

Standard Drug Formulary

July 2024

Inland Empire Health Plan

This formulary was last updated on June 17, 2024. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the Standard Drug Formulary visit <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>.

IEHP Minimum Coverage HMO, IEHP Bronze 60 HMO, IEHP Silver 70 HMO, IEHP Silver 73 HMO, IEHP Silver 87 HMO, IEHP Silver 94 HMO, IEHP Gold 80 HMO, IEHP Platinum 90 HMO, and AIAN plans.

Table of Contents

Informational Section.....	3
Definitions.....	3
What is the process for finding a drug on this list?.....	5
How can I tell if the drug listed is a brand or generic drug?.....	6
What are drug tiers?	6
How often is the formulary updated?.....	7
What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	7
What are preventive health drugs?.....	7
What is a contraceptive drug or device?	7
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	8
What if my drug requires a prior authorization or step therapy?	8
What if my drug is non-formulary or not listed?	9
Participating retail pharmacies.....	9
What are specialty drugs?	9
Oral Anticancer Drugs	10
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	10
What is a contraceptive drug or device?	10
Mail service pharmacy	10
Categorical List of Prescription Drugs	11
Index of Drugs	413

Informational Section

The *IEHP Standard 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.

Covered Formulary Drugs include:

- FDA-approved drugs that require a prescription either by California or Federal law.
- Insulin.
- Pen delivery systems for the administration of insulin, as medically necessary.
- Diabetic testing supplies, including these:
 - Lancets.
 - Lancet puncture devices.
 - Blood and urine testing strips.
 - Test tablets.
- Over-the-counter drugs with a United States Preventive Services Task Force (“USPSTF”) rating of A or B.
 - Contraceptive drugs and devices, including these:
 - Diaphragms.
 - Cervical caps.
 - Contraceptive rings.
 - Contraceptive patches.
 - Oral contraceptives.
 - Emergency contraceptives.
 - over-the-counter contraceptive products
 - Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

Definitions

“Age Limit (AL)” limits use of medication dependent on age.

“Appeal” is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by the Plan or any of its delegated entities (e.g., Plan Providers).

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

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

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

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

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

“Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services.

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

“Evidence of Coverage (EOC)” is your guide to what is covered and what is excluded, how much you will pay depending on the circumstances, what your cost sharing will be, and other information about using your coverage.

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

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

“Food and Drug Administration (FDA)” is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices

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

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters. “Grievance” is a written or oral expression of dissatisfaction regarding the Plan, a provider and/or a pharmacy, including quality of care concerns.

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

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

“Pharmacy & therapeutics (P&T) committee” is responsible for developing, managing, updating, and administering the drug formulary

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

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

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

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

“Quantity Limit (QL)” A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

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

“Specialty Pharmacy” A pharmacy that handles specialty drugs, pharmaceutical therapies that are either high cost, high complexity and/or high touch.

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

“USPSTF” The United States Preventive Services Task Force

“Utilization management (UM)” is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis

What is the process for finding 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. This formulary uses the First DataBank Enhanced Therapeutic Classification System classification system.

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

How can I tell if the drug listed is a brand or generic drug?

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML <i>(dalteparin sodium)</i>	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (***dalteparin sodium***)

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

Preventive health drugs, including contraceptive drugs and devices are covered at \$0 when specific criteria are met.

How often is the formulary updated?

This formulary is updated monthly and the changes are effective on the first of the month. The formulary can change when a new drug, new generic, or new formulation is available during the year. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug
- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit www.iehp.org.

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

A medical benefit drug is a medication that is generally administered by a health care professional and part of a doctor's office visit.

A drug covered under the Outpatient Prescription Drug Benefit is a medication that is self-administered drugs approved by the Federal Food and Drug Administration for sale to the public through retail or mail-order pharmacies that require prescriptions and are not provided for use on an inpatient basis.

For additional information, check the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered without charging the member a copayment, coinsurance, or deductible. Preventive health drugs are determined based on evidence-based recommendations that have in effect a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force (USPSTF), as periodically updated. Immunization recommendations by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention are also preventive health drugs. For more details about preventive health drugs, visit www.iehp.org.

What is a contraceptive drug or device?

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

FDA-approved contraceptive drugs, devices, and other products, including FDA-approved over-the-counter contraceptive drugs, devices, and products, are covered at no charge to the insured. FDA-approved over-the-counter contraceptive drugs, devices, and products can be provided at a network pharmacy at no charge to the insured. Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

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 my drug requires a prior authorization or step therapy?

If a drug had previously been approved for coverage for treatment of a Member's medical condition, and the Member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

The prior authorization process ("PA") is used to ensure that drug benefits are applied as intended and that Plan Members receive the most appropriate, safe, and cost-effective medication therapy. Your Physician's request for prior authorization will be evaluated once the submitted information has been received and a determination made based on established clinical criteria for the specific medication. The criteria used for prior authorization are developed by the Pharmacy and Therapeutics Committee. Your physician may contact us to get the policy. Before payment can be approved for drugs requiring prior authorization, the conditions for approval must be met and the prior authorization must be entered into the system. IEHP will reply to the doctor and/or pharmacist within 24 hours for exigent circumstance requests or 72 hours for standard requests after getting the requested medical information. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment. Once a medication is approved, its authorization becomes effective right away. You may get a list of drugs requiring Prior Authorization. Visit our website at www.iehp.org.

Prior Authorization is required for most brand name drugs with generic equivalents to determine Medical Necessity. IEHP will cover brand name drugs that have generic equivalents if the PA request is approved.

Some drugs have a special rule called step therapy. This means that you must first try another drug on the formulary before the prescribed drug is covered. If your doctor or other prescriber thinks the first drug does not work for you, then an exception to the step therapy rule can be requested.

Step therapy is the process of beginning therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, and the relative cost. If step therapy coverage requirements are not met for a prescription and Your physician or health care provider believes the drug is Medically Necessary, the prior authorization process may be used and timeframes previously described will also apply.

Requests for prior authorization, non-formulary, quantity limit, or step therapy exceptions may be submitted electronically, by phone or fax. A prior authorization request is exigent circumstances when a

Member suffers from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Exigent circumstance requests from Physicians for authorization are processed, and prescribing providers are notified of IEHP's determination as soon as you can, not to exceed 24 hours, after receipt of the request and any additional information requested by IEHP that is reasonably necessary to make the determination.

Routine requests from Physicians are processed, and prescribing providers are notified of IEHP's determination in a timely fashion, not to exceed 72 hours. For both exigent circumstances and routine requests, IEHP must also notify the Member or their designee of its decision.

If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What if my drug is non-formulary or not listed?

Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from IEHP before you fill the prescription. To request a Formulary Exception, you, your Authorized Representative or your Prescribing Provider should follow the Prior Authorization Request process described above. To decide if the non-formulary drug will be covered, IEHP may ask the doctor for a "supporting statement", which explains why the drug you are asking for is medically necessary. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in Exigent Circumstances. IEHP will notify you or your Authorized Representative and your Prescribing Provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment using a non-formulary drug. IEHP shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills and shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. If the Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with the Plan.

Some drugs have coverage rules or limits on the amount you can get. In some cases, your doctor or other prescribers must do something before You can fill the prescription. For example, prior approval (or prior authorization): For some drugs, your doctor or other prescribers must get approval from IEHP before you fill Your prescription. If you do not get approval, IEHP may not cover the drug. If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for specialty drug. IEHP contracts with a wide network of retail pharmacies. To find a network pharmacy, visit www.iehp.org.

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 IEHP. 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. Call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm, or visit www.iehp.org if you have questions about specialty drugs.

Oral Anticancer Drugs

Member's cost share for orally administered anticancer medications covered under the Plan shall not exceed \$250 for an individual prescription of up to a thirty (30) day supply.

Individuals who are determined to be at high risk of contracting HIV by their attending health care provider are covered without cost sharing by IEHP.

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

The formulary includes FDA-approved diabetes drugs. In addition to blood glucose test strips, urine test strips, lancets, and insulin syringes/pens, diabetic testing supplies are also included on the formulary.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. The drug contraceptives and contraceptive devices are covered at no charge to the insured.

Mail service pharmacy

IEHP 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, visit www.iehp.org.

Categorical List of Prescription Drugs

Alternative Therapy - Vitamins and Minerals.....	13
Analgesic, Anti-inflammatory or Antipyretic	13
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever	13
Anesthetics - Drugs for Pain and Fever.....	30
Anorectal Preparations - Rectal Preparations	31
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning.....	32
Anti-Infective Agents.....	34
Anti-Infective Agents - Drugs for Infections.....	34
Antineoplastics.....	53
Antineoplastics - Drugs for Cancer.....	54
Antiseptics and Disinfectants - Antiseptics and Disinfectants.....	78
Biologicals	79
Biologicals - Biological Agents	80
Cardiovascular Therapy Agents	99
Cardiovascular Therapy Agents - Drugs for the Heart.....	99
Central Nervous System Agents - Drugs for the Nervous System	117
Chemical Dependency, Agents to Treat - Drugs for Addiction	151
Chemicals-Pharmaceutical Adjuvants	154
Cognitive Disorder Therapy.....	155
Cognitive Disorder Therapy - Drugs for the Nervous System.....	155
Contraceptives - Drugs for Women.....	156
Dermatological.....	171
Dermatological - Drugs for the Skin	171
Diagnostic Agents	197
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System.....	200
Eating Disorder Therapy	201
Eating Disorder Therapy - Drugs for Eating Disorders	201
Electrolyte Balance-Nutritional Products	203
Electrolyte Balance-Nutritional Products - Drugs for Nutrition	203
Endocrine.....	210
Endocrine - Hormones	210
Enzymes - Vitamins and Minerals	233
Gastrointestinal Therapy Agents	233
Gastrointestinal Therapy Agents - Drugs for the Stomach.....	234
Genitourinary Therapy - Drugs for the Urinary System.....	248

Gout and Hyperuricemia Therapy - Drugs for Pain and Fever	254
Hematological Agents.....	254
Hematological Agents - Drugs for the Blood.....	254
Hepatobiliary System Treatment Agents.....	270
Hepatobiliary System Treatment Agents - Drugs for the Liver	270
Immunosuppressive Agents - Drugs for Organ Transplants.....	270
Locomotor System	273
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones.....	273
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment	277
Medical Supply, FDB Superset.....	326
Metabolic Disease Enzyme Replacement Agents	373
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease	373
Metabolic Modifiers	375
Metabolic Modifiers - Drugs that Alter Metabolism	375
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat.....	377
Multiple Sclerosis Agents - Drugs for the Nervous System.....	380
Ophthalmic Agents.....	383
Ophthalmic Agents - Drugs for the Eye	383
Organ Preservation Solutions	396
Organ Preservation Solutions - Drugs for the Heart.....	396
Otic (Ear) - Drugs for the Ear	398
Respiratory Therapy Agents - Drugs for the Lungs.....	399
Vaginal Products - Drugs for Women	411

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (<i>ziconotide acetate</i>)	Tier 4	
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl/pf</i>)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (<i>hydromorphone hcl/pf</i>)	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 3	ST; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	Tier 1	ST
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol hcl)	Tier 3	ST; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	Tier 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone hcl)	Tier 2	ST; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (<i>oxycodone hcl</i>)	Tier 2	ST; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	Tier 3	
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG (<i>oxycodone myristate</i>)	Tier 3	ST; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	Tier 4	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab/pf)	Tier 4	PA
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-atto)	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-atto)	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (infliximab-axxq)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
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
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 3	PA; OCH
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate/pf)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/pf)	Tier 3	ST; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/pf)	Tier 3	ST; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/pf)	Tier 3	ST; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/pf)	Tier 3	ST; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/pf)	Tier 3	ST; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/pf)	Tier 3	ST; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/pf)	Tier 3	ST; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/pf)	Tier 3	ST; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/pf)	Tier 3	ST; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 3	ST; OCH; QL (120 ML per 60 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	Tier 4	PA
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 1	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	Tier 4	PA
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<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
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19) (<i>apremilast</i>)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	Tier 4	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (<i>belimumab</i>)	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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		
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketoprofen</i> (Kiprofen Oral Capsule 25 Mg)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid</i>	Tier 1	
<i>isoflurane</i> (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (<i>bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (<i>nitroglycerin</i>)	Tier 3	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (<i>hydrocortisone acetate/lidocaine hcl/aloe vera</i>)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (<i>hydrocortisone acetate/pramoxine hcl/skin cleanser no.16</i>)	Tier 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (<i>pralidoxime chloride/atropine sulfate</i>)	Tier 3	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (<i>naloxone hcl</i>)	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (<i>nalmefene hcl</i>)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (<i>naloxone hcl</i>)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	Tier 2	PA
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
<i>paramomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	Tier 3	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	Tier 3	
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVJOA ORAL CAPSULE 150 MG (<i>oteseconazole</i>)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	Tier 3	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
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 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
Antiprotozoal Agents - Nitrofurantoin Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (<i>metronidazole</i>)	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (<i>secnidazole</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (<i>ibalizumab-uiyk</i>)	Tier 2	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	Tier 1	Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 EA per 1 day)
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 (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	QL (2 EA per 1 day)
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	Tier 2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	Tier 2	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 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 2	QL (6 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	Tier 3	
Antitubercular - D-alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 4	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
<i>imipenem-cilastatin intravenous recon soln 250 mg</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>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>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	
<i>cefixime oral capsule 400 mg</i>	Tier 1	

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

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 - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Tier 4	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	Tier 3	
<i>levofloxacin 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 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 4	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	Tier 4	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	Tier 4	PA
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 3	QL (40 EA per 180 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (<i>fidaxomicin</i>)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 2	QL (20 EA per 10 days)
<i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
<i>erythromycin base</i> (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
Misc Anti-Infective - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate, monobasic</i>)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (<i>methenamine/sod phosph, monobasic/methylene blue/hyoscyamine</i>)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 2	ST; QL (6 EA per 6 days)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (<i>Iefamulin acetate</i>)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (<i>rifamycin sodium</i>)	Tier 3	ST; QL (12 EA per 1 FILL)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	\$0	QL (40 EA per 29 days); Age (Min 18 Years)
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	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)	Tier 1	ST; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	
Antineoplastics		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	Tier 4	PA; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI)		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (nirogacestat hydrobromide)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	Tier 4	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN ORAL TABLET 192 MG (eflornithine hcl)	Tier 4	PA; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate)	Tier 4	PA; OCH
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (mirvetuximab soravtansine-gynx)	Tier 4	PA
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (glofitamab-gxbm)	Tier 4	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (epcoritamab-bysp)	Tier 4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (mosunetuzumab-axgb)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-maly</i>)	Tier 4	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-awwb</i>)	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-adcd</i>)	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-bvzr</i>)	Tier 4	PA
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (<i>amivantamab-vmjw</i>)	Tier 4	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; OCH
<i>gefitinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	Tier 4	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	Tier 4	PA; 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; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 4	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (<i>thiotepa</i>)	Tier 4	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (<i>melphalan hcl/betadex sulfobutyl ether sodium</i>)	Tier 4	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 4	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 4	OCH
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carmustine intravenous recon soln 300 mg</i>	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 4	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	Tier 4	
<i>bendamustine intravenous solution 25 mg/ml</i>	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	Tier 4	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 4	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	Tier 4	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	Tier 4	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 4	OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	Tier 4	PA; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (<i>daunorubicin/cytarabine liposomal</i>)	Tier 4	PA
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (<i>pralatrexate</i>)	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 4	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (<i>pemetrexed</i>)	Tier 4	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (<i>pemetrexed disodium</i>)	Tier 4	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	ST; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 4	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 4	
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
<i>nelarabine intravenous solution 250 mg/50 ml</i>	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (<i>pentostatin</i>)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	Tier 4	ST; OCH
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 4	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>azacitidine injection recon soln 100 mg</i>	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	PA; OCH
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 4	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 4	
<i>decitabine intravenous recon soln 50 mg</i>	Tier 4	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	Tier 4	
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (<i>gemcitabine hcl in 0.9 % sodium chloride</i>)	Tier 4	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	Tier 4	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (<i>nivolumab-relatlimab-rmbw</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	Tier 4	PA
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (<i>arsenic trioxide</i>)	Tier 4	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (<i>calaspargase pegol-mknl</i>)	Tier 4	PA
ERWINASE INJECTION RECON SOLN 10,000 UNIT (<i>asparaginase (erwinia chrysanthemi)</i>)	Tier 4	
ONCASPARG INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>)	Tier 4	PA
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; OCH
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 4	PA; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (<i>tovorafenib</i>)	Tier 4	PA; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (<i>tovorafenib</i>)	Tier 4	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (<i>mogamulizumab-kpkc</i>)	Tier 4	PA
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (<i>loncastuximab tesirine-lpyl</i>)	Tier 4	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (<i>tafasitamab-cxix</i>)	Tier 4	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (<i>ofatumumab</i>)	Tier 4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (<i>obinutuzumab</i>)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (<i>rituximab/hyaluronidase, human recombinant</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (<i>daratumumab-hyaluronidase-fihj</i>)	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	Tier 4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (<i>isatuximab-irfc</i>)	Tier 4	PA
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; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; OCH
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 4	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (<i>tremelimumab-actl</i>)	Tier 4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	Tier 4	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 4	
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (<i>ixabepilone</i>)	Tier 4	PA
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 4	OCH
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	Tier 4	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	Tier 4	PA; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (<i>futibatinib</i>)	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	Tier 4	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	Tier 4	PA; OCH
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	Tier 4	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	Tier 4	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 4	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (<i>belinostat</i>)	Tier 4	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (<i>romidepsin</i>)	Tier 4	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	Tier 4	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 4	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	Tier 4	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	Tier 4	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (<i>siltuximab</i>)	Tier 4	PA
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 4	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib dihydrochloride</i>)	Tier 4	PA; OCH
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	Tier 4	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	Tier 4	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	Tier 4	PA
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	Tier 4	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Tier 4	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate/vitamin e tpgs</i>)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 4	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	Tier 4	PA
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	Tier 4	PA
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; OCH
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (<i>sirolimus protein-bound</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 4	PA
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 4	PA; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (<i>nogapendekin alfa inbakicept-pmln</i>)	Tier 4	PA
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 4	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 4	
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (<i>cisplatin</i>)	Tier 4	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 4	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	Tier 4	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	Tier 4	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	Tier 4	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 4	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	Tier 4	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	Tier 4	OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 4	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 4	PA; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	Tier 4	PA; OCH
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hydrochloride</i>)	Tier 4	PA; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 4	PA; OCH
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	Tier 4	PA; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	Tier 4	PA; OCH
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	Tier 4	PA; OCH
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hydrochloride</i>)	Tier 4	PA; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (<i>sodium iodide-131</i>)	Tier 3	OCH
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degradors (SERDs) - Drugs for Cancer		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	Tier 2	OCH
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	Tier 4	PA; OCH
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (<i>cabazitaxel</i>)	Tier 4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (<i>irinotecan hcl</i>)	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Tier 4	OCH
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Tier 4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (<i>irinotecan liposomal</i>)	Tier 4	PA
<i>topotecan intravenous recon soln 4 mg</i>	Tier 4	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	Tier 4	PA
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 4	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (<i>dostarlimab-gxly</i>)	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (<i>cemiplimab-rwlc</i>)	Tier 4	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (<i>toripalimab-tpzi</i>)	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (<i>nivolumab</i>)	Tier 4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (<i>retifanlimab-dlwr</i>)	Tier 4	PA
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (<i>tagraxofusp-erzs</i>)	Tier 4	PA
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
Antineoplastic-CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (<i>decitabine/cedazuridine</i>)	Tier 4	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
TRODELVY INTRAVENOUS RECON SOLN 180 MG (<i>sacituzumab govitecan-hziy</i>)	Tier 4	PA
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PIGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	Tier 4	PA
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (<i>elranatamab-bcmm</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (<i>blinatumomab</i>)	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (<i>blinatumomab</i>)	Tier 4	PA
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (<i>pertuzumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (<i>cetuximab</i>)	Tier 4	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (<i>necitumumab</i>)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (<i>panitumumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (<i>trastuzumab</i>)	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-anns</i>)	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (<i>margetuximab-cmkb</i>)	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	Tier 4	PA
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (<i>tebentafusp-tebn</i>)	Tier 4	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium injection recon soln 100 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium injection recon soln 100 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (<i>sodium thiosulfate</i>)	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	Tier 3	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluoe.water</i>)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO (PF) 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, AND NO HISTORY OF AREXVY

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LIMIT OF 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (<i>allergenic extract,grass pollen-timothy,standard</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	Tier 3	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (<i>allergenic extract, mite-d.farinae-d.pteronyssinus,standard</i>)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (<i>allergenic extract-weed pollen-short ragweed</i>)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (<i>centruroides (scorpion) polyvalent antivenom</i>)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	Tier 4	PA
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (<i>pemivibart</i>)	Tier 4	PA
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED (<i>chemical allergens</i>)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND AGE 1-17 YEARS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND AGE 1-17 YEARS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND AGE 1-17 YEARS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 6 YEARS
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
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 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 17 YEARS OF AGE OR YOUNGER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoforms, m, l/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 11-15 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 17 YEARS OF AGE OR YOUNGER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 11-15 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 17 YEARS OF AGE OR YOUNGER
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune globulin (human)</i>)	Tier 4	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ASCENIV INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)-slra human</i>)	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (<i>immune globulin,gamma(igg)-hipp human/maltose</i>)	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
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 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml</i>)	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma(igg)-ifas human/glycine</i>)	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)-klhw human</i>)	Tier 4	PA
Immune Globulin - Hepatitis B - Biological Agents		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (<i>hepatitis b immune globulin/maltose</i>)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (<i>rho(d) immune globulin</i>)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (<i>rho(d) immune globulin</i>)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (<i>rho(d) immune globulin/maltose</i>)	Tier 4	
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (<i>varicella-zoster immune globulin/maltose</i>)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte immune globulin,antithymocyte (equine)</i>)	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (<i>anti-thymocyte globulin,rabbit</i>)	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
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 1, FILL OF 2 IN 365 DAYS, AND 1 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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated, 89-12 strain, g1p(8)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1.5, FILL OF 2 IN 365 DAYS, AND AGE 6 WEEKS TO 6 MONTHS
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 3 IN 365 DAYS, AND 6 WEEKS TO 8 MONTHS
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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
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, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 6 YEARS
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 6 YEARS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (<i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND AGE 4-6 YEARS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diph,pertus(acell),tet,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 6 YEARS
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML (<i>diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND AGE 4-6 YEARS
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell), tetanus, polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND AGE 4-6 YEARS
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, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER
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, FILL OF 1 IN 365 DAYS, AND 7 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, FILL OF 1 IN 365 DAYS, AND 7 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/olio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/olio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc,live,attenuated</i>)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND AGE 11-17 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND AGE 18-23 YEARS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, FILL OF 2 IN 365 DAYS, AND AGE 11-17 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND AGE 18-23 YEARS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND AGE 11-17 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND AGE 18-23 YEARS
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 10-25 YEARS
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, FILL OF 4 IN 365 DAYS, AND AGE 2-18 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 2-18 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 18 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 18 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
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 0.5, FILL OF 2 IN 365 DAYS, AND AGE 10-25 YEARS
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 0.5, FILL OF 3 IN 365 DAYS, AND AGE 10-25 YEARS
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML <i>(diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND AGE 6 WEEKS TO 4 YEARS
Vaccine Viral - Adenovirus - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB
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>)	\$0	EHB
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (<i>covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (<i>covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf</i>)	\$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf</i>)	\$0	EHB
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>)	\$0	EHB
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 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9-45 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 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9-45 YEARS
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2023-24 (36 mos up)/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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1, FILL OF 2 IN 365 DAYS, AND 1 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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
Vaccine Viral - Mumps and Related - Vaccines		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 1 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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine, killed</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 4 IN 365 DAYS, AND AGE 6 WEEKS TO 17 YEARS|\$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1.5, FILL OF 2 IN 365 DAYS, AND AGE 6 WEEKS TO 6 MONTHS
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 3 IN 365 DAYS, AND 6 WEEKS TO 8 MONTHS
Vaccine Viral - Rubella - Vaccines		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 1 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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
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 1, FILL OF 2 IN 365 DAYS, AND 50 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 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 1 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella, and varicella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 1-12 YEARS
Cardiovascular Therapy Agents		
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	Tier 4	PA
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG <i>(macitentan/tadalafil)</i>	Tier 4	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG <i>(sotatercept-csrk)</i>	Tier 4	PA
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST; QL (1200 ML per 30 days)
<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, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Tier 3	ST; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	Tier 3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-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	
<i>olmesartan-amlodipin-hcthiamid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	Tier 3	ST
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>sotalol hcl</i> (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	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (<i>evinacumab-dgnb</i>)	Tier 4	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (atorvastatin calcium)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 3	ST; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (<i>icosapent ethyl</i>)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 2	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 2	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	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 2	ST
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	Tier 4	PA
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	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	ST; QL (360 ML per 30 days)
<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	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
<i>icatibant acetate</i> (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
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)	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	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (<i>nimodipine</i>)	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (<i>nimodipine</i>)	Tier 4	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	Tier 3	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	

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

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	
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Tier 4	PA
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	
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 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digoxin</i> (Digitek 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 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	Tier 1	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	Tier 1	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (<i>furosemide</i>)	Tier 3	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	QL (60 EA per 365 days)
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 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 2	ST; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (<i>atropine sulfate</i>)	Tier 3	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	Tier 4	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 4	PA
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
<i>metirosine oral capsule 250 mg</i>	Tier 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (<i>ecallantide</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	Tier 4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 4	PA
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	PA
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	PA
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	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
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
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 4	PA
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
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	Tier 4	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 3	ST; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (<i>perampanel</i>)	Tier 3	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (<i>perampanel</i>)	Tier 3	ST; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (<i>perampanel</i>)	Tier 3	ST; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 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	QL (480 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	Tier 4	ST
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 1	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	Tier 3	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14) (<i>lacosamide</i>)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 4	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 1	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 1	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 1	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 1	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 3	ST; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 3	ST; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 1	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 1	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 1	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	Tier 3	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	Tier 4	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) (<i>lamotrigine</i>)	Tier 3	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (<i>lamotrigine</i>)	Tier 3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (<i>lamotrigine</i>)	Tier 3	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	ST
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (<i>zonisamide</i>)	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) (<i>cenobamate</i>)	Tier 2	ST; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) (<i>cenobamate</i>)	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	ST; QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (<i>cenobamate</i>)	Tier 2	ST; QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	Tier 3	ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (<i>dextromethorphan hbr/bupropion hcl</i>)	Tier 3	PA
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (<i>brexanolone</i>)	Tier 3	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	Tier 2	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	Tier 4	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (<i>levomilnacipran hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 2	ST; QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (<i>carbidopa/levodopa</i>)	Tier 4	PA
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; QL (10 EA per 1 day)
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	Tier 4	PA
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	Tier 4	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 2	ST; QL (1 EA per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Tier 3	ST; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (<i>iloperidone</i>)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (2.63 ML per 70 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (<i>risperidone</i>)	Tier 4	QL (1 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	Tier 4	QL (1 EA per 14 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML (<i>risperidone</i>)	Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML (<i>risperidone</i>)	Tier 4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML (<i>risperidone</i>)	Tier 4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML (<i>risperidone</i>)	Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML (<i>risperidone</i>)	Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML (<i>risperidone</i>)	Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML (<i>risperidone</i>)	Tier 4	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	Tier 3	ST; QL (18 ML per 1 day)
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	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (<i>quetiapine fumarate</i>)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
Antipsychotic-Atypical, D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML (<i>aripiprazole</i>)	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML (<i>aripiprazole</i>)	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (<i>brexpiprazole</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (<i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST; QL (240 ML per 30 days)
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 60mL BOTTLE; QL (60 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
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 1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 1	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 1	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine (Epilex Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
lamotrigine oral tablet disintegrating, dose pack 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	ST
lamotrigine oral tablet, disintegrating 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet, disintegrating 200 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet, disintegrating 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 1	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet, disintegrating 10 mg	Tier 1	ST; QL (3 EA per 1 day)
aripiprazole oral tablet, disintegrating 15 mg	Tier 1	ST; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST; QL (450 ML per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
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	
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (<i>bremelanotide acetate</i>)	Tier 3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	Tier 4	PA
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
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 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	Tier 4	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (<i>zavegepant hcl</i>)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (<i>dihydroergotamine mesylate</i>)	Tier 3	ST; QL (12 ML per 28 days); Age (Min 18 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (<i>celecoxib</i>)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (<i>deutetrabenazine</i>)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (<i>deutetrabenazine</i>)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	Tier 4	PA

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Tier 3	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan hbr/quinidine sulfate)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 3	ST; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant hcl)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML (<i>buprenorphine</i>)	Tier 4	ST; QL (0.27 ML per 21 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML <i>(buprenorphine)</i>	Tier 4	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG <i>(buprenorphine hcl/naloxone hcl)</i>	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG <i>(buprenorphine hcl/naloxone hcl)</i>	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (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	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG <i>(naltrexone microspheres)</i>	Tier 4	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (<i>cholera vaccine buffer component</i>)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	Tier 4	PA
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (<i>aducanumab-avwa</i>)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (<i>lecanemab-irmb</i>)	Tier 4	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (<i>donepezil hcl</i>)	Tier 3	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	Tier 2	ST; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
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>)	\$0	CT; EHB
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgestrel/ethinyl estradiol/iron)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	\$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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 (Gemmyly Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienna Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet, Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	\$0	CT; EHB
YASMIN (28) ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	\$0	CT; EHB
YAZ (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	\$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 (Emzahh 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0	CT; EHB
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	\$0	CT; EHB
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	\$0	CT; EHB
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (<i>drospirenone</i>)	\$0	CT; EHB
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
Contraceptive Oral - Quadruphasic - Birth Control Pills		
<i>l 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
QUARTETTE 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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (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) (norgestimate-ethinyl estradiol)	\$0	CT; EHB
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (norethindrone-ethinyl estradiol)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB
norelgestromin/ethinyl estradiol (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 (segesterone acetate/ethinyl estradiol)	\$0	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	\$0	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)	\$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
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
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
JULIE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (<i>clascoterone</i>)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 3	ST
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	ST
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	ST
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
DIADIMAXIA TOPICAL CREAM 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (dapsone/niacinamide)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
<i>clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)</i>	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	
CABTREG TOPICAL GEL 0.15-3.1-1.2 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DEOXIATAR TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ONZDEAXIADENTAR TOPICAL GEL 0.025-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIADENVAR TOPICAL GEL 0.05-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (<i>benzoyl peroxide</i>)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (<i>benzoyl peroxide</i>)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (<i>benzoyl peroxide</i>)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (<i>benzoyl peroxide microspheres</i>)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (<i>benzoyl peroxide/hydrocortisone</i>)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
IDYYXIATAR TOPICAL GEL 0.025-5 % (<i>tretinoin/niacinamide</i>)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (<i>trifarotene</i>)	Tier 3	ST; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (<i>tretinoin microspheres</i>)	Tier 3	ST; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (<i>halobetasol propionate/tazarotene</i>)	Tier 3	ST; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST
ENSTILAR TOPICAL FOAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	ST
WYNZORA TOPICAL CREAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	ST
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Tier 4	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) (<i>secukinumab</i>)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (<i>brodalumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	Tier 4	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Tier 4	PA
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 2	ST
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (<i>silver</i>)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (<i>mupirocin</i>)	Tier 3	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NORMLGEL AG TOPICAL GEL 0.11 % (<i>silver carbonate</i>)	Tier 3	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	ST
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (<i>ozenoxacin</i>)	Tier 3	ST
Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin		
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide/emollient comb no.65</i>)	Tier 3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide</i>)	Tier 3	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 2	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nystatin</i> (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (<i>butenafine hcl</i>)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (<i>sodium thiosulfate/salicylic acid</i>)	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/urea</i>)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (<i>ciclopirox olamine/salicylic acid</i>)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (<i>econazole nitrate</i>)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 2	
<i>ketconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (<i>ketconazole/skin cleanser combination no.28</i>)	Tier 3	
<i>luliconazole topical cream 1 %</i>	Tier 1	ST; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
<i>tavorole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (<i>hydrocortisone/iodoquinol</i>)	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	Tier 4	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % (<i>tirbanibulin</i>)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (<i>alitretinoin</i>)	Tier 4	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST
DIOOXIA TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	Tier 2	ST
SORILUX TOPICAL FOAM 0.005 % (<i>calcipotriene</i>)	Tier 3	ST
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (<i>tazarotene</i>)	Tier 3	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (<i>tapinarof</i>)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (<i>anthralin micronized</i>)	Tier 3	ST
ZORYVE TOPICAL CREAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (<i>sulfacetamide sodium</i>)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	Tier 3	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (<i>selenium sulfide</i>)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (<i>anacaulase-bcdb</i>)	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (<i>mafenide acetate</i>)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
NUJO TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST
Dermatological - Depigmenting Agents - Drugs for the Skin		
<i>hydroquinone topical cream 4 %</i>	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 (<i>hydroquinone/sunscreens</i> <i>(oxybenzone/octinoxate)</i>)	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (<i>hydroquinone/ascorbic acid</i>)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (<i>hydroquinone/ascorbic acid/vit e acetate (d-alpha</i> <i>tocoph)</i>)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (<i>fluocinolone</i> <i>acetonide/tretinoin/hydroquinone</i>)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3- 0.4 -0.066 % (<i>emol53/e.water/namgfs/naphos/nacl/hypochlorous</i> <i>acid/nahypocl</i>)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL (<i>emollient combination no.47/emollient combination no.60</i>)	Tier 3	
PRESERA TOPICAL FOAM (<i>emollient combination no.80</i>)	Tier 3	
XCLAIR TOPICAL CREAM (<i>hyaluronate sodium/vit e/emollient no.12/allantoin/shear tree</i>)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (<i>keratin</i>)	Tier 3	
KERASTAT TOPICAL GEL 5 % (<i>keratin</i>)	Tier 3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (<i>flurandrenolide</i>)	Tier 3	ST; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % (<