



2024 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 03/01/2024. 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

Balance
by CCHP





Plan Year 2024

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

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Introduction to the formulary drug list

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

Definitions

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

Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment	A fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible	The amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug tier	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee	A person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
Exception request	A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances	Are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
Formulary	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket costs	Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

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

How do I find a drug on this list?

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

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

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

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

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

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

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

Example

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

What are drug tiers?

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

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

Drug Tier	Description
1	Most generic drugs or low-cost preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Tier four shall consist of drugs that the FDA of the HHS or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates 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) preventative 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 preventative 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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Informational Section

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	Tier 3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 2	QL (2 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (<i>oxycodone hcl</i>)	Tier 2	QL (120 EA per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	Tier 3	
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 1	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 3	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	QL (2.5 ML per 1 FILL)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Antimalarials - Arthritis and Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 2	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 2	OCH
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 4	SP
<i>cyclosporine oral capsule 100 mg</i>	Tier 4	SP
<i>cyclosporine oral capsule 25 mg</i>	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 4	SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 4	SP
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	SP
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
DMARD - Other - Arthritis and Pain Drugs		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (<i>sulfasalazine</i>)	Tier 3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	Tier 3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral tablet 250 mg</i>	Tier 3	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
ALL DAY PAIN RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
ALL DAY RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 3	
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
CHILDREN'S MOTRIN ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 3	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
FLANAX (NAPROXEN) ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFANT'S ADVIL ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S MOTRIN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 3	
INFANTS PROFENIB ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
MEDIPROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg, 275 mg</i>	Tier 1	
WAL-PROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (<i>indomethacin</i>)	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
Anesthetics - Drugs for Pain and Fever		
Local Anesthetic - Amides - Drugs for Sedation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (50 GM per 30 days)
Anorectal Preparations - Rectal Preparations		
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 % , 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i>	Tier 1	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 2	
WILZIN ORAL CAPSULE 25 MG (ZINC) (<i>zinc acetate</i>)	Tier 2	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
<i>penicillamine oral tablet 250 mg</i>	Tier 3	
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP
<i>deferiprone oral tablet 500 mg</i>	Tier 4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA; SP
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	Tier 4	PA; SP
JADENU ORAL TABLET 360 MG, 90 MG (<i>deferasirox</i>)	Tier 4	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	Tier 4	SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA; SP
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA; SP
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 4	PA; SP; QL (5 EA per 1 FILL)
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	Tier 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	Tier 3	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin/potassium clavulanate</i>)	Tier 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (<i>amoxicillin/potassium clavulanate</i>)	Tier 3	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	Tier 3	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole/trimethoprim</i>)	Tier 3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole/trimethoprim</i>)	Tier 3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (<i>nitrofurantoin</i>)	Tier 2	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate/macrocrystals</i>)	Tier 3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	Tier 3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
Antifungal - Triazoles - Drugs for Fungus		
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	Tier 3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	Tier 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (<i>posaconazole</i>)	Tier 3	QL (240 ML per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (<i>posaconazole</i>)	Tier 3	QL (93 EA per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 3	QL (240 EA per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 3	QL (93 EA per 30 days)
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 3	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 4	PA; SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	Tier 1	
Antimalarials - Drugs for Parasites		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
MEPRON ORAL SUSPENSION 750 MG/5 ML (<i>atovaquone</i>)	Tier 3	
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 2	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 2	QL (6 EA per 1 FILL)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg</i>	Tier 4	SP; QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	Tier 4	SP; QL (120 EA per 30 days)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 4	SP
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (180 EA per 30 days)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 4	SP; QL (30 EA per 30 days)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 4	SP; QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 4	SP
<i>efavirenz oral tablet 600 mg</i>	Tier 4	SP
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 4	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 4	SP
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 4	SP; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 4	SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
<i>abacavir oral tablet 300 mg</i>	Tier 1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 4	SP
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	PA
<i>lamivudine oral tablet 150 mg</i>	Tier 1	
<i>lamivudine oral tablet 300 mg</i>	Tier 1	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	PA; SP
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 4	SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 4	SP
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 4	SP
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 4	SP; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 4	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	Tier 4	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 4	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 4	SP; QL (180 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	SP
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 4	SP; QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 4	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 4	SP; QL (1 EA per 1 day)
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	Tier 3	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Carbapenem Antibiotics (Thienamycins) - Antibiotics		
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	Tier 1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Fluoroquinolone Antibiotics - Antibiotics		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	Tier 4	SP
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin oral capsule 125 mg</i>	Tier 4	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 4	SP; QL (56 EA per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 4	PA; SP
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA; SP
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	Tier 4	PA; SP; QL (28 EA per 28 days)
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP; QL (28 EA per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (20 EA per 1 FILL)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 1 FILL)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 2	QL (250 ML per 1 FILL)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 2	QL (20 EA per 1 FILL)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	Tier 3	QL (20 EA per 1 FILL)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Tier 3	QL (10 EA per 1 FILL)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	Tier 3	
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 3	ST: Prior prescription for Vancomycin HCL in 120 days; QL (20 EA per 30 days)
<i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
<i>erythromycin base</i> (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	Tier 3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (<i>azithromycin</i>)	Tier 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	Tier 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	Tier 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	Tier 3	
Misc Anti-Infective - Drugs for Infections		
HIPREX ORAL TABLET 1 GRAM (<i>methenamine hippurate</i>)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 4	SP
<i>fosamprenavir oral tablet 700 mg</i>	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 4	SP
<i>ritonavir oral tablet 100 mg</i>	Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 4	SP
Rifamycins and Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 1	QL (20 EA per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	Tier 1	QL (30 EA per 5 days)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	Tier 1	QL (40 EA per 5 days)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 3	
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 4	PA; SP
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; SP; OCH; QL (180 EA per 30 days)
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg</i>	Tier 3	PA; OCH; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; SP; OCH
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	Tier 2	OCH
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 2	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 2	OCH
<i>melfalan oral tablet 2 mg</i>	Tier 2	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>Iomustine</i>)	Tier 3	OCH
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 4	PA; SP; OCH; QL (8 EA per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg</i>	Tier 3	PA; OCH; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	Tier 3	OCH
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	Tier 4	PA; SP; OCH
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	Tier 4	SP; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	SP; OCH
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	Tier 4	PA; SP; OCH; QL (60 EA per 30 days)
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 2	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	SP; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	Tier 3	OCH
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	OCH
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	Tier 3	OCH
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	Tier 3	OCH
<i>exemestane oral tablet 25 mg</i>	Tier 1	OCH
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	Tier 3	OCH
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Tier 4	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 4	PA; SP; OCH; QL (63 EA per 28 days)
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 4	SP; OCH
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 2	OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 4	PA; SP; OCH
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	Tier 4	PA; SP; OCH; QL (6 EA per 21 days)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 2	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; SP; OCH; QL (91 EA per 28 days)
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Tier 4	PA; SP; OCH; QL (30 EA per 30 days)
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (<i>cromolyn sodium</i>)	Tier 2	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; SP; OCH
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 7.5 mg</i>	Tier 4	PA; SP; OCH; QL (56 EA per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	Tier 4	PA; SP; OCH; QL (28 EA per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	Tier 4	PA; OCH; QL (28 EA per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; SP; OCH; QL (112 EA per 28 days)
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 4	PA; SP; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; SP; OCH; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) (<i>alpelisib</i>)	Tier 4	PA; SP; OCH; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 4	PA; SP; OCH; QL (56 EA per 28 days)
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
BOSULIF ORAL TABLET 100 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; SP; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 4	PA; SP; OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; SP; OCH; QL (8 EA per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG 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) (<i>lenvatinib mesylate</i>)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 4	PA; SP; OCH; QL (1 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; SP; OCH; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	Tier 4	PA; SP; OCH
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	Tier 4	PA; SP; OCH; QL (160 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	Tier 4	PA; SP; OCH
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	OCH; \$0 COPAY IF FEMALE 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Tier 1	OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; SP; OCH
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; SP; OCH; QL (30 EA per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4	PA; SP; OCH; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA; SP
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Tier 4	PA; SP; OCH
Methotrexate Rescue Agents - Drugs for Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Tier 4	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 1	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 1	DD
Disinfectants - Other - Antiseptics and Disinfectants		
ALCOH-GLOVE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	
ALCOH-WIPE TOWELETTE 70 % (<i>isopropyl alcohol</i>)	Tier 1	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref a and b/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG (<i>respiratory syncytial virus vaccine, antigen 2 of 2</i>)	\$0	EHB; QL (1 EA per 365 days)
Biologicals - Biological Agents		
Gene Therapy Agents - SMN Protein Deficiency - Biological Agents		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML (<i>onasemnogene abeparvovec-xioi</i>)	Tier 4	SP
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (3 ML per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (3 ML per 365 days)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoforms, m, l/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (3 ML per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	Tier 3	QL (3 ML per 365 days)
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 3	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin, gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 3	PA
Live Vaccine and Live Virus Formulations - Vaccines		
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML <i>(varicella virus vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML <i>(diphtheria,pertussis(acellular),tetanus vaccine/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (1 ML per 300 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML <i>(diphtheria,pertussis(acellular),tetanus vaccine/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML <i>(diphtheria,pertussis(acellular),tetanus vaccine)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (1 ML per 300 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML <i>(diphtheria,pertussis(acellular),tetanus vaccine)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (1 ML per 300 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML <i>(tetanus and diphtheria toxoids, adult)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND 11-23 YEARS OF AGE
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (<i>meningococcal a diphtheria-conj vaccine component 2 of 2/pf</i>)	Tier 3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (<i>meningococcal c,y,w-135,dip-conj vaccine component 1 of 2/pf</i>)	Tier 3	
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND 10-25 YEARS OF AGE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND 10-25 YEARS OF AGE
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	Tier 3	\$0 COPAY; QL (0.3 ML per 1 FILL); Age (Min 12 Years)
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	Tier 3	\$0 COPAY; QL (0.3 ML per 1 FILL); Age (Min 12 Years)
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>)	Tier 3	\$0 COPAY; AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf</i>)	Tier 3	\$0 COPAY; QL (0.5 ML per 1 FILL); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (<i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>)	Tier 3	\$0 COPAY; QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (<i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>)	Tier 3	\$0 COPAY; AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>)	Tier 3	\$0 COPAY; QL (0.5 ML per 1 FILL); Age (Min 12 Years)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>)	Tier 3	\$0 COPAY; QL (0.5 ML per 1 FILL); Age (Min 12 Years)
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND 9-45 YEARS OF AGE; Age (Min 9 Years and Max 46 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND 9-45 YEARS OF AGE; Age (Min 9 Years and Max 46 Years)
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quad 2023-2024(6 month and older)cell derived/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quadriv 2023-2024(6 month and older)cell derived</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (<i>influenza virus vaccine quadrival split 2023-24(65 yr up)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (6 mos and up)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Mumps and Related - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (<i>varicella-zoster virus glycoprotein e,rec,component 2 of 2</i>)	\$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral Combinations - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine besylate/benazepril hcl</i> (Lotrel Oral Capsule 10-20 Mg, 5-10 Mg)	Tier 3	
LOTREL ORAL CAPSULE 10-40 MG, 5-20 MG (<i>amlodipine besylate/benazepril hcl</i>)	Tier 3	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril hcl/hydrochlorothiazide</i>)	Tier 3	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril hcl/hydrochlorothiazide</i>)	Tier 3	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril maleate/hydrochlorothiazide</i>)	Tier 3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril/hydrochlorothiazide</i>)	Tier 3	
ACE Inhibitors - Drugs for High Blood Pressure		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	Tier 3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	Tier 3	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 3	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg</i>	Tier 2	
<i>lisinopril oral tablet 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	Tier 3	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	Tier 3	
ZESTRIL ORAL TABLET 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	Tier 3	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	Tier 3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	Tier 3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	Tier 3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate/valsartan</i>)	Tier 3	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-hcthiamid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>)	Tier 3	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil/hydrochlorothiazide</i>)	Tier 3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan/hydrochlorothiazide</i>)	Tier 3	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan/hydrochlorothiazide</i>)	Tier 3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium/hydrochlorothiazide</i>)	Tier 3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	Tier 3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	Tier 3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	Tier 3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	Tier 3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 3	PA; QL (30 EA per 30 days)
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 3	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	Tier 3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (<i>sotalol hcl</i>)	Tier 3	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	Tier 3	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 3	PA; QL (30 EA per 30 days)
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 2	
<i>colesevelam oral tablet 625 mg</i>	Tier 2	
COLESTID FLAVORED ORAL GRANULES 5 GRAM (<i>colestipol hcl</i>)	Tier 3	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (<i>colestipol hcl</i>)	Tier 3	
COLESTID ORAL GRANULES 5 GRAM (<i>colestipol hcl</i>)	Tier 3	
COLESTID ORAL PACKET 5 GRAM (<i>colestipol hcl</i>)	Tier 3	
COLESTID ORAL TABLET 1 GRAM (<i>colestipol hcl</i>)	Tier 3	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Questran Light Oral Powder 4 Gram)	Tier 3	
<i>cholestyramine (with sugar)</i> (Questran Oral Powder 4 Gram)	Tier 3	
<i>cholestyramine (with sugar)</i> (Questran Oral Powder In Packet 4 Gram)	Tier 3	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (3 ML per 28 days)
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; SP; QL (3 ML per 28 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	Tier 3	PA; QL (30 EA per 30 days)
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 3	
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	Tier 3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	Tier 3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (<i>sotalol hcl</i>)	Tier 3	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	Tier 3	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (<i>propranolol hcl</i>)	Tier 1	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (<i>propranolol hcl</i>)	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl</i>)	Tier 3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	Tier 3	
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (<i>diltiazem hcl</i>)	Tier 1	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
<i>diltiazem hcl</i> (Tiadyt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	Tier 3	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	Tier 3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	Tier 3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	Tier 3	
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG (<i>verapamil hcl</i>)	Tier 3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg</i>	Tier 2	
<i>verapamil oral capsule, 24 hr er pellet ct 200 mg</i>	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 200 MG (<i>verapamil hcl</i>)	Tier 3	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol/chlorthalidone</i>)	Tier 3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol/chlorthalidone</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (2 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (<i>clonidine</i>)	Tier 3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (<i>clonidine</i>)	Tier 3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (<i>clonidine</i>)	Tier 3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	Tier 3	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	Tier 3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	Tier 3	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	Tier 3	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	Tier 3	
SOANZ ORAL TABLET 20 MG (<i>torseamide</i>)	Tier 3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene/hydrochlorothiazide</i>)	Tier 3	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG (<i>triamterene/hydrochlorothiazide</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 3	PA; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 3	PA
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	Tier 4	PA; SP; QL (240 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	Tier 4	PA; SP; QL (200 EA per 365 days)
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	Tier 3	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (<i>treprostinil diolamine</i>)	Tier 4	SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (<i>treprostinil diolamine</i>)	Tier 4	SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (<i>treprostinil diolamine</i>)	Tier 4	SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA; SP; QL (90 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG (<i>treprostinil diolamine</i>)	Tier 4	PA; SP; QL (270 EA per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	Tier 4	PA; SP; QL (2.9 ML per 1 day)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA; SP; QL (81.2 ML per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	Tier 4	PA; SP; QL (81.2 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA; SP; QL (81.2 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 4	PA; SP; QL (9 ML per 1 day)
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA; SP; QL (90 EA per 30 days)
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; SP; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; SP; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA; SP
Central Nervous System Agents - Drugs for the Nervous System		
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	Tier 3	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	Tier 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/MI)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	Tier 3	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	Tier 3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	Tier 3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	Tier 3	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	Tier 3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	Tier 3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	Tier 2	PA
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	Tier 4	PA; SP
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	Tier 2	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	Tier 3	
NEURONTIN ORAL CAPSULE 400 MG (<i>gabapentin</i>)	Tier 3	
NEURONTIN ORAL SOLUTION 250 MG/5 ML (<i>gabapentin</i>)	Tier 3	
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	Tier 3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA; SP
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 4	PA; SP
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA; SP
<i>vigabatrin</i> (Vigpoder Oral Powder In Packet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	Tier 3	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	Tier 3	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG (<i>lamotrigine</i>)	Tier 4	SP
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>lamotrigine oral tablet extended release 24hr 250 mg</i>	Tier 4	SP
<i>lamotrigine oral tablet extended release 24hr 300 mg</i>	Tier 3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	Tier 3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	Tier 3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (<i>levetiracetam</i>)	Tier 3	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	Tier 3	
<i>levetiracetam</i> (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	Tier 3	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	Tier 3	
<i>ethosuximide</i> (Zarontin Oral Solution 250 Mg/5 MI)	Tier 3	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	Tier 3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 2	QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 2	
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA; SP
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	Tier 3	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	Tier 3	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	Tier 2	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	Tier 3	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	Tier 3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	Tier 3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	Tier 3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	Tier 3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	Tier 3	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	Tier 3	QL (2 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	Tier 3	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (<i>levomilnacipran hcl</i>)	Tier 3	PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 3	PA; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 2	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	Tier 3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	Tier 3	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa/levodopa/entacapone</i>)	Tier 2	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 4	PA; SP
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	Tier 3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 3	QL (30 EA per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	Tier 3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	Tier 3	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	Tier 3	
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG (<i>olanzapine/fluoxetine hcl</i>)	Tier 3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	Tier 3	
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Tier 1	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 3	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	Tier 3	
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	Tier 3	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (<i>dextroamphetamine sulfate</i>)	Tier 3	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 3	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (<i>methylphenidate hcl</i>)	Tier 3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	Tier 3	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 3	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	Tier 3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	Tier 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/MI)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	Tier 3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	Tier 3	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	Tier 3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	Tier 2	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	Tier 3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	Tier 3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	Tier 3	
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (<i>carbamazepine</i>)	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	Tier 3	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 3	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Tier 1	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	Tier 3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	Tier 3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	Tier 3	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG (<i>olanzapine/fluoxetine hcl</i>)	Tier 3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	Tier 3	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	Tier 3	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	Tier 3	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 3	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	Tier 3	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (<i>dextroamphetamine sulfate</i>)	Tier 3	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5 MI)	Tier 3	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	Age (Max 1 Years)
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	Tier 3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	Tier 3	QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ramelteon oral tablet 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 3	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine tartrate/caffeine</i>)	Tier 2	
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	Tier 3	QL (9 EA per 1 FILL)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (<i>sumatriptan succinate</i>)	Tier 3	QL (2 ML per 1 FILL)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (<i>sumatriptan succinate</i>)	Tier 3	QL (2 ML per 1 FILL)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML (<i>sumatriptan succinate</i>)	Tier 3	QL (2.5 ML per 1 FILL)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	Tier 3	QL (12 EA per 1 FILL)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (<i>rizatriptan benzoate</i>)	Tier 3	QL (12 EA per 1 FILL)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 FILL)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 FILL)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 1 FILL)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 3	QL (2 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (2 ML per 1 FILL)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (2.5 ML per 1 FILL)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	QL (9 EA per 1 FILL)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA; SP; QL (540 ML per 30 days)
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	Tier 3	PA; QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (<i>methylphenidate hcl</i>)	Tier 3	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	Tier 3	
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (<i>dextroamphetamine sulfate</i>)	Tier 3	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	Tier 1	
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	Tier 2	PA; QL (60 EA per 30 days)
Sedative-Hypnotic - Antihistamines - Drugs for Insomnia		
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
NIGHTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEPING ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	Tier 3	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	Tier 3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; QL (180 EA per 365 days)
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (<i>nicotine</i>)	\$0	EHB
NICORETTE BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; QL (180 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICORETTE BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
<i>nicotine (polacrilex) buccal gum 2 mg</i>	\$0	EHB; QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 4 mg</i>	\$0	EHB
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	EHB
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	EHB
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	EHB
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	\$0	EHB
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	EHB
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; QL (180 EA per 365 days)
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	\$0	EHB; QL (180 EA per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	EHB; QL (180 EA per 365 days)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 2	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % (<i>sodium chloride for inhalation</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	Tier 2	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (<i>sodium chloride for inhalation</i>)	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION (<i>vaccine adjuvant system, as01e/pf, component vial 1 of 2</i>)	\$0	EHB; QL (0.5 EA per 365 days)
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	
<i>galantamine oral solution 4 mg/ml</i>	Tier 2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 2	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 2	
<i>memantine oral solution 2 mg/ml</i>	Tier 1	
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	
NAMENDA ORAL TABLET 5 MG (<i>memantine hcl</i>)	Tier 3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (<i>memantine hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic acid/citric acid/potassium bitartrate</i>)	\$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	\$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	Tier 3	CT; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	Tier 3	CT; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 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.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
desogestrel-ethinyl 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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$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
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
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	\$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gem mily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$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 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$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 (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (28) 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
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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>I norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerate/dienogest</i>)	\$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/125/15-25 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone-ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	CT; EHB
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	CT; EHB
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (<i>norgestimate-ethinyl estradiol</i>)	Tier 3	CT
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (<i>norethindrone-ethinyl estradiol</i>)	Tier 3	CT

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	\$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	\$0	CT; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 3	QL (60 EA per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 3	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 3	QL (60 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 4	SP; QL (60 EA per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 3	QL (60 EA per 30 days)
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
<i>azelaic acid topical gel 15 %</i>	Tier 1	Age (Max 34 Years)
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>erythromycin base in ethanol</i> (Ery Pads Topical Swab 2 %)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
KLARON TOPICAL SUSPENSION 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
AVAR LS TOPICAL CLEANSER 10-2 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
AVAR-E LS TOPICAL CREAM 10-2 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
AVAR-E TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
BENZAMYCIN TOPICAL GEL 3-5 % (<i>erythromycin base/benzoyl peroxide</i>)	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
PLEXION TOPICAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
PLEXION TOPICAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMAXIN TOPICAL CLEANSER 9-4 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
SUMAXIN TS TOPICAL SUSPENSION 8-4 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
ACNE MEDICATION TOPICAL GEL 2.5 % (<i>benzoyl peroxide</i>)	Tier 1	
<i>benzoyl peroxide topical gel 2.5 %</i>	Tier 1	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>adapalene topical gel 0.1 %</i>	Tier 1	Age (Max 34 Years)
ATRALIN TOPICAL GEL 0.05 % (<i>tretinoin</i>)	Tier 3	Age (Max 34 Years)
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	Age (Max 34 Years)
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	Age (Max 34 Years)
DIFFERIN TOPICAL CREAM 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 34 Years)
DIFFERIN TOPICAL GEL 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 34 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (<i>adapalene</i>)	Tier 1	Age (Max 34 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	Tier 3	Age (Max 34 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	Tier 3	Age (Max 34 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	Age (Max 34 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	Age (Max 34 Years)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 ML per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 ML per 84 days)
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 4	PA; SP; QL (0.5 ML per 28 days)
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
Dermatological - Antibacterial Other - Drugs for the Skin		
CENTANY TOPICAL OINTMENT 2 % (<i>mupirocin</i>)	Tier 3	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	
<i>mupirocin topical ointment 2 %</i>	Tier 1	
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %, 2 %</i>	Tier 1	
NAFTIN TOPICAL GEL 1 % (<i>naftifine hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nystatin</i> (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
<i>ciclopirox olamine</i> (Ciclodan Topical Cream 0.77 %)	Tier 3	
<i>ciclopirox</i> (Ciclodan Topical Solution 8 %)	Tier 1	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>econazole topical cream 1 %</i>	Tier 2	
<i>ketconazole topical cream 2 %</i>	Tier 1	
<i>ketconazole topical shampoo 2 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	
OXISTAT TOPICAL CREAM 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	Tier 4	PA; SP; QL (4 GM per 22 days)
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
CARAC TOPICAL CREAM 0.5 % (<i>fluorouracil</i>)	Tier 2	
EFUDEX TOPICAL CREAM 5 % (<i>fluorouracil</i>)	Tier 3	
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	Tier 2	
<i>fluorouracil topical cream 0.5 %</i>	Tier 2	
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA; QL (100 GM per 30 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA; SP
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 3	
ULTRAVATE TOPICAL LOTION 0.05 % (<i>halobetasol propionate</i>)	Tier 3	PA; QL (60 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (<i>calcitriol</i>)	Tier 3	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
ANTI-DANDRUFF TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE PLUS TOPICAL CLEANSER 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE TOPICAL CLEANSER 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
SELSUN BLUE 2-IN-1 TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
SELSUN BLUE TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	Tier 1	
Dermatological - Antiseborrheic Combinations - Drugs for the Skin		
ANTI-DANDRUFF WITH MENTHOL TOPICAL SHAMPOO 1 % (<i>selenium sulfide/menthol</i>)	Tier 1	
DANDRUFF SHAMPOO (SELEN-ALOE) TOPICAL SHAMPOO 1 % (<i>selenium sulfide/aloe vera</i>)	Tier 1	
SELSUN BLUE MOISTURIZING TOPICAL SHAMPOO 1 % (<i>selenium sulfide/aloe vera</i>)	Tier 1	
Dermatological - Antiviral, Herpes - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir topical ointment 5 %</i>	Tier 4	SP; ST: Prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in 120 days
DENAVIR TOPICAL CREAM 1 % (<i>penciclovir</i>)	Tier 2	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
SILVADENE TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
<i>pimecrolimus topical cream 1 %</i>	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
SKIN TREATMENT TOPICAL LOTION 12 % (<i>ammonium lactate</i>)	Tier 1	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 2	
Dermatological - Glucocorticoid - Drugs for the Skin		
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	QL (60 GM per 1 FILL)
ANTI-ITCH (HC) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	
AQUANIL HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	
BETA-HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	QL (45 GM per 1 FILL)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	QL (60 ML per 1 FILL)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	QL (45 GM per 1 FILL)
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	QL (45 GM per 1 FILL)
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	QL (60 ML per 1 FILL)
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	QL (45 GM per 1 FILL)
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	PA
<i>clobetasol topical cream 0.05 %</i>	Tier 2	PA; QL (30 GM per 1 FILL)
<i>clobetasol topical foam 0.05 %</i>	Tier 2	PA
<i>clobetasol topical gel 0.05 %</i>	Tier 2	PA
<i>clobetasol topical lotion 0.05 %</i>	Tier 2	PA
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	PA; QL (30 GM per 1 FILL)
<i>clobetasol topical shampoo 0.05 %</i>	Tier 2	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	PA
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 2	PA
CLOBEX TOPICAL LOTION 0.05 % (<i>clobetasol propionate</i>)	Tier 3	PA
CLOBEX TOPICAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	Tier 3	PA
<i>clobetasol propionate</i> (Clodan Topical Shampoo 0.05 %)	Tier 3	PA
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 PLUS TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (<i>fluocinolone acetonide/shower cap</i>)	Tier 3	
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	QL (60 GM per 1 FILL)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (<i>betamethasone dipropionate/propylene glycol</i>)	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	PA
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	QL (30 GM per 1 FILL)
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	QL (30 GM per 1 FILL)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	PA; QL (50 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	PA; QL (50 GM per 1 FILL)
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	Tier 1	
<i>hydrocortisone acetate topical ointment 1 %</i>	Tier 1	
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream in packet 1 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	Tier 1	
HYDROCREAM TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
MONISTAT CARE (HYDROCORTISONE) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
OLUX TOPICAL FOAM 0.05 % (<i>clobetasol propionate</i>)	Tier 3	PA
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Proctocort Topical Cream 1 %)	Tier 3	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT TOPICAL LOTION 2 % (<i>hydrocortisone</i>)	Tier 3	
TEMOVATE TOPICAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	Tier 3	PA; QL (30 GM per 1 FILL)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %, 0.5 %)	Tier 1	
ULTRAVATE TOPICAL LOTION 0.05 % (<i>halobetasol propionate</i>)	Tier 3	PA; QL (60 ML per 1 FILL)
VANICREAM HC TOPICAL CREAM 1 % (<i>hydrocortisone acetate</i>)	Tier 1	
VANOS TOPICAL CREAM 0.1 % (<i>fluocinonide</i>)	Tier 3	PA
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
AVEENO ANTI-ITCH (HYDROCORTSN) TOPICAL CREAM 1 % (<i>hydrocortisone/colloidal oatmeal/aloe/vitamin e</i>)	Tier 1	
CORTISONE WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
CORTIZONE-10 FEMININE ITCH TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
<i>hydrocortisone-aloe vera topical cream 1 %</i>	Tier 1	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	Tier 4	SP
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
KERALYT TOPICAL SHAMPOO 6 % (<i>salicylic acid</i>)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 2	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
BURN RELIEF WITH ALOE TOPICAL GEL 0.5 % (<i>lidocaine/aloe vera</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-aloe vera topical gel 0.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
SUNBURN RELIEF COOLING TOPICAL GEL 0.5 % (<i>lidocaine/aloe vera</i>)	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
ALEVE (DICLOFENAC) TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 3	QL (500 GM per 1 FILL)
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 1	QL (500 GM per 1 FILL)
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 3	QL (500 GM per 1 FILL)
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 1 FILL)
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 3	QL (500 GM per 1 FILL)
VOLTAREN ARTHRITIS PAIN TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 3	QL (500 GM per 1 FILL)
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
<i>azelaic acid topical gel 15 %</i>	Tier 1	Age (Max 34 Years)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
METROCREAM TOPICAL CREAM 0.75 % (<i>metronidazole</i>)	Tier 3	
METROGEL TOPICAL GEL 1 % (<i>metronidazole</i>)	Tier 3	ST: Prior prescription for Azelaic Acid or Finacea in 120 days
METROLOTION TOPICAL LOTION 0.75 % (<i>metronidazole</i>)	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
<i>metronidazole</i> (Rosadan Topical Gel 0.75 %)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine</i> (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine topical adhesive patch,medicated 4 %, 5 %</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (50 GM per 30 days)
<i>lidocaine</i> (Lidocan lii Topical Adhesive Patch,Medicated 5 %)	Tier 2	PA; QL (1 EA per 1 day)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
LIDOFOR TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
LIDOPIN TOPICAL CREAM 3 % (<i>lidocaine hcl</i>)	Tier 1	
LIDOREAL-30 TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
LIDOZO TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
REGENECARE HA TOPICAL GEL 2 % (<i>lidocaine hcl/hyaluronic acid/aloe vera/collagen</i>)	Tier 1	
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (<i>lidocaine</i>)	Tier 2	PA; QL (1 EA per 1 day)
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
ELIMITE TOPICAL CREAM 5 % (<i>permethrin</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	Tier 2	
<i>malathion topical lotion 0.5 %</i>	Tier 1	QL (118 ML per 1 FILL)
OVIDE TOPICAL LOTION 0.5 % (<i>malathion</i>)	Tier 3	QL (118 ML per 1 FILL)
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 2	QL (120 ML per 1 FILL)
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD; QL (30 GM per 1 FILL)
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
<i>tadalafil oral tablet 5 mg</i>	Tier 4	PA; SP
Eating Disorder Therapy - Drugs for Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	Tier 3	
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 1	
Irrigation Solutions - Drugs for Nutrition		
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	Tier 2	
Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 3	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 2	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 4	PA; SP
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	Tier 3	Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	\$0	EHB; Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	\$0	EHB; Age (Max 1 Years)
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	\$0	EHB; Age (Max 1 Years)
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	Tier 3	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (<i>potassium chloride</i>)	Tier 3	
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 2	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	Tier 3	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multivitamin and Mineral Combinations - Drugs for Nutrition		
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (<i>multivit-mins no.59/ferrous fumarate/folic acid/docusate sod</i>)	Tier 3	
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 3	
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate</i>)	Tier 3	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (<i>prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3</i>)	Tier 3	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (<i>prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3</i>)	Tier 3	
BRAINSTRONG PRENATAL ORAL COMBO PACK 33 MG IRON- 800 MCG-350 MG (<i>prenatal vitamins no.139/iron,carbonyl/folic acid/dha</i>)	Tier 3	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.83/iron fumarate/folate combo no.6/dha</i>)	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (<i>prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate</i>)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG (<i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	Tier 3	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vit with calcium no.126/ferrous fumarate/folic acid</i>)	Tier 1	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i>)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (<i>prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s</i>)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.98/ferrous fumarate/folic acid</i>)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (<i>prenatal vits with calcium no.65/iron polysacchar/folic acid</i>)	Tier 3	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (<i>prenatal vitamins no.49/ferrous fumarate/folic acid</i>)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 3	
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>)	Tier 3	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i>)	Tier 3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (<i>prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid</i>)	Tier 3	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (<i>prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (<i>prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa</i>)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (<i>prenatal vits with calcium no.87/iron bisgly/folic acid/dha</i>)	Tier 3	
NESTABS ORAL TABLET 32-1,000 MG-MCG (<i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (<i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>)	Tier 3	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.53/iron fum/folic acid/docusate calcium/dha</i>)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid</i>)	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (<i>prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	Tier 3	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha</i>)	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron,carbonyl/levomefolate calcium</i>)	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	Tier 3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	Tier 3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	Tier 3	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (<i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha</i>)	Tier 3	
PNV-SELECT ORAL TABLET 27-1 MG (<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i>)	Tier 3	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (<i>prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3</i>)	Tier 3	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (<i>prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (<i>prenatal vit 55/iron bisgly hcl, suc-prot/folic acid/omega-3</i>)	Tier 3	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (<i>prenatal vit with calcium 54/iron bis, s-p/folic acid/omega-3</i>)	Tier 3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG (<i>prenatal vitamins combination no.42/folic acid</i>)	Tier 3	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG (<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>)	Tier 3	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (<i>prenatal vits no.105/iron amino acid chelate/folic acid/dha</i>)	Tier 3	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (<i>prenatal vits with calcium no.80/iron fum/folic acid/dss/dha</i>)	Tier 3	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i>)	Tier 3	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron, carbonyl/folic acid</i>)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG (<i>prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	Tier 3	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	Tier 3	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (<i>prenatal vit no.173/iron bisglycinate/folate no.11</i>)	Tier 3	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.93/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (<i>prenatal vitamins no.116/iron fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (<i>prenatal vitamins no.40/ferrous fumarate/folic acid/dha</i>)	Tier 3	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (<i>prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish</i>)	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL ORAL TABLET 28-800 MG-MCG (<i>prenatal vits with calcium 133/ferrous fumarate/folic acid</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	Tier 3	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>)	Tier 3	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins no.159/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (<i>prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil</i>)	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (<i>prenatal vitamins no.36/ferrous fumarate/folate comb. no.6</i>)	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha</i>)	Tier 3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vit no.128/iron polysaccharide complex/folic acid</i>)	Tier 3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (<i>prenatal vitamins no.33/iron polysach complex/folic acid/dha</i>)	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamin no.13/iron polysaccharides/folate comb no.1</i>)	Tier 3	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	Tier 3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	Tier 3	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (<i>prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut</i>)	Tier 3	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (<i>prenatal vitamins no.63/iron,carbonyl/folic acid/dha</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 3	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (<i>prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha</i>)	Tier 3	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.32/ferrous fumarate/folic acid/dha</i>)	Tier 3	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (<i>prenatal vitamins no.100/iron fumarate/folic acid/dha/epa</i>)	Tier 3	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.28/ferrous fumarate/folic acid</i>)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/coq10</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/dha</i>)	Tier 3	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	Tier 3	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG (<i>multivit-mins no.59/ferrous fumarate/folic acid/docusate sod</i>)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	Tier 1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (<i>prenatal vits no.102/iron polysacch/folate no.1/docusate/dha</i>)	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (<i>prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa</i>)	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha</i>)	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG (<i>prenatal vits with calcium no.10/ferrous fumarate/folic acid</i>)	Tier 1	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (<i>prenatal vits with calcium no.10/ferrous fum/folic acid/dha</i>)	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (<i>prenatal vits no.26/iron polysaccharide cplex/folic acid/dha</i>)	Tier 3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>)	Tier 3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (<i>prenatal vitamins combination no.42/folic acid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>)	Tier 3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (<i>prenatal vits no.105/iron amino acid chelate/folic acid/dha</i>)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha</i>)	Tier 3	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i>)	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3</i>)	Tier 3	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (<i>prenatal vit with calcium no.61/iron fumarate/folic acid/dha</i>)	Tier 3	
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (<i>prenatal vitamins no.164/ferrous gluconate/folate combo no.6</i>)	Tier 1	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (<i>prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil</i>)	Tier 3	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (<i>prenatal vitamins no.167/folic acid/docosahexaenoic acid</i>)	Tier 3	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (<i>prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil</i>)	Tier 3	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (<i>prenatal vitamins no.144/folic acid</i>)	Tier 3	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyanocobalamin (vitamin b-12)</i> (Dodex Injection Solution 1,000 Mcg/MI)	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	\$0	EHB; Age (Min 65 Years)
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	\$0	EHB; Age (Min 65 Years)
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT) (<i>ergocalciferol (vitamin d2)</i>)	Tier 3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	\$0	EHB; Age (Min 65 Years)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	Tier 3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	Tier 3	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	\$0	EHB; Age (Min 65 Years)
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	\$0	EHB; Age (Min 65 Years)
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 3	Age (Min 65 Years)
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid oral tablet 1 mg</i>	Tier 1	\$0 COPAY IF FEMALE
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB; Female Only
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
Endocrine - Hormones		
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
<i>mifepristone oral tablet 200 mg</i>	\$0	EHB; FEMALE ONLY
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 3	DD; QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (<i>glucagon hcl</i>)	Tier 2	DD; QL (2 EA per 1 FILL)
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (2 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD
Anabolic Steroid - Single Agents - Drugs for Men		
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (<i>oxandrolone</i>)	Tier 3	
Androgen - Single Agents - Drugs for Men		
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	PA; QL (4 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	PA; QL (2 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 2	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiuretic and Vasopressor Hormones - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	Tier 3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	Tier 3	
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	Tier 3	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	DD; ST: Prior prescription for Actoplus Met XR, Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/metformin HCL, or Riomet ER in 120 days; QL (4 ML per 28 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (9 ML per 30 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 4	PA; SP; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)

