodium bicarbonate/potassium chloride/peg (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		
sucralfate oral suspension 100 mg/ml	Tier 3	
sucralfate oral tablet 1 gram	Tier 1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor and Antibiotics - Drugs for Ulcers and Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	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		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA; SP
G.U. Irrigants - Drugs for the Urinary System		
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION (***sodium chloride irrigation soln/decyl glucoside***)	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 2	
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
CALPHRON ORAL TABLET 667 MG (***calcium acetate***)	Tier 3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium acetate***)	Tier 2	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
CALPHRON ORAL TABLET 667 MG (***calcium acetate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	Tier 2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium acetate***)	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 2	
sevelamer carbonate oral tablet 800 mg	Tier 2	
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	Tier 2	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML (***citric acid/sodium citrate***)	Tier 2	
Urinary Analgesics - Drugs for Infections		
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (***phenazopyridine hcl***)	Tier 1	
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY PAIN RELIEF ORAL TABLET 95 MG, 97.5 MG (***phenazopyridine hcl***)	Tier 1	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
Urinary Antibacterial - Quinolones - Drugs for Infections		
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (***ciprofloxacin/ciprofloxacin hcl***)	Tier 3	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
solifenacin oral tablet 10 mg, 5 mg	Tier 2	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (***hyoscyamine sulfate***)	Tier 1	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (***fesoterodine fumarate***)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 2	PA; QL (30 EA per 30 days)
Hematological Agents - Drugs for the Blood		
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (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	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 4	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (***c1 esterase inhibitor***)	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) (***apixaban***)	Tier 3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	Tier 2	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (***rivaroxaban***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	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 (***darbepoetin alfa in polysorbate 80***)	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 (***darbepoetin alfa in polysorbate 80***)	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 (***epoetin alfa***)	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 (***epoetin alfa-epbx***)	Tier 3	PA; SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***)	Tier 4	SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***)	Tier 4	SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	Tier 4	SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 4	SP
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	Tier 2	PA
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 2	
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	Tier 2	
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 2	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS|IF FEMALE, 55-79 YEARS
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB; AG: IF MALE, 45-79 YEARS
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 75 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prasugrel oral tablet 10 mg, 5 mg	Tier 2	
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	Tier 3	PR: RESTRICTED TO CARDIOLOGIST
Sickle Cell Anemia Agents - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 2	
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 2	
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG (***dabigatran etexilate mesylate***)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (***dabigatran etexilate mesylate***)	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 (***eltrombopag olamine***)	Tier 4	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
cyclosporine modified oral solution 100 mg/ml	Tier 4	
cyclosporine oral capsule 100 mg	Tier 4	
cyclosporine oral capsule 25 mg	Tier 2	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	Tier 4	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 4	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 2	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 4	PA
sirolimus oral solution 1 mg/ml	Tier 4	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 4	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 50 mg	Tier 1	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
ALS Agents - Benzathiazoles - Drugs for Nerves and Muscles		
riluzole oral tablet 50 mg	Tier 1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
guanidine oral tablet 125 mg	Tier 3	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral tablet 10 mg, 20 mg	Tier 1	
carisoprodol oral tablet 350 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
tizanidine oral tablet 2 mg	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	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		
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	$0	DD; EHB
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	$0	DD; EHB
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
Medical Supplies and DME - Equipment Cleaning Agents - Medical Supplies and Durable Medical Equipment		
ALCOH-GLOVE TOWELETTE 70 % (***isopropyl alcohol***)	Tier 1	
ALCOH-WIPE TOWELETTE 70 % (***isopropyl alcohol***)	Tier 1	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$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 (***lancets***)	Tier 1	DD
2TEK CONTROL (HIGH-NORMAL) SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (***lancing device/lancets***)	Tier 1	DD
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET (***lancets***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK MULTICLIX LANCET KIT (***lancing device/lancets***)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ACCU-CHEK SOFT DEV LANCETS KIT (***lancing device/lancets***)	Tier 1	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
ADJUSTABLE LANCING DEVICE (***lancing device***)	Tier 1	DD
ADVANCED LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
AUTO-LANCET MINI (***lancing device***)	Tier 1	DD
AUTOLET IMPRESSION LANC DEV KIT (***lancing device/lancets***)	Tier 1	DD
AUTOLET LANCING DEVICE (***lancing device***)	Tier 1	DD
AUTOLET PLUS LANCING DEVICE (***lancing device***)	Tier 1	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 1	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
BD ULTRA FINE LANCETS 33 GAUGE (***lancets***)	Tier 1	DD
BD ULTRA-FINE II LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
blood glucose contrl hi,normal solution	Tier 1	DD
blood glucose control, normal solution	Tier 1	DD
blood glucose ctl high,nml,low solution	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
CAREONE LANCING DEVICE (***lancing device***)	Tier 1	DD
CAREONE THIN LANCET (***lancets***)	Tier 1	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 1	DD
CARESENS CONTROL A AND B SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
CARESENS CONTROL A NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
CARETOUCH LANCING DEVICE (***lancing device***)	Tier 1	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
CHOICE DM CLARUS NORM CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
COAGUCHEK LANCETS (***lancets***)	Tier 1	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 1	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
COMFORT LANCETS (***lancets***)	Tier 1	DD
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
CONTOUR CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
CONTOUR CONTROL SOLUTION, NML SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
COOL CONTROL A SOLUTION SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
COOL CONTROL B SOLUTION SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
DIATRUE CONTROL SOLN NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
DIATRUE CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
DIATRUE CONTROL SOLUTION LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
DROPLET LANCING DEVICE (***lancing device***)	Tier 1	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
EASY MINI EJECT LANCING DEVICE (***lancing device***)	Tier 1	DD
EASY PLUS II HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY TOUCH HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
EASY TOUCH LANCING DEVICE (***lancing device***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY TRAK LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EASYMAX 15 LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASYMAX 15 LEVEL 2 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EASYMAX LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASYMAX NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ELEMENT COMPACT HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
ELEMENT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EMBRACE GLUCOSE CONTROL LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE PRO SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EVENCARE G2 SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVENCARE G3 CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVENCARE MINI GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVENCARE SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
EZ SMART CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
EZ-LETS 26 GAUGE (***lancets***)	Tier 1	DD
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
FINE 30 UNIVERSAL LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
FINGERSTIX LANCETS (***lancets***)	Tier 1	DD
FORA HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORA LANCING DEVICE (***lancing device***)	Tier 1	DD
FORA LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORA NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GDH HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
FORTISCARE HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORTISCARE LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
FREESTYLE CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	$0	DD; EHB
FREESTYLE INSULINX (***blood-glucose meter***)	$0	DD; EHB
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
FREESTYLE LITE METER KIT (***blood-glucose meter***)	$0	DD; EHB
FREESTYLE UNISTIK 2 (***lancets***)	Tier 1	DD
GE100 CONTROL SOLUTION NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
GLUCOCARD 01 NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCARD EXPRESSION SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCARD SHINE SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCOM CONTROL HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
GLUCOCOM CONTROL NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOSE KETONE CONTROL SOLN SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
HARMONY CONTROL L1,L3 SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
HEALTHPRO HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
HEALTHY ACCENTS AUTOLET (***lancing device***)	Tier 1	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 1	DD
HYPOLANCE AST LANCING KIT (***lancing device/lancets***)	Tier 1	DD
INCONTROL LANCING DEVICE (***lancing device***)	Tier 1	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
INFINITY CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
INFINITY CONTROL SOLUTION LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
INFINITY CONTROL SOLUTION NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 1	DD
LANCETS, SUPER THIN (***lancets***)	Tier 1	DD
LANCETS,THIN , 23 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
LANCETS,ULTRA THIN , 26 GAUGE (***lancets***)	Tier 1	DD
lancing device	Tier 1	DD
LANCING DEVICE WITH LANCETS (***lancing device***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lancing device with lancets kit	Tier 1	DD
LANCING SYSTEM (***lancing device***)	Tier 1	DD
LANZO LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
LITE TOUCH LANCING DEVICE (***lancing device***)	Tier 1	DD
MEDISENSE COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
MEDISENSE GLUCOSE KETONE COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
MEDISENSE MID CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 1	DD
MEDPOINT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
METER-CHECK SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 1	DD
MICRODOT HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
MICRODOT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
MICROLET 2 LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
MICROLET LANCET (***lancets***)	Tier 1	DD
MICROLET NEXT LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
MINI LANCING DEVICE (***lancing device***)	Tier 1	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 1	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-LANCET DEVICE 2 KIT (***lancing device/lancets***)	Tier 1	DD
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (***blood glucose calibration control solutions high,normal,low***)	Tier 1	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
NOVA MAX GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 1	DD
NOVAMAX PLUS GLU-KET SOLUTION (***blood glucose and ketone control, normal***)	Tier 1	DD
ON CALL EXPRESS CONTROL SOLUTION (***blood glucose calibration control solutions high,normal,low***)	Tier 1	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 1	DD
ON CALL LANCING DEVICE (***lancing device***)	Tier 1	DD
ON CALL PLUS CONTROL SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 1	DD
ON CALL PLUS LANCING DEVICE (***lancing device***)	Tier 1	DD
ON CALL VIVID CONTROL SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
ONETOUCH DELICA LANC DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH ULTRA CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ONETOUCH ULTRASOFT LANCETS (***lancets***)	Tier 1	DD
ONETOUCH VERIO HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
ONETOUCH VERIO MID CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
OPTUMRX SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
PRECISION XTRA MONITOR (***blood-glucose meter***)	$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 1	DD
PRODIGY CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
PRODIGY LANCING DEVICE (***lancing device***)	Tier 1	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 1	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 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, 28 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 THIN LANCETS 26 GAUGE (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION ULTRA THIN PLUS LANCETS (***lancets***)	Tier 1	DD
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
RIGHTEST CONTROL SOLUTION NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (***lancing device***)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
SINGLE-LET (***lancets***)	Tier 1	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
SMARTDIABETES VANTAGE (***lancing device***)	Tier 1	DD
SMARTEST CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
SMARTEST LANCET (***lancets***)	Tier 1	DD
SOFT TOUCH LANCETS (***lancets***)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
SOLUS V2 LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
SURE COMFORT LANCING PEN (***lancing device***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUREFLEX DEVICE WITH LANCETS KIT (***lancing device/lancets***)	Tier 1	DD
SUREFLEX LANCING DEVICE (***lancing device***)	Tier 1	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 1	DD
SURE-TEST EASYPLUS MINI SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
SURE-TOUCH LANCET (***lancets***)	Tier 1	DD
TD GOLD LEVEL 1 CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
TD GOLD LEVEL 2 CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
TD GOLD LEVEL 3 CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
TELCARE CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 1	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 1	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 1	DD
TRUE METRIX LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
TRUE METRIX LEVEL 2 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
TRUE METRIX LEVEL 3 SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
TRUECONTROL LEVEL 0 SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
TRUECONTROL LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
TRUEDRAW LANCING DEVICE (***lancing device***)	Tier 1	DD
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTI-LANCE (***lancing device***)	Tier 1	DD
ULTI-LANCE KIT (***lancing device/lancets***)	Tier 1	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 1	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 1	DD
ULTRA TLC LANCETS (***lancets***)	Tier 1	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
ULTRATRAK HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ULTRATRAK NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ULTRATRAK ULTIMATE SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 1	DD
UNILET EXCELITE II LANCET (***lancets***)	Tier 1	DD
UNILET EXCELITE LANCET (***lancets***)	Tier 1	DD
UNILET GP LANCET (***lancets***)	Tier 1	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
UNISTIK 2 NORMAL LANCET,DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
UNISTIK 3 COMFORT LANCET (***lancets***)	Tier 1	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 1	DD
UNISTIK 3 LANCETS 21 GAUGE (***lancets***)	Tier 1	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 1	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
UNISTRIP HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
UNISTRIP LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
VIVAGUARD INO CONTROL SOLUTION SOLUTION (***blood glucose calibration control solutions high,normal,low***)	Tier 1	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 1	DD
WAVESENSE CONTROL SOLUTION SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
Medical Supplies and DME - Humidifiers - Medical Supplies and Durable Medical Equipment		
COOL MIST HUMIDIFIER (***humidifier***)	Tier 2	
HEALTHMIST (***humidifier***)	Tier 2	
humidifiers	Tier 2	
PROCARE HUMIDIFIER (***humidifier***)	Tier 2	
PURE COMFORT HUMIDIFIER (***humidifier***)	Tier 2	
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CATH-SECURE TUBE HOLDER (***catheter accessories,external***)	Tier 2	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (***pen needle, diabetic***)	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" (***pen needle, diabetic***)	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" (***pen needle, diabetic***)	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" (***pen needle, diabetic***)	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" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" (***pen needle, diabetic, safety***)	Tier 2	DD
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	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" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 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
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH 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
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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (***pen needle, diabetic***)	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" (***syringe with needle,insulin,0.3 ml***)	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", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	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" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	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" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	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" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
FREESTYLE PRECISION 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
FREESTYLE PRECISION 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 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (***pen needle, diabetic, safety***)	Tier 2	DD
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (***pen needle, diabetic***)	Tier 2	DD
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (***pen needle, diabetic***)	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" (***pen needle, diabetic***)	Tier 2	DD
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"	Tier 2	DD
pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"	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" (***pen needle, diabetic***)	Tier 2	DD
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (***pen needle, diabetic, safety***)	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" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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" (***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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (***pen needle, diabetic***)	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" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.5 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic, remover and disposal unit***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	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 (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (***pen needle, diabetic***)	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" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	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" (***syringe with needle,insulin,0.3 ml***)	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 (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	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" (***intravenous catheter***)	Tier 2	
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 20 GAUGE X 1", 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1", 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (***intravenous catheter kit/intravenous catheter kit accessory***)	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 " (***intravenous catheter***)	Tier 2	
SAFELET IV CATHETER INFUSION SET (***intravenous catheter***)	Tier 2	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AIRZONE AND MINIWRIGHT AFS (***medical supply, miscellaneous***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 2	
ANTI-EMBOLISM STOCKINGS (***medical supply, miscellaneous***)	Tier 2	
AUTODROP (***medical supply, miscellaneous***)	Tier 2	
AUTOSQUEEZE (***medical supply, miscellaneous***)	Tier 2	
BARD CATHETER STRAP (***medical supply, miscellaneous***)	Tier 2	
DISPOSABLE PAPER MOUTHPIECE (***medical supply, miscellaneous***)	Tier 2	
FACE SPLASH SHIELD, FULL (***medical supply, miscellaneous***)	Tier 2	
FACE SPLASH SHIELD, SHORT (***medical supply, miscellaneous***)	Tier 2	
FILTERED MOUTHPIECE ATTACHMENT (***medical supply, miscellaneous***)	Tier 2	
PEDIATRIC MOUTHPIECES (***medical supply, miscellaneous***)	Tier 2	
PEDIATRIC-SMALL MOUTH ADAPTOR (***medical supply, miscellaneous***)	Tier 2	
REPLACEMENT J-4 CANNULA (***medical supply, miscellaneous***)	Tier 2	
SPLASH SHIELD FLEX (***medical supply, miscellaneous***)	Tier 2	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 2	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 2	
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
ALTERA NEBULIZER (***nebulizer***)	Tier 2	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 2	
AURA PORTANEB (***nebulizer***)	Tier 2	
COMPACT COMPRESSOR NEBULIZER (***nebulizer***)	Tier 2	
COMPACT ULTRASONIC NEBULIZER (***nebulizer***)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
ERAPID NEBULIZER SYSTEM (***nebulizer***)	Tier 2	
FLYP NEBULIZER (***nebulizer***)	Tier 2	

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

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

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 2	
PEDIATRIC AEROSOL MASK (***nebulizer accessories***)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
PEDIATRIC SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 2	
PILLOW MASK PEDIATRIC (***nebulizer accessories***)	Tier 2	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 2	
PRO COMFORT SPACER-ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB NBL100 MED CUP (***nebulizer accessories***)	Tier 2	
SOOTHENEB NBL100 MESH CAP (***nebulizer accessories***)	Tier 2	
SPACE CHAMBER PLUS SPACER (***inhaler, assist devices***)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 2	
VAPORIZER CLEANING TABLET,SOLUBLE (***vaporizer-humidifier supplies***)	Tier 2	
VAPORIZER INHALANT LIQUID (***vaporizer-humidifier supplies***)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
VORTEX ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
VORTEX FROG MASK-CHILD DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
VORTEX HOLDING CHAMBER CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
VORTEX HOLDING CHAMBER TODDLER SPACER (***inhaler,assist device with small mask***)	Tier 2	
VORTEX LADYBUG MASK-TODDLER DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 2	
WINDMILL TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
WING TIP TUBING (***nebulizer accessories***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	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 (***catheter male,external***)	Tier 2	
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (***catheterization tray***)	Tier 2	
ADD-A-FOLEY CATH-PRE-FILL SYRN TRAY (***catheterization tray***)	Tier 2	
ADD-A-FOLEY TRAY TRAY (***catheterization tray***)	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-" (***catheter***)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (***urinary bag/catheter***)	Tier 2	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-" (***catheter***)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 2	
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (***catheter***)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 ", 8-16 FR-" (***catheter***)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (***catheter***)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (***catheter***)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (***catheterization tray***)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (***catheterization tray***)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (***catheterization tray***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (***catheter***)	Tier 2	
BARD UNIVERSAL FOLEY CATH TRAY TRAY (***catheterization tray***)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR, 15 FR, 16 FR (***catheterization tray***)	Tier 2	
BARDEX ALL-SILICONE FOLEY CATH 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (***catheter***)	Tier 2	
BARDEX CLOSED SYSTEM CATH TRAY TRAY (***catheterization tray***)	Tier 2	
BARDEX LUBRICATH FOLEY CATH 16 FR, 24 FR (***catheter***)	Tier 2	
BARDEX URETHRAL CATHETERTRAY TRAY 16 FR (***catheterization tray***)	Tier 2	
BARDIA RED RUBBER CATHETER 14 FR, 16 FR (***catheter***)	Tier 2	
CLEAR ADVANTAGE (***catheter male,external***)	Tier 2	
CURITY 8000 URINE MTR FLY TRAY TRAY , 16 FR, 18 FR (***catheterization tray***)	Tier 2	
CURITY BEDSIDE DRAINAGE SET TRAY (***catheterization tray***)	Tier 2	
CURITY BEDSIDE-MONO-FLO DRANGE TRAY (***catheterization tray***)	Tier 2	
CURITY FOLEY CATHETER KIT KIT (***catheter***)	Tier 2	
CURITY PREMIUM CATHETER TRAY TRAY 16 FR, 18 FR (***catheterization tray***)	Tier 2	
CURITY STRMLIN CATH - MONO-FLO TRAY 14 FR (***catheterization tray***)	Tier 2	
CURITY ULTRAMER 2-W CATH LAT/T 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 30 FR (***catheter***)	Tier 2	
CURITY ULTRAMER 2-W CATH TEFLN 28 FR (***catheter***)	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 (***catheter***)	Tier 2	
CURITY ULTRAMER IRRG 3WAY CATH 18 FR, 20 FR, 22 FR, 24 FR, 26 FR (***catheter***)	Tier 2	
CURITY ULTRAMER URETHRAL CATH 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (***catheter***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY UNIVERSAL - NO DRAINAGE TRAY 16 FR, 18 FR (***catheterization tray***)	Tier 2	
CURITY URETH CATH CLOSED SYSTM TRAY (***catheterization tray***)	Tier 2	
CURITY URETH CATH OPEN SYSTEM TRAY (***catheterization tray***)	Tier 2	
CURITY URETHRAL CATHETER 14 FR (***catheter***)	Tier 2	
DAVOL C.S. FOLEY CATHETER TRAY TRAY 16 FR, 18 FR (***catheterization tray***)	Tier 2	
DAVOL COMPLETE FOLEY KIT (***catheter***)	Tier 2	
DAVOL FOLEY CATH INSERT TRAY TRAY (***catheterization tray***)	Tier 2	
DAVOL SILICONE FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (***catheter***)	Tier 2	
DAVOL UNIVERSAL CATH TRAY TRAY (***catheterization tray***)	Tier 2	
DAVOL URETHRAL CATHETER TRAY TRAY 15 FR (***catheterization tray***)	Tier 2	
DAVOL URETHRAL CATHTRAY (W/O) TRAY (***catheterization tray***)	Tier 2	
DOVER CATHETER 10 FR (***catheter***)	Tier 2	
DOVER FOLEY CATHETER 10 FR, 24 FR (***catheter***)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 2	
DOVER TEXAS MALE EXTERNAL CATH , 1 " (***catheter***)	Tier 2	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 2	
DOVER URI-DRAIN MALE EXT CATH (***catheter***)	Tier 2	
external catheter, male 22 mm to 25 mm, 26 mm to 30 mm, 31 mm to 35 mm	Tier 2	
FEMALE CATHETER 14 FR (***catheter***)	Tier 2	
FEMALE SPECIMEN CATHETER 8 FR (***catheter***)	Tier 2	
FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR, 26 FR, 28 FR, 30 FR (***catheter***)	Tier 2	
FOLEY CATHETER TRAY TRAY , 16 FR, 18 FR (***catheterization tray***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREEDOM CATH (***catheter male,external***)	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-" (***catheter***)	Tier 2	
GIZMO (***catheter male,external***)	Tier 2	
INCARE INVIEW CATHETER 25 MM, 29 MM, 32 MM, 36 MM, 41 MM (***catheter male,external***)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (***catheterization tray***)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-", 16-16 FR-", 18-16 FR-" (***catheter***)	Tier 2	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (***catheter***)	Tier 2	
RETRACTED PENIS POUCH (***catheter***)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (***catheter***)	Tier 2	
SELF-CATH (***medical supply, miscellaneous***)	Tier 2	
SELF-CATH 10" 10 FR (***catheter***)	Tier 2	
SELF-CATH 10-16 FR-", 14-16 FR-", 20-16 FR-", 6-16 FR-" (***catheter***)	Tier 2	
SELF-CATHETER, FEMALE 14 FR, 8 FR (***catheter***)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 2	
SPEEDICATH (MALE) 12 FR (***catheter***)	Tier 2	
SPIRIT EXT CATHETER TYPE 3 32 MM (***catheter male,external***)	Tier 2	
SPIRIT STYLE-3 29 MM (***catheter male,external***)	Tier 2	
TOUCH-TROL 10 FR (***catheter***)	Tier 2	
URETHRAL CATHETER 14-16 FR-" (***catheter***)	Tier 2	
URO-SAN PLUS (***medical supply, miscellaneous***)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8" (***urinary bag/catheter***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINYL CATHETER 14-16 FR-", 14-6 FR-" (***catheter***)	Tier 2	
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (***urine glucose test strip***)	Tier 1	DD
NO-STICK GLUCOSE STRIP (***urine glucose test strip***)	Tier 1	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	Tier 1	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 1	
KETONE CARE STRIP (***urine acetone test,strips***)	Tier 1	DD
Medical Supplies and DME - Vaporizers - Medical Supplies and Durable Medical Equipment		
vaporizers	Tier 2	
VICKS WARM STEAM VAPORIZER (***vaporizer***)	Tier 2	
WARM STEAM VAPORIZER (***vaporizer***)	Tier 2	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
A.I.R.S NEBULIZER REPLACEMENT KIT (***nebulizer accessories***)	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" (***pen needle, diabetic***)	Tier 2	DD
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (***lancing device/lancets***)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET KIT (***lancing device/lancets***)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SOFT DEV LANCETS KIT (***lancing device/lancets***)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 2	
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (***catheterization tray***)	Tier 2	
ADULT DISPOSABLE MOUTHPIECE (***nebulizer accessories***)	Tier 2	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 6-16 FR-", 8-16 FR-" (***catheter***)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (***urinary bag/catheter***)	Tier 2	
ADVANCED TRAVEL LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	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 PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	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
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 2	
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 2	
AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***)	Tier 1	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 2	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 2	
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
AIR TUBE WITH AIR PLUGS (***nebulizer accessories***)	Tier 2	
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	Tier 2	
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
AIRZONE AND MINIWRIGHT AFS (***medical supply, miscellaneous***)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 1	DD
ALTERNATE SITE LANCING DEVICE (***lancing device***)	Tier 1	DD
ANGIOCATH AUTOGUARD IV CATH INFUSION SET 20 GAUGE X 1" (***intravenous catheter***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-EMBOLISM STOCKINGS (***medical supply, miscellaneous***)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 2	
AQUA LANCE LANCING DEVICE (***lancing device***)	Tier 1	DD
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (***catheter***)	Tier 2	
ASTHMA CHECK METER DEVICE (***peak flow meter***)	Tier 1	
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 1	
AURA PORTANEB (***nebulizer***)	Tier 2	
AUTODROP (***medical supply, miscellaneous***)	Tier 2	
AUTO-LANCET MINI (***lancing device***)	Tier 1	DD
AUTOSQUEEZE (***medical supply, miscellaneous***)	Tier 2	
BARD CATHETER STRAP (***medical supply, miscellaneous***)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 ", 8-16 FR-" (***catheter***)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (***catheter***)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (***catheter***)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (***catheterization tray***)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (***catheterization tray***)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (***catheterization tray***)	Tier 2	
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (***catheter***)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR (***catheterization tray***)	Tier 2	
BARDEX ALL-SILICONE FOLEY CATH 14 FR (***catheter***)	Tier 2	
BARDEX CLOSED SYSTEM CATH TRAY TRAY (***catheterization tray***)	Tier 2	
BARDEX LUBRICATH FOLEY CATH 16 FR, 24 FR (***catheter***)	Tier 2	
BARDEX URETHRAL CATHETERTRAY TRAY 16 FR (***catheterization tray***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARDIA RED RUBBER CATHETER 14 FR, 16 FR (***catheter***)	Tier 2	
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	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" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 22 GAUGE X 1" (***intravenous catheter***)	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1" (***intravenous catheter kit***)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE (***lancets***)	Tier 1	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
blood glucose contrl hi,normal solution	Tier 1	DD
blood glucose ctl high,nml,low solution	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 1	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 1	
CHOICE DM CLARUS NORM CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 2	
COAGUCHEK LANCETS (***lancets***)	Tier 1	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 1	DD
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	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" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
COMPACT COMPRESSOR NEBULIZER (***nebulizer***)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY ULTRAMER 2-WAY CATHETER 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 28 FR, 30 FR (***catheter***)	Tier 2	
CURITY ULTRAMER IRRG 3WAY CATH 26 FR (***catheter***)	Tier 2	
CURITY ULTRAMER URETHRAL CATH 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (***catheter***)	Tier 2	
CURITY UNIVERSAL - NO DRAINAGE TRAY 16 FR, 18 FR (***catheterization tray***)	Tier 2	
CURITY URETHRAL CATHETER 14 FR (***catheter***)	Tier 2	
DAVOL C.S. FOLEY CATHETER TRAY TRAY 16 FR, 18 FR (***catheterization tray***)	Tier 2	
DAVOL SILICONE FOLEY CATHETER 14 FR (***catheter***)	Tier 2	
DAVOL URETHRAL CATHETER TRAY TRAY 15 FR (***catheterization tray***)	Tier 2	
DAVOL URETHRAL CATHTRAY (W/O) TRAY (***catheterization tray***)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 2	
DIATRUE CONTROL SOLN NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
DIATRUE CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
DIATRUE CONTROL SOLUTION LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
DOVER CATHETER 10 FR (***catheter***)	Tier 2	
DOVER FOLEY CATHETER 10 FR, 24 FR (***catheter***)	Tier 2	
DOVER LATEX FOLEY CATHETER 28 FR (***catheter***)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 2	
DOVER UNIVERSAL TRAY (***catheterization tray***)	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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
DROPLET LANCING DEVICE (***lancing device***)	Tier 1	DD
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" (***pen needle, diabetic***)	Tier 2	DD
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (***pen needle, diabetic, safety***)	Tier 2	DD
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	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" (***syringe with needle,insulin,0.5 ml***)	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" (***syringe with needle,disposable,insulin 1 ml***)	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" (***pen needle, diabetic***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
EASY MINI EJECT LANCING DEVICE (***lancing device***)	Tier 1	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
EASY PLUS II HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	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" (***syringe with needle, insulin, safety, 1 ml***)	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" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
EASY TOUCH LANCING DEVICE (***lancing device***)	Tier 1	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 32 GAUGE (***lancets***)	Tier 1	DD
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	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" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EASY TRAK LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
EASYAIR COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EASYMAX 15 LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EASYMAX 15 LEVEL 2 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 2	
ELEMENT COMPACT HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
ELEMENT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE GLUCOSE CONTROL LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
EMBRACE PRO SOLUTION (***blood glucose calibration control solution, high and normal***)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
ERAPID NEBULIZER HANDSET (***nebulizer accessories***)	Tier 2	
ERAPID NEBULIZER SYSTEM (***nebulizer***)	Tier 2	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVENCARE SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
EXPIRATORY MOUTHPIECE (***nebulizer accessories***)	Tier 2	
external catheter, male 22 mm to 25 mm, 26 mm to 30 mm, 31 mm to 35 mm	Tier 2	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (***lancets***)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
EZ-LETS 26 GAUGE (***lancets***)	Tier 1	DD
FACE SPLASH SHIELD, FULL (***medical supply, miscellaneous***)	Tier 2	
FACE SPLASH SHIELD, SHORT (***medical supply, miscellaneous***)	Tier 2	
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
FEMALE CATHETER 14 FR (***catheter***)	Tier 2	
FEMALE SPECIMEN CATHETER 8 FR (***catheter***)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
FILTER PAD (***nebulizer accessories***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FILTERED MOUTHPIECE ATTACHMENT (***medical supply, miscellaneous***)	Tier 2	
FINGERSTIX LANCETS (***lancets***)	Tier 1	DD
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FOLEY CATHETER 14 FR (***catheter***)	Tier 2	
FOLEY CATHETER TRAY TRAY (***catheterization tray***)	Tier 2	
FORA HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORA LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORACARE GDH HIGH CONTROL SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
FORTISCARE HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
FORTISCARE LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	$0	DD; EHB
FREESTYLE INSULINX (***blood-glucose meter***)	$0	DD; EHB
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	$0	DD; EHB
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
FREESTYLE LITE METER KIT (***blood-glucose meter***)	$0	DD; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION 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
FREESTYLE PRECISION 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
FREESTYLE UNISTIK 2 (***lancets***)	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-" (***catheter***)	Tier 2	
GLUCOCOM CONTROL HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
GLUCOCOM CONTROL NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
HARMONY CONTROL L1,L3 SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
HEALTHMIST (***humidifier***)	Tier 2	
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 AUTOLET (***lancing device***)	Tier 1	DD
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERSONIQ NEBULIZER CARTRIDGE (***nebulizer accessories***)	Tier 2	
HYPOLANCE AST LANCING KIT (***lancing device/lancets***)	Tier 1	DD
IN-CHECK DIAL TRAINING DEVICE DEVICE (***spirometers and accessories***)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (***peak flow meter***)	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE (***peak flow meter***)	Tier 1	
INCONTROL LANCING DEVICE (***lancing device***)	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" (***pen needle, diabetic***)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
INFINITY CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
INFINITY CONTROL SOLUTION LOW SOLUTION (***blood glucose calibration control solution, low***)	Tier 1	DD
INFINITY CONTROL SOLUTION NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 1	DD
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 2	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRATION ELITE FILTER (***nebulizer accessories***)	Tier 2	
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 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 28 gauge, 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 3/8", 1 ml 31 gauge x 1/4", 1/2 ml 28 gauge, 1/2 ml 31 gauge x 1/4"	Tier 2	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" (***pen needle, diabetic***)	Tier 2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 2	
INTELLIGENT MESH NEBULIZER (***nebulizer***)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (***intravenous catheter kit/intravenous catheter kit accessory***)	Tier 2	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (***catheterization tray***)	Tier 2	
KETONE CARE STRIP (***urine acetone test,strips***)	Tier 1	DD
KETONE URINE TEST STRIP (***urine acetone test,strips***)	Tier 1	DD
KETOSTIX STRIP (***urine acetone test,strips***)	Tier 1	DD
LABSTIX REAGENT STRIP (***urine multiple test strips***)	Tier 1	
LANCETS, SUPER THIN (***lancets***)	Tier 1	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 1	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCING SYSTEM (***lancing device***)	Tier 1	DD
LANZO LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
LC STAR (***nebulizer***)	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" (***pen needle, diabetic***)	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 (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
LITE TOUCH LANCING DEVICE (***lancing device***)	Tier 1	DD
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
MAGIC3 INTERMITTENT CATHETER 12-16 FR-", 16-16 FR-", 18-16 FR-" (***catheter***)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
MEDPOINT NORMAL CONTROL SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
MICRO ELITE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 2	
MICRODOT HIGH-LOW CONTROL SOLUTION (***blood glucose calibration control high and low***)	Tier 1	DD
MICROLET 2 LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
MICROLET NEXT LANCING DEVICE KIT (***lancing device/lancets***)	Tier 1	DD
MICROLIFE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	
MINI ELITE FILTER REPLACEMENT (***nebulizer accessories***)	Tier 2	
MINI LANCING DEVICE (***lancing device***)	Tier 1	DD
MINI PLUS NEBULIZER (***nebulizer***)	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
MINI-WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISTASSIST DEVICE (***spirometers and accessories***)	Tier 2	
MISTASSIST KIT DEVICE (***spirometer with drug delivery adapters***)	Tier 2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (***syringe with needle,insulin disposable***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
MOUTHPIECE DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
MOUTHPIECE REUSABLE MW (***nebulizer accessories***)	Tier 2	
MULTI-LANCET DEVICE 2 KIT (***lancing device/lancets***)	Tier 1	DD
MULTISTIX 10 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 5 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 7 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 8 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 9 SG STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX 9 STRIP (***urine multiple test strips***)	Tier 1	
MULTISTIX STRIP (***urine multiple test strips***)	Tier 1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI LC MASK SET (***nebulizer accessories***)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	
PEDIATRIC AEROSOL MASK (***nebulizer accessories***)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
PEDIATRIC MOUTHPIECES (***medical supply, miscellaneous***)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
PEDIATRIC SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"	Tier 2	DD
PERSONAL BEST FULL RANGE DEVICE (***peak flow meter***)	Tier 1	
PERSONAL BEST LOW RANGE DEVICE (***peak flow meter***)	Tier 1	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (***catheter***)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
PIKO 1 DEVICE (***peak flow meter***)	Tier 1	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 2	
PILLOW MASK PEDIATRIC (***nebulizer accessories***)	Tier 2	
PIP LANCET 28 GAUGE (***lancets***)	Tier 1	DD
POCKET PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 1	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (***blood-glucose calib. control***)	Tier 1	DD
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	Tier 2	
PRECISION XTRA MONITOR (***blood-glucose meter***)	$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 1	DD
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (***pen needle, diabetic, safety***)	Tier 2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	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" (***syringe with needle,insulin,0.5 ml***)	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	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" (***pen needle, diabetic***)	Tier 2	DD
PRO COMFORT SPACER-ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE HUMIDIFIER (***humidifier***)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
RELION THIN LANCETS 26 GAUGE (***lancets***)	Tier 1	DD
RELION ULTRA THIN PLUS LANCETS (***lancets***)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPLACEMENT J-4 CANNULA (***medical supply, miscellaneous***)	Tier 2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (***blood glucose calibration control solution, high***)	Tier 1	DD
RIGHTEST CONTROL SOLUTION NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (***lancing device***)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (***catheter***)	Tier 2	
RUBBER MOUTHPIECE (***nebulizer accessories***)	Tier 2	
SAFETY LANCETS 26 GAUGE (***lancets***)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 1	DD
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 2	
SAMI THE SEAL FILTER (***nebulizer accessories***)	Tier 2	
SAMI THE SEAL MASK (***nebulizer accessories***)	Tier 2	
SELF-CATH 20-16 FR-", 6-16 FR-" (***catheter***)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 2	
SIDESTREAM ADULT FACE MASK (***nebulizer accessories***)	Tier 2	
SIDESTREAM PLUS (***nebulizer***)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 2	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
SILICONE MASK - PEDIATRIC DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
SINGLE-LET (***lancets***)	Tier 1	DD
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
SMARTDIABETES VANTAGE (***lancing device***)	Tier 1	DD

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

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

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" (***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
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 2	
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
TOPCARE UNIVERSAL1 LANCET 33 GAUGE (***lancets***)	Tier 1	DD
TOUCH-TROL 10 FR (***catheter***)	Tier 2	
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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX LADYBUG MASK-TODDLER DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
WARM STEAM VAPORIZER (***vaporizer***)	Tier 2	
WAVESENSE CONTROL SOLUTION SOLUTION (***blood glucose calibration control solution, normal***)	Tier 1	DD
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 2	
WINDMILL TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium phenylbutyrate oral tablet 500 mg	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 % (***fluoride (sodium)***)	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML (***fluoride (sodium)***)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
fluoride (sodium) dental cream 1.1 %	Tier 1	$0 COPAY IF AGE 0-5 YEARS
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 1	$0 COPAY IF AGE 0-5 YEARS
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)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 1	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (***fluoride (sodium)***)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 2	
PREVIDENT DENTAL SOLUTION 0.2 % (***fluoride (sodium)***)	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	$0 COPAY IF AGE 0-5 YEARS
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	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 (***interferon beta-1a***)	Tier 4	SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 4	SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 4	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	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 (***teriflunomide***)	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 (***fingolimod hcl***)	Tier 4	PA; SP; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (***siponimod***)	Tier 4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	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 % (***glycerin/propylene glycol***)	$0	EHB
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (***polyvinyl alcohol/povidone***)	$0	EHB
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (***dextran 70/hypromellose/pf***)	$0	EHB
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin***)	$0	EHB
LUBRICATING DROPS OPHTHALMIC (EYE) DROPS 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin***)	$0	EHB
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (***carboxymethylcellulose sodium/glycerin/polysorbate 80/pf***)	$0	EHB
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (***carboxymethylcellulose sodium/glycerin/polysorbate 80/pf***)	$0	EHB
REFRESH OPTIVE SENSITIVE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin/pf***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFRESH RELIEVA OPHTHALMIC (EYE) DROPS 0.5-0.9 % (***carboxymethylcellulose sodium/glycerin***)	$0	EHB
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (***polyvinyl alcohol***)	$0	EHB
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (***hydroxypropyl cellulose***)	Tier 2	
polyvinyl alcohol ophthalmic (eye) drops 1.4 %	$0	EHB
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 2	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	Tier 2	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (***gentamicin sulfate/prednisolone acetate***)	Tier 2	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olopatadine ophthalmic (eye) drops 0.2 %	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 %) (***ketotifen fumarate***)	$0	EHB; QL (10 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (***loteprednol etabonate***)	Tier 2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (***difluprednate***)	Tier 2	QL (5 ML per 1 FILL)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (***loteprednol etabonate***)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	Tier 2	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 2	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	Tier 3	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST; QL (60 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	Tier 3	PR: RESTRICTED TO OPHTHALMOLOGIST OR OPTOMETRIST; QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	QL (2.5 ML per 1 FILL)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (***bromfenac sodium***)	Tier 2	QL (5 ML per 1 FILL)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3 ML per 1 FILL)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***)	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (***bromfenac sodium***)	Tier 2	QL (3 ML per 1 FILL)
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (***brimonidine tartrate/timolol maleate***)	Tier 3	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***brinzolamide***)	Tier 3	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metipranolol ophthalmic (eye) drops 0.3 %	Tier 2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %	Tier 3	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
proparacaine hcl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil sodium***)	Tier 2	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	Tier 2	
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin/polymyxin b sulfate (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***dupilumab***)	Tier 4	PA; SP; QL (4 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 2	
theophylline anhydrous (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (IL-5) Antagonists - Drugs for Asthma/COPD		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 4	PA; SP; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (***mepolizumab***)	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 (***umeclidinium bromide***)	Tier 2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	Tier 2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	Tier 2	
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	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 (***salmeterol xinafoate***)	Tier 2	
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
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	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
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	Tier 1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (***albuterol sulfate***)	Tier 3	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (***albuterol sulfate***)	Tier 3	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	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 (***fluticasone propionate/salmeterol xinafoate***)	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 (***fluticasone propionate/salmeterol xinafoate***)	Tier 2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (***tobramycin***)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
TOBI PODHALER INHALATION CAPSULE 28 MG (***tobramycin***)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	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 (***aztreonam lysine***)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (***ivacaftor***)	Tier 4	PA; SP; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	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 (***lumacaftor/ivacaftor***)	Tier 4	PA; SP; QL (4 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 4	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N) (***tezacaftor/ivacaftor***)	Tier 4	PA; SP; QL (2 EA per 1 day)
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 4	SP
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)	Tier 1	
Nasal Antihistamines - Allergy		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	Tier 1	
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	
Nasal Corticosteroids - Allergy		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (***fluticasone propionate***)	Tier 1	QL (31.6 ML per 1 FILL)
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (***triamcinolone acetonide***)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG (***triamcinolone acetonide***)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (***fluticasone propionate***)	Tier 1	QL (31.6 ML per 1 FILL)
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (***fluticasone propionate***)	Tier 1	QL (31.6 ML per 1 FILL)
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (***fluticasone furoate***)	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 (***fluticasone propionate***)	Tier 1	QL (31.6 ML per 1 FILL)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (***fluticasone furoate***)	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)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (50 ML per 1 FILL)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL: 2 BOTTLES PER FILL
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	QL (34 GM per 1 FILL)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (***triamcinolone acetonide***)	Tier 1	QL (33.8 ML per 1 FILL)
triamcinolone acetonide nasal aerosol,spray 55 mcg	Tier 1	QL (33.8 ML per 1 FILL)
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
TYZINE NASAL DROPS 0.1 % (***tetrahydrozoline hcl***)	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (***tetrahydrozoline hcl***)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (120 ML per 1 FILL)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	Age (Min 18 Years)
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 1	Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/codeine phosphat***)	Tier 1	
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 1	
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Tier 1	QL (240 ML per 1 FILL)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	QL (240 ML per 1 FILL)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	QL (240 ML per 1 FILL)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	QL (240 ML per 1 FILL)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	QL (240 ML per 1 FILL)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	QL (240 ML per 1 FILL)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (***pirfenidone***)	Tier 4	PA; SP; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG (***pirfenidone***)	Tier 4	PA; SP; QL (9 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESBRIET ORAL TABLET 801 MG (***pirfenidone***)	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 (***nintedanib esylate***)	Tier 4	PA; SP; QL (2 EA per 1 day)
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
clindamycin phosphate vaginal cream 2 %	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 %	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 % (***metronidazole***)	Tier 3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	

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