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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 (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	Tier 3	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide, micronized</i>)	Tier 3	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl/metformin hcl</i>)	Tier 3	DD
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl/glimepiride</i>)	Tier 3	DD
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; ST: Prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL/Metformin HCL, or Riomet ER in 120 days; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Progestin - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol/norethindrone acetate</i>)	Tier 3	
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	Tier 3	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
<i>estradiol/norethindrone acetate</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	
Estrogens - Drugs for Women		
<i>estradiol</i> (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	
<i>estradiol</i> (Estrace Oral Tablet 0.5 Mg, 1 Mg, 2 Mg)	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	
MINIVELLE 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 (estradiol)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
VIVELLE-DOT 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 (estradiol)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
cortisone oral tablet 25 mg	Tier 2	
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 (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)	Tier 3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	Tier 3	
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	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (<i>prednisolone sodium phosphate</i>)	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 2	
<i>prednisolone sodium phosphate</i> (Veripred 20 Oral Solution 20 Mg/5 ML (4 Mg/ML))	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	PA; SP
Growth Hormones - Drugs for Growth		
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 4	PA; SP
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	DD
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	DD
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	DD
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	DD
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD
Insulin Analogs - Long Acting - Drugs for Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Tier 2	DD
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	Tier 2	DD
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 2	DD
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 2	DD
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	Tier 2	DD
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 2	
Mineralocorticoids - Drugs for Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 1 FILL)
Progestins - Drugs for Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone, micronized</i>)	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	Tier 3	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4	PA; SP; QL (1 ML per 180 days)
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	Tier 3	\$0 COPAY IF FEMALE 35 YEARS OF AGE OR OLDER
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0 COPAY IF FEMALE 35 YEARS OF AGE OR OLDER
Somatostatic Agents - Drugs for Growth		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspartate</i>)	Tier 4	PA; SP; QL (2 ML per 1 day)
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (<i>thyroid,pork</i>)	Tier 1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	Tier 3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate hcl/atropine sulfate</i>)	Tier 3	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 3	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
DRAMAMINE (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
VERTICALM ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	Tier 3	
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	QL (9 EA per 1 FILL)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 2	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (2 EA per 1 day)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	PR: RESTRICTED TO ONCOLOGIST OR HEMATOLOGIST; QL (1 EA per 1 FILL)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 4	PA; SP
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	PA; QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT <i>(lipase/protease/amylase)</i>	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200- 14,200- 24,600 UNIT <i>(lipase/protease/amylase)</i>	Tier 3	
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	Tier 3	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	Tier 3	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
ACID CONTROLLER ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
ACID-PEP ORAL TABLET 20 MG (<i>famotidine</i>)	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
PEPCID AC ORAL TABLET 10 MG (<i>famotidine</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANTAC-360 (FAMOTIDINE) ORAL TABLET 20 MG (<i>famotidine</i>)	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	Tier 2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG (<i>misoprostol</i>)	Tier 3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0	EHB; FEMALE ONLY
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 3	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 3	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
ROBINUL FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	Tier 3	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA; QL (60 EA per 30 days)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg</i>	Tier 3	QL (60 EA per 30 days)
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (10 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (60 ML per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (2.4 ML per 56 days)
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (<i>mesalamine</i>)	Tier 2	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (<i>sulfasalazine</i>)	Tier 3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	Tier 3	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	Tier 3	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 2	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 2	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (<i>hydrocortisone</i>)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (<i>upadacitinib</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (3 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 EA per 28 days)
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA; QL (60 EA per 30 days)
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	Tier 3	QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 3	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	SP
Genitourinary Therapy - Drugs for the Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (<i>dutasteride/tamsulosin hcl</i>)	Tier 3	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP
G.U. Irrigants - Drugs for the Urinary System		
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION (<i>sodium chloride irrigation soln/decyl glucoside</i>)	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 3	ST: At least 2 prior prescriptions for Oxybutynin Chloride, Solifenacin Succinate, Tolterodine Tartrate, or Trosipium Chloride in 120 days; QL (1 EA per 1 day)
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 4	PA; SP
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 4	PA; SP
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 4	SP
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 4	
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 4	SP
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 4	PA; SP
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
<i>tadalafil oral tablet 5 mg</i>	Tier 4	PA; SP
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	Tier 3	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG (<i>potassium phosphate, monobasic</i>)	Tier 2	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
Urinary Analgesics - Drugs for Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Tier 1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
URINARY PAIN RELIEF ORAL TABLET 95 MG, 97.5 MG (<i>phenazopyridine hcl</i>)	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
HIPREX ORAL TABLET 1 GRAM (<i>methenamine hippurate</i>)	Tier 3	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 1 gram</i>	Tier 1	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (<i>nitrofurantoin</i>)	Tier 2	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate/macrocrystals</i>)	Tier 3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 3	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	Tier 3	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine oral capsule 0.6 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (120 EA per 30 days)
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	PA; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG (<i>allopurinol</i>)	Tier 3	
Hematological Agents - Drugs for the Blood		
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA; SP
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 2	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	
Erythropoietins - Drugs for the Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA; SP; ST: Prior prescription for Retacrit in 120 days
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 3	PA
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 4	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 4	SP
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (<i>aminocaproic acid</i>)	Tier 1	
AMICAR ORAL TABLET 1,000 MG, 500 MG (<i>aminocaproic acid</i>)	Tier 1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML (<i>fondaparinux sodium</i>)	Tier 3	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 2	PA
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 2	
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	Tier 3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
<i>aspirin oral tablet 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	\$0	EHB; AG: IF MALE, 45-79 YEARS
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
BAYER CHEWABLE ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
BAYER LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ECOTRIN LOW STRENGTH ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS IF FEMALE, 55-79 YEARS
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB; AG: IF MALE, 45-79 YEARS
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	Tier 3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 2	
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	PR: RESTRICTED TO CARDIOLOGIST
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 2	
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs for the Blood		
PROMACTA ORAL POWDER IN PACKET 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 4	SP
<i>cyclosporine oral capsule 100 mg</i>	Tier 4	SP
<i>cyclosporine oral capsule 25 mg</i>	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 2	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 4	SP
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	Tier 4	PA; SP; QL (180 EA per 30 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 4	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 4	SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 4	SP
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 2	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	Tier 4	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 4	SP
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	Tier 3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	Tier 3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (<i>hyaluronate sodium, modified, non-crosslinked</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (<i>hylan g-f 20</i>)	Tier 3	
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (<i>hylan g-f 20</i>)	Tier 3	
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 4	PA; SP
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene oral capsule 25 mg</i>	Tier 2	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
2TEK CONTROL (HIGH-NORMAL) SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ACCU-CHEK SOFT DEV LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ADJUSTABLE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADVANCED LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ADVOCATE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AGAMATRIX CONTROL NORM-HI SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 1	DD
ALTERNATE SITE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
AQUA LANCE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ASSURE 4 CONTROL SOLUTION COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
ASSURE DOSE NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ASSURE DOSE NORM-HI CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD
AUTOLET IMPRESSION LANC DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
AUTOLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD
<i>blood glucose control, normal solution</i>	Tier 1	DD
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 CONTROL SOLUTION, NML SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 1	DD
BUTTERFLY TOUCH LANCET 30 GAUGE <i>(lancets)</i>	Tier 1	DD
CAREONE LANCING DEVICE <i>(lancing device)</i>	Tier 1	DD
CAREONE ULTRA THIN LANCET <i>(lancets)</i>	Tier 1	DD
CARESENS CONTROL A AND B SOLUTION <i>(blood glucose calibration control solution, high and normal)</i>	Tier 1	DD
CARESENS LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD
CARETOUCH CONTROL SOLN L2-L3 SOLUTION <i>(blood glucose calibration control solution, high and normal)</i>	Tier 1	DD
CARETOUCH LANCING DEVICE <i>(lancing device)</i>	Tier 1	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 1	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE <i>(lancets)</i>	Tier 1	DD
CHOICE DM CLARUS NORM CONTROL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
CLEVER CHEK LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
COAGUCHEK LANCETS <i>(lancets)</i>	Tier 1	DD
COLOR LANCETS 21 GAUGE <i>(lancets)</i>	Tier 1	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 1	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE <i>(lancets)</i>	Tier 1	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE <i>(lancets)</i>	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR CONTROL SOLUTION, HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
CONTOUR CONTROL SOLUTION, LOW SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
CONTOUR CONTROL SOLUTION, NML SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
DIATRUE CONTROL SOLN NORMAL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
DIATRUE CONTROL SOLUTION HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
DIATRUE CONTROL SOLUTION LOW SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
DROPLET LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD
DROPLET LANCING DEVICE <i>(lancing device)</i>	Tier 1	DD
EASY COMFORT LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD
EASY MINI EJECT LANCING DEVICE <i>(lancing device)</i>	Tier 1	DD
EASY PLUS II HIGH CONTROL SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD
EASY TALK PLUS II HIGH CONTROL SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EASY TOUCH HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASYMAX NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EVENCARE G2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE G3 CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ SMART CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORA LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GE333 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
GLUCOCARD 01 NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD EXPRESSION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD SHINE SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	\$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PRODIGY CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PRODIGY LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SINGLE-LET (<i>lancets</i>)	Tier 1	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
SMARTDIABETES VANTAGE (<i>lancing device</i>)	Tier 1	DD
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SOLUS V2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCING PEN (<i>lancing device</i>)	Tier 1	DD
SUREFLEX DEVICE WITH LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-TEST EASYPLUS MINI SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD
TD GOLD LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TD GOLD LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TD GOLD LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 1	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE METRIX LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TRUE METRIX LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TRUE METRIX LEVEL 3 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD
ULTI-LANCE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
Medical Supplies and DME - Humidifiers - Medical Supplies and Durable Medical Equipment		
COOL MIST HUMIDIFIER (<i>humidifier</i>)	Tier 2	
<i>humidifiers</i>	Tier 2	
PROCARE HUMIDIFIER (<i>humidifier</i>)	Tier 2	
PURE COMFORT HUMIDIFIER (<i>humidifier</i>)	Tier 2	
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CATH-SECURE TUBE HOLDER (<i>catheter accessories,external</i>)	Tier 2	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 20 GAUGE X 1", 22 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1", 22 GAUGE X 3/4" (<i>intravenous catheter kit</i>)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (<i>intravenous catheter kit/intravenous catheter kit accessory</i>)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (<i>intravenous catheter</i>)	Tier 2	
SAFELET IV CATHETER INFUSION SET (<i>intravenous catheter</i>)	Tier 2	
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AIRZONE AND MINIWRIGHT AFS (<i>medical supply, miscellaneous</i>)	Tier 2	
AMIELLE VAGINAL TRAINER KIT (<i>medical supply, miscellaneous</i>)	Tier 2	
ANTI-EMBOLISM STOCKINGS (<i>medical supply, miscellaneous</i>)	Tier 2	
AUTODROP (<i>medical supply, miscellaneous</i>)	Tier 2	
AUTOSQUEEZE (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CATHETER STRAP (<i>medical supply, miscellaneous</i>)	Tier 2	
DISPOSABLE PAPER MOUTHPIECE (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, FULL (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, SHORT (<i>medical supply, miscellaneous</i>)	Tier 2	
FILTERED MOUTHPIECE ATTACHMENT (<i>medical supply, miscellaneous</i>)	Tier 2	
GIZMO (<i>catheter male, external</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC MOUTHPIECES (<i>medical supply, miscellaneous</i>)	Tier 2	
PEDIATRIC-SMALL MOUTH ADAPTOR (<i>medical supply, miscellaneous</i>)	Tier 2	
REPLACEMENT J-4 CANNULA (<i>medical supply, miscellaneous</i>)	Tier 2	
SELF-CATH (<i>medical supply, miscellaneous</i>)	Tier 2	
SPLASH SHIELD FLEX (<i>medical supply, miscellaneous</i>)	Tier 2	
URO-SAN PLUS (<i>medical supply, miscellaneous</i>)	Tier 2	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 2	
AEROECLIPSE XL NEBULIZER (<i>nebulizer</i>)	Tier 2	
AERONEB GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
ALTERA NEBULIZER HANDSET (<i>nebulizer</i>)	Tier 2	
ALTERA NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 2	
AURA PORTANEB (<i>nebulizer</i>)	Tier 2	
COMPACT COMPRESSOR NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMPACT ULTRASONIC NEBULIZER (<i>nebulizer</i>)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
INTELLIGENT MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
LC PLUS (<i>nebulizer</i>)	Tier 2	
LC PLUS NEBULIZER-PED MASK (<i>nebulizer</i>)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (<i>nebulizer</i>)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (<i>nebulizer</i>)	Tier 2	
MICROAIR MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 2	
nebulizers	Tier 2	
PARI LC SPRINT NEBULIZER SET (<i>nebulizer</i>)	Tier 2	
PARI LC SPRINT SINUS (<i>nebulizer</i>)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (<i>nebulizer</i>)	Tier 2	
SIDESTREAM (<i>nebulizer</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM NEBULIZER (<i>nebulizer</i>)	Tier 2	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 2	
SINUSTAR NEBULIZER (<i>nebulizer</i>)	Tier 2	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 2	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
AEROGear ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURECOMFORT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
STRIVE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
A.I.R.S NEBULIZER REPLACEMENT KIT (<i>nebulizer accessories</i>)	Tier 2	
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
ADULT DISPOSABLE MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AERONEB GO (<i>nebulizer accessories</i>)	Tier 2	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	Tier 2	
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 1000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 1000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 6000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BUBBLES THE FISH PEDI MASK (<i>nebulizer accessories</i>)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
CLEVER CHOICE NEB KIT-ADULT (<i>nebulizer accessories</i>)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASYAIR COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
EXPIRATORY MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
EZ TWIST TUBING (<i>nebulizer accessories</i>)	Tier 2	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
IN-CHECK DIAL TRAINING DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE MINI DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRO ELITE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MINI ELITE FILTER REPLACEMENT (<i>nebulizer accessories</i>)	Tier 2	
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
<i>nebulizer and compressor device</i>	Tier 2	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
ONE WAY VALVED MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S COMBO PACK DEVICE (<i>nebulizer and compressor</i>)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE SPACER WITH ADULT MASK SPACER <i>(inhaler, assist device with large mask)</i>	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER <i>(inhaler, assist device with medium mask)</i>	Tier 2	
PROCHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 2	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE <i>(nebulizer and compressor)</i>	Tier 2	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE <i>(nebulizer and compressor)</i>	Tier 2	
PRONEB ULTRA FILTER SET <i>(nebulizer accessories)</i>	Tier 2	
PRONEB ULTRA II FILTER ASSEM <i>(nebulizer accessories)</i>	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE <i>(compressor, for nebulizer)</i>	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE <i>(nebulizer and compressor)</i>	Tier 2	
PURE COMFORT SPACER-ADULT MASK SPACER <i>(inhaler, assist device with large mask)</i>	Tier 2	
PUREAIR MINI NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 2	
REUSABLE NEBULIZER KIT KIT <i>(nebulizer accessories)</i>	Tier 2	
RITEFLO AEROCHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 2	
RUBBER MOUTHPIECE <i>(nebulizer accessories)</i>	Tier 2	
SAMI THE SEAL DEVICE <i>(nebulizer and compressor)</i>	Tier 2	
SAMI THE SEAL FILTER <i>(nebulizer accessories)</i>	Tier 2	
SAMI THE SEAL MASK <i>(nebulizer accessories)</i>	Tier 2	
SIDESTREAM ADULT FACE MASK <i>(nebulizer accessories)</i>	Tier 2	
SIDESTREAM MASK <i>(nebulizer accessories)</i>	Tier 2	
SIDESTREAM PEDIATRIC FACE MASK DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 2	
SILICONE MASK <i>(nebulizer accessories)</i>	Tier 2	
SILICONE MASK - INFANT DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 2	
SILICONE MASK - PEDIATRIC DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTMASK BABY WITH ELBOW (<i>nebulizer accessories</i>)	Tier 2	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOOTHENEB NBL100 ADULT MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 CHILD MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MED CUP (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MESH CAP (<i>nebulizer accessories</i>)	Tier 2	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
VORTEX ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
WILLIS THE WHALE COMPRESSOR NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
WING TIP TUBING (<i>nebulizer accessories</i>)	Tier 2	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
Medical Supplies and DME - Thermometers - Medical Supplies and Durable Medical Equipment		
NEODOT INFRARED THERMOMETER DEVICE (<i>thermometer, infrared, non-contact</i>)	Tier 2	
Medical Supplies and DME - Tissue Bulking Implants - Medical Supplies and Durable Medical Equipment		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
ACTIVE CATH (<i>catheter male,external</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY CATH-PRE-FILL SYRN TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 2	
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 ", 8-16 FR-" (<i>catheter</i>)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (<i>catheter</i>)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY CATHETER 16 FR (<i>catheter</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD UNIVERSAL FOLEY CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR, 15 FR, 16 FR (<i>catheterization tray</i>)	Tier 2	
BARDEX ALL-SILICONE FOLEY CATH 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
BARDEX CLOSED SYSTEM CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARDEX I.C. FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 2	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (<i>catheterization tray</i>)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
MAGIC3 GO INTERMIT CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-", 16-16 FR-", 18-16 FR-" (<i>catheter</i>)	Tier 2	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (<i>catheter</i>)	Tier 2	
POP-ON CATHETER 32 MM (<i>catheter male,external</i>)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATH (<i>medical supply, miscellaneous</i>)	Tier 2	
SELF-CATH 10" 10 FR (<i>catheter</i>)	Tier 2	
SELF-CATH 10-16 FR-", 14-16 FR-", 20-16 FR-", 6-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATHETER, FEMALE 14 FR, 8 FR (<i>catheter</i>)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 2	
SOFTFLEX MALE URINARY POUCH (<i>catheter</i>)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 2	
SPEEDICATH (MALE) 12 FR (<i>catheter</i>)	Tier 2	
SPIRIT EXT CATHETER TYPE 3 32 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-1 CATHETER 36 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-3 29 MM (<i>catheter male,external</i>)	Tier 2	
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 2	
URETHRAL CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
URO-SAN PLUS (<i>medical supply, miscellaneous</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINYL CATHETER 14-16 FR-", 14-6 FR-" (<i>catheter</i>)	Tier 2	
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 1	DD
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 1	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 1	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
Medical Supplies and DME - Vaporizers - Medical Supplies and Durable Medical Equipment		
<i>vaporizers</i>	Tier 2	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
2TEK CONTROL (HIGH-NORMAL) SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
A.I.R.S NEBULIZER REPLACEMENT KIT (<i>nebulizer accessories</i>)	Tier 2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK FASTCLIX LANCING DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACCU-CHEK MULTICLIX LANCET KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ACCU-CHEK SOFT DEV LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 1	DD
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ACTIVE CATH (<i>catheter male,external</i>)	Tier 2	
ADD-A-FOLEY CATH-MONO-FLO DRNG TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY CATH-PRE-FILL SYRN TRAY (<i>catheterization tray</i>)	Tier 2	
ADD-A-FOLEY TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
ADJUSTABLE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
ADULT DISPOSABLE MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
ADVANCED LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ADVOCATE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROECLIPSE II NEBULIZER (<i>nebulizer</i>)	Tier 2	
AEROECLIPSE XL NEBULIZER (<i>nebulizer</i>)	Tier 2	
AEROGEAR ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AERONEB GO (<i>nebulizer accessories</i>)	Tier 2	
AERONEB GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 2	
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AGAMATRIX CONTROL NORM-HI SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
AIRZONE AND MINIWRIGHT AFS (<i>medical supply, miscellaneous</i>)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ALL FLOW 1000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 1000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 3000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 4000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 KIT (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 5000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALL FLOW 6000 PFT FILTER (<i>nebulizer accessories</i>)	Tier 2	
ALTERA NEBULIZER HANDSET (<i>nebulizer</i>)	Tier 2	
ALTERA NEBULIZER SYSTEM (<i>nebulizer</i>)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 1	DD
ALTERNATE SITE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
AMIELLE VAGINAL TRAINER KIT (<i>medical supply, miscellaneous</i>)	Tier 2	
ANTI-EMBOLISM STOCKINGS (<i>medical supply, miscellaneous</i>)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 2	
AQUA LANCE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ARGYLE TROCAR 10 FR, 12 FR, 16 FR, 20 FR, 24 FR, 8 FR (<i>catheter</i>)	Tier 2	
ASSURE 4 CONTROL SOLUTION COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
ASSURE DOSE NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ASSURE DOSE NORM-HI CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	
AURA PORTANEB (<i>nebulizer</i>)	Tier 2	
AUTODROP (<i>medical supply, miscellaneous</i>)	Tier 2	
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD
AUTOLET IMPRESSION LANC DEV KIT (<i>lancing device/lancets</i>)	Tier 1	DD
AUTOLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
AUTOSQUEEZE (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CATHETER STRAP (<i>medical supply, miscellaneous</i>)	Tier 2	
BARD CLEAN-CATH , 8 FR-10 " , 8-16 FR-" (<i>catheter</i>)	Tier 2	
BARD COUDE TIP CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD FEMALE INTERMITTENT CATH 14-6 FR-" (<i>catheter</i>)	Tier 2	
BARD INFECT CONT TRAY-NO CATH TRAY (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY CATHETER 16 FR (<i>catheter</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY 18FR TRAY 18 FR (<i>catheterization tray</i>)	Tier 2	
BARD LUBRICATH FOLEY TRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARD RUBBER UTILITY CATHETER 10 FR, 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 8 FR (<i>catheter</i>)	Tier 2	
BARD UNIVERSAL FOLEY CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARD URETHRAL CATHETER TRAY TRAY 14 FR, 15 FR, 16 FR (<i>catheterization tray</i>)	Tier 2	
BARDEX ALL-SILICONE FOLEY CATH 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARDEX CLOSED SYSTEM CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
BARDEX I.C. FOLEY CATHETER 24 FR (<i>catheter</i>)	Tier 2	
BARDEX LUBRICATH FOLEY CATH 16 FR, 24 FR (<i>catheter</i>)	Tier 2	
BARDEX URETHRAL CATHETERTRAY TRAY 16 FR (<i>catheterization tray</i>)	Tier 2	
BARDIA RED RUBBER CATHETER 14 FR, 16 FR (<i>catheter</i>)	Tier 2	
BD ANGIOCATH IV CATHETER INFUSION SET 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.3 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle, insulin, 0.5 ml</i>)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 2	DD
BD INSYTE AUTOGUARD INFUSION SET 18 X 1.16 ", 20 GAUGE X 1", 22 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 18 GAUGE X 1", 22 GAUGE X 3/4" (<i>intravenous catheter kit</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAF-T-INTIMA INFUSION SET 20 GAUGE X 1", 24 GAUGE X 3/4" (<i>intravenous catheter</i>)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD
<i>blood glucose control, normal solution</i>	Tier 1	DD
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
BUBBLES THE FISH PEDI MASK (<i>nebulizer accessories</i>)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CAREONE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 1	DD
CARESENS CONTROL A AND B SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
CARETOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
CATH-SECURE TUBE HOLDER (<i>catheter accessories,external</i>)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHOICE DM CLARUS NORM CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CLEAR ADVANTAGE (<i>catheter male,external</i>)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CLEVER CHOICE NEB KIT-ADULT (<i>nebulizer accessories</i>)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (<i>nebulizer accessories</i>)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
CLEVER CHOICE WHISPER AIRE PED DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 1	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 1	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
COMPACT COMPRESSOR NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
COMPACT ULTRASONIC NEBULIZER (<i>nebulizer</i>)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
COOL MIST HUMIDIFIER (<i>humidifier</i>)	Tier 2	
CURITY 8000 URINE MTR FLY TRAY TRAY , 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE DRAINAGE SET TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY BEDSIDE-MONO-FLO DRANGE TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY FOLEY CATHETER KIT KIT (<i>catheter</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY PREMIUM CATHETER TRAY TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY STRMLIN CATH - MONO-FLO TRAY 14 FR (<i>catheterization tray</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH LAT/T 16 FR, 18 FR, 20 FR, 24 FR, 26 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-W CATH TEFLN 28 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER 2-WAY CATHETER 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR, 26 FR, 28 FR, 30 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER IRRG 3WAY CATH 18 FR, 20 FR, 22 FR, 24 FR, 26 FR (<i>catheter</i>)	Tier 2	
CURITY ULTRAMER URETHRAL CATH 12 FR, 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
CURITY UNIVERSAL - NO DRAINAGE TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
CURITY URETH CATH CLOSED SYSTM TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY URETH CATH OPEN SYSTEM TRAY (<i>catheterization tray</i>)	Tier 2	
CURITY URETHRAL CATHETER 14 FR (<i>catheter</i>)	Tier 2	
DAVOL C.S. FOLEY CATHETER TRAY TRAY 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL COMPLETE FOLEY KIT (<i>catheter</i>)	Tier 2	
DAVOL FOLEY CATH INSERT TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
DAVOL SILICONE FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR (<i>catheter</i>)	Tier 2	
DAVOL UNIVERSAL CATH TRAY TRAY (<i>catheterization tray</i>)	Tier 2	
DAVOL URETHRAL CATHETER TRAY TRAY 15 FR (<i>catheterization tray</i>)	Tier 2	
DAVOL URETHRAL CATHTRAY (W/O) TRAY (<i>catheterization tray</i>)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DIASTIX STRIP (urine glucose test strip)	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
DISPOSABLE PAPER MOUTHPIECE (medical supply, miscellaneous)	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	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 1	DD
DROPLET LANCING DEVICE (lancing device)	Tier 1	DD
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	\$0	CT; EHB
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 COMFORT LANCETS 30 GAUGE (lancets)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY MINI EJECT LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY STEP LOW CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY STEP NORMAL CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TALK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TALK PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TALK PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EASY TOUCH HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EASYAIR COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EASYMAX NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EBASE CONTROLLER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EVENCARE G2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G3 CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
EXPIRATORY MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
<i>external catheter, male 22 mm to 25 mm, 26 mm to 30 mm, 31 mm to 35 mm</i>	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ SMART CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
EZ TWIST TUBING (<i>nebulizer accessories</i>)	Tier 2	
FACE SPLASH SHIELD, FULL (<i>medical supply, miscellaneous</i>)	Tier 2	
FACE SPLASH SHIELD, SHORT (<i>medical supply, miscellaneous</i>)	Tier 2	
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
FEMALE CATHETER 14 FR (<i>catheter</i>)	Tier 2	
FEMALE SPECIMEN CATHETER 8 FR (<i>catheter</i>)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
FILTERED MOUTHPIECE ATTACHMENT (<i>medical supply, miscellaneous</i>)	Tier 2	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
FLEXTEND MALE URINARY POUCH (<i>catheter</i>)	Tier 2	
FOLEY CATHETER 14 FR, 16 FR, 18 FR, 20 FR, 22 FR, 24 FR, 26 FR, 28 FR, 30 FR (<i>catheter</i>)	Tier 2	
FOLEY CATHETER TRAY TRAY , 16 FR, 18 FR (<i>catheterization tray</i>)	Tier 2	
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORA LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
FREEDOM CATH (<i>catheter male,external</i>)	Tier 2	
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	\$0	DD; EHB
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GE333 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GENTLECATH 10 FR, 12 FR, 12-16 FR-", 14 FR, 14-16 FR-", 16 FR, 16-16 FR-", 8 FR, 8-16 FR-" (<i>catheter</i>)	Tier 2	
GIZMO (<i>catheter male,external</i>)	Tier 2	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
GLUCOCARD 01 NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD EXPRESSION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCARD SHINE SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GLUCOSE KETONE CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARMONY CONTROL L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
HEALTHPRO HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
<i>humidifiers</i>	Tier 2	
HYDROPHILIC CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
HYPOLANCE AST LANCING KIT (<i>lancing device/lancets</i>)	Tier 1	DD
INCARE INVUEW CATHETER 25 MM, 29 MM, 32 MM, 36 MM, 41 MM (<i>catheter male,external</i>)	Tier 2	
IN-CHECK DIAL TRAINING DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
INCONTROL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
INNOSPIRE DELUXE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE ESSENCE DEVICE (<i>nebulizer and compressor</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE GO NEBULIZER (<i>nebulizer</i>)	Tier 2	
INNOSPIRE MINI DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
INSPIRATION ELITE FILTER (<i>nebulizer accessories</i>)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (<i>intravenous catheter</i>)	Tier 2	
INTELLIGENT MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
INTROSYTE AUTOGUARD INFUSION SET 16 GAUGE X 5 FR, 18 GAUGE X 4 FR, 20 GAUGE X 3 FR (<i>intravenous catheter kit/intravenous catheter kit accessory</i>)	Tier 2	
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
KENGUARD FOLEY CATHETER 18-16 FR-" (<i>catheter</i>)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (<i>catheterization tray</i>)	Tier 2	
KENLINE ADD-A-FOLEY TRAY 30CC TRAY (<i>catheterization tray</i>)	Tier 2	
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 1	DD
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 1	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 1	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 1	DD
<i>lancing device</i>	Tier 1	DD
LANCING DEVICE WITH LANCETS (<i>lancing device</i>)	Tier 1	DD
<i>lancing device with lancets kit</i>	Tier 1	DD
LANCING SYSTEM (<i>lancing device</i>)	Tier 1	DD
LANZO LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
LC PLUS (<i>nebulizer</i>)	Tier 2	
LC PLUS NEBULIZER-PED MASK (<i>nebulizer</i>)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (<i>catheter</i>)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (<i>catheter</i>)	Tier 2	
MAGIC3 GO INTERMIT CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-", 16-16 FR-", 18-16 FR-" (<i>catheter</i>)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (<i>nebulizer</i>)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (<i>nebulizer</i>)	Tier 2	
MEDISENSE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
MEDISENSE GLUCOSE KETONE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD
MEDPOINT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
METER-CHECK SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MICRO ELITE REPLACEMENT FILTER (<i>nebulizer accessories</i>)	Tier 2	
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
MICROAIR MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MICRODOT HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MICRODOT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
MICROLET 2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MICROLET LANCET (<i>lancets</i>)	Tier 1	DD
MICROLET NEXT LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
MINI ELITE FILTER REPLACEMENT (<i>nebulizer accessories</i>)	Tier 2	
MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
MINI PLUS NEBULIZER (<i>nebulizer</i>)	Tier 2	
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
MULTI-LANCET DEVICE 2 KIT (<i>lancing device/lancets</i>)	Tier 1	DD
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
<i>nebulizer and compressor device</i>	Tier 2	
<i>nebulizers</i>	Tier 2	
NEODOT INFRARED THERMOMETER DEVICE (<i>thermometer, infrared, non-contact</i>)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (<i>intravenous catheter</i>)	Tier 2	
NOSE CLIP (<i>nebulizer accessories</i>)	Tier 2	
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 1	DD
NOVA MAX GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	DD
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	Tier 1	DD
OMBRA COMPRESSOR SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ON CALL LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL PLUS CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ON CALL PLUS LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
ON CALL VIVID CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
ONE WAY VALVED MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ONETOUCH ULTRA CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 2	
OPTUMRX SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD
PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 1 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (<i>nebulizer accessories</i>)	Tier 2	
PARI LC SPRINT NEBULIZER SET (<i>nebulizer</i>)	Tier 2	
PARI LC SPRINT SINUS (<i>nebulizer</i>)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S COMBO PACK DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PARI TREK S PORTABLE PWR KIT (<i>nebulizer accessories</i>)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC AEROSOL MASK (<i>nebulizer accessories</i>)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PEDIATRIC MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC MOUTHPIECES (<i>medical supply, miscellaneous</i>)	Tier 2	
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
PEDIATRIC-SMALL MOUTH ADAPTOR (<i>medical supply, miscellaneous</i>)	Tier 2	
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	
PERSONAL CATHETER INTERMITTENT 14-6 FR-" (<i>catheter</i>)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	
PILLOW MASK CHILD (<i>nebulizer accessories</i>)	Tier 2	
PILLOW MASK PEDIATRIC (<i>nebulizer accessories</i>)	Tier 2	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
POP-ON CATHETER 32 MM (<i>catheter male,external</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PORTABLE NEBULIZER SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 2	
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	\$0	DD; EHB
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	\$0	DD; EHB
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PRO COMFORT SPACER-ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PRO COMFORT SPACER-INFANT MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PROCARE HUMIDIFIER (<i>humidifier</i>)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
PRODIGY MINI-MIST NEBULIZER (<i>nebulizer</i>)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PRONEB ULTRA FILTER SET (<i>nebulizer accessories</i>)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (<i>nebulizer accessories</i>)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PURE COMFORT HUMIDIFIER (<i>humidifier</i>)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
PURE COMFORT SPACER-ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 2	
PUREAIR MINI NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
PURECOMFORT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
REPLACEMENT J-4 CANNULA (<i>medical supply, miscellaneous</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REUSABLE NEBULIZER KIT KIT (<i>nebulizer accessories</i>)	Tier 2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (<i>catheter</i>)	Tier 2	
ROB-NEL URETHRAL CATHETER 10-16 FR-", 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 8-16 FR-" (<i>catheter</i>)	Tier 2	
RUBBER MOUTHPIECE (<i>nebulizer accessories</i>)	Tier 2	
SAFELET IV CATHETER INFUSION SET (<i>intravenous catheter</i>)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SAMI THE SEAL DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SAMI THE SEAL FILTER (<i>nebulizer accessories</i>)	Tier 2	
SAMI THE SEAL MASK (<i>nebulizer accessories</i>)	Tier 2	
SELF-CATH (<i>medical supply, miscellaneous</i>)	Tier 2	
SELF-CATH 10" 10 FR (<i>catheter</i>)	Tier 2	
SELF-CATH 10-16 FR-", 14-16 FR-", 20-16 FR-", 6-16 FR-" (<i>catheter</i>)	Tier 2	
SELF-CATHETER, FEMALE 14 FR, 8 FR (<i>catheter</i>)	Tier 2	
SIDESTREAM (<i>nebulizer</i>)	Tier 2	
SIDESTREAM ADULT FACE MASK (<i>nebulizer accessories</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM MASK (<i>nebulizer accessories</i>)	Tier 2	
SIDESTREAM NEBULIZER (<i>nebulizer</i>)	Tier 2	
SIDESTREAM PEDIATRIC FACE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SIDESTREAM PLUS (<i>nebulizer</i>)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (<i>catheter</i>)	Tier 2	
SILICONE MASK (<i>nebulizer accessories</i>)	Tier 2	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SILICONE MASK - PEDIATRIC DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
SINGLE-LET (<i>lancets</i>)	Tier 1	DD
SINUSTAR NEBULIZER (<i>nebulizer</i>)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
SMARTDIABETES VANTAGE (<i>lancing device</i>)	Tier 1	DD
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD
SMARTMASK BABY WITH ELBOW (<i>nebulizer accessories</i>)	Tier 2	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD
SOFTFLEX MALE URINARY POUCH (<i>catheter</i>)	Tier 2	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SOLUS V2 LANCING DEVICE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
SOOTHENEB MESH NEBULIZER (<i>nebulizer</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB NBL100 ADULT MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 CHILD MASK (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MED CUP (<i>nebulizer accessories</i>)	Tier 2	
SOOTHENEB NBL100 MESH CAP (<i>nebulizer accessories</i>)	Tier 2	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (<i>catheter</i>)	Tier 2	
SPEEDICATH (MALE) 12 FR (<i>catheter</i>)	Tier 2	
SPIRIT EXT CATHETER TYPE 3 32 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-1 CATHETER 36 MM (<i>catheter male,external</i>)	Tier 2	
SPIRIT STYLE-3 29 MM (<i>catheter male,external</i>)	Tier 2	
SPLASH SHIELD FLEX (<i>medical supply, miscellaneous</i>)	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
STRIVE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE COMFORT LANCING PEN (<i>lancing device</i>)	Tier 1	DD
SUREFLEX DEVICE WITH LANCETS KIT (<i>lancing device/lancets</i>)	Tier 1	DD
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD
TD GOLD LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TD GOLD LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TD GOLD LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 1	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TOUCH-TROL 10 FR (<i>catheter</i>)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUE METRIX LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
TRUE METRIX LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
TRUE METRIX LEVEL 3 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 1	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
TRUNEB NEBULIZER (<i>nebulizer</i>)	Tier 2	
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD
ULTI-LANCE KIT (<i>lancing device/lancets</i>)	Tier 1	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 1	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
ULTRATRAK HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
ULTRATRAK NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 1	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD
URETHRAL CATHETER 14-16 FR-" (<i>catheter</i>)	Tier 2	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
URO-SAN PLUS (<i>medical supply, miscellaneous</i>)	Tier 2	
vaporizers	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD; QL (1 EA per 1 day)
VINYL CATHETER 14-16 FR-", 14-6 FR-" (<i>catheter</i>)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD
VIXONE NEBULIZER (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (<i>nebulizer</i>)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (<i>nebulizer</i>)	Tier 2	
VORTEX ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 2	
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE (<i>nebulizer and compressor</i>)	Tier 2	
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 2	
WING TIP TUBING (<i>nebulizer accessories</i>)	Tier 2	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	Tier 4	PA; SP
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	Tier 3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	Tier 3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	Tier 3	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA; SP
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
KUVAN ORAL TABLET,SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; SP
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE) (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	\$0 COPAY IF AGE 0 TO 5 YEARS
PREVIDENT DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	\$0 COPAY IF AGE 0 TO 5 YEARS
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (<i>chlorhexidine gluconate</i>)	Tier 3	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	Tier 3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA; SP
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	Tier 3	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 3	PA; SP; QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/MI, 40 Mg/MI)	Tier 4	SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA; SP; QL (20 EA per 365 days)
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA; SP; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 4	PA; SP; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	Tier 4	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 4	PA; SP; QL (1 EA per 1 day)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	Tier 4	PA; QL (30 EA per 30 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 4	PA; QL (30 EA per 30 days)
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Combinations - Drugs for the Eye		
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin/propylene glycol</i>)	\$0	EHB
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (<i>dextran 70/hypromellose/pf</i>)	\$0	EHB
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
REFRESH DIGITAL PF OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i>)	\$0	EHB
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i>)	\$0	EHB
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i>)	\$0	EHB
REFRESH OPTIVE OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
REFRESH OPTIVE SENSITIVE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin/pf</i>)	\$0	EHB
REFRESH RELIEVA OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium/glycerin</i>)	\$0	EHB
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (<i>hydroxypropyl cellulose</i>)	Tier 2	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	\$0	EHB
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Miotics - Direct Acting - Drugs for Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (<i>neomycin/polymyxin b sulfate/dexamethasone</i>)	Tier 3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (<i>tobramycin/loteprednol etabonate</i>)	Tier 2	QL (5 ML per 1 FILL)
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>cyclopentolate hcl</i> (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % <i>(homatropine hbr)</i>	Tier 1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % <i>(atropine sulfate)</i>	Tier 3	
<i>tropicamide</i> (Mydracyl Ophthalmic (Eye) Drops 1 %)	Tier 3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) <i>(ketotifen fumarate)</i>	\$0	EHB; QL (10 ML per 30 days)
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) <i>(ketotifen fumarate)</i>	\$0	EHB; QL (10 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) <i>(ketotifen fumarate)</i>	\$0	EHB; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	ST: At least 2 prior prescriptions for Azelastine HCL, Ketotifen Fumarate or Olopatadine HCL in 120 days
EYE ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 % <i>(olopatadine hcl)</i>	Tier 2	ST: At least 2 prior prescriptions for Azelastine HCL, Ketotifen Fumarate or Olopatadine HCL in 120 days; QL (2.5 ML per 30 days)
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 % <i>(olopatadine hcl)</i>	Tier 2	ST: Prior prescription for Azelastine HCL or Ketotifen Fumarate in 120 days; QL (5 ML per 30 days)
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) <i>(ketotifen fumarate)</i>	\$0	EHB; QL (10 ML per 30 days)
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	\$0	EHB; QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 2	ST: Prior prescription for Azelastine HCL or Ketotifen Fumarate in 120 days; QL (5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 2	ST: At least 2 prior prescriptions for Azelastine HCL, Ketotifen Fumarate or Olopatadine HCL in 120 days; QL (2.5 ML per 30 days)
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	\$0	EHB; QL (10 ML per 30 days)
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	\$0	EHB; QL (10 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone</i>)	Tier 3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 2	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>prednisolone acetate</i>)	Tier 3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 3	PR: RESTRICTED TO OPHTHALMOLOGY OR OPTOMETRY SPECIALIST; QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (<i>ketorolac tromethamine</i>)	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (<i>ketorolac tromethamine</i>)	Tier 3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (2.5 ML per 1 FILL)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (<i>bromfenac sodium</i>)	Tier 2	QL (5 ML per 1 FILL)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 2	QL (3 ML per 1 FILL)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (<i>bromfenac sodium</i>)	Tier 3	ST: Prior prescription for Bromfenac Sodium in 120 days; QL (3 ML per 1 FILL)
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 3	QL (30 ML per 84 days)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i>	Tier 3	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRILOPHTHALMIC (EYE) DROPS 2 % (<i>nedocromil sodium</i>)	Tier 2	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin/polymyxin b</i> (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	ST: Prior prescription for Ciprofloxacin HCL, Levofloxacin, Moxifloxacin HCL, or Ofloxacin in 120 days
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	QL (3 ML per 1 FILL)
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	QL (3 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (<i>ofloxacin</i>)	Tier 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 2	QL (2.5 ML per 1 FILL)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 2	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (<i>brimonidine tartrate</i>)	Tier 3	QL: 15mL BOTTLE: 1 BOTTLE IN 45 DAYS; ST: Prior prescription for Brimonidine Tartrate in 120 days
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	Tier 3	ST: Prior prescription for Brimonidine Tartrate in 120 days; QL (10 ML per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	Tier 2	QL: 10mL BOTTLE: 1 BOTTLE IN 30 DAYS
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL: 15mL BOTTLE: 1 BOTTLE IN 45 DAYS
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 3	ST: Prior prescription for Bimatoprost, Latanoprost, or Travoprost in 120 days; QL (5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (<i>fluocinolone acetonide oil</i>)	Tier 3	
<i>fluocinolone acetonide oil</i> (Flac Otic Oil Otic (Ear) Drops 0.01 %)	Tier 3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
BANOPHEN ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
PHARBEDRYL ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
BANOPHEN ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
NIGHTTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
PHARBEDRYL ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLEEPING ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>benzonatate oral capsule 150 mg</i>	Tier 3	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i>	Tier 1	
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA; SP; QL (4 ML per 28 days)
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA; SP; QL (1 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA; SP; QL (1 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	Tier 3	
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SINGULAIR ORAL GRANULES IN PACKET 4 MG (<i>montelukast sodium</i>)	Tier 3	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	Tier 3	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	Tier 3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 2	
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 3	
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	Tier 2	
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	Tier 2	QL (30.6 GM per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (<i>tobramycin/nebulizer</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	Tier 4	SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (112 EA per 28 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	Tier 4	PA; SP; QL (56 EA per 28 days)
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	SP
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamines - Allergy		
ASTEPRO ALLERGY NASAL SPRAY,NON-AEROSOL 205.5 MCG (0.15 %) (<i>azelastine hcl</i>)	Tier 3	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	
CHILDREN'S ASTEPRO ALLERGY NASAL SPRAY,NON-AEROSOL 205.5 MCG (0.15 %) (<i>azelastine hcl</i>)	Tier 3	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 % (<i>olopatadine hcl</i>)	Tier 3	
Nasal Corticosteroids - Allergy		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	Tier 2	
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 3	ST: Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Nasonex 24hr Allergy, or Triamcinolone Acetonide in 120 days; QL (31.6 ML per 1 FILL)
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (31.6 ML per 1 FILL)
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 3	ST: Prior prescription for Children's Nasacort, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Nasonex 24hr Allergy, or Triamcinolone Acetonide in 120 days; QL (31.6 ML per 1 FILL)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (50 ML per 1 FILL)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL: 2 BOTTLES PER FILL
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (34 GM per 1 FILL)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (33.8 ML per 1 FILL)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 1	QL (33.8 ML per 1 FILL)
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (120 ML per 1 FILL)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-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 (<i>brompheniramine maleate/pseudoephedrine hcl/codeine phosphat</i>)	Tier 1	
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (<i>hydrocodone bitartrate/homatropine methylbromide</i>)	Tier 1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	QL (240 ML per 1 FILL)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphate/guaifenesin</i>)	Tier 1	QL (240 ML per 1 FILL)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	Tier 4	PA; SP; QL (9 EA per 1 day)
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (<i>metronidazole</i>)	Tier 3	
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	

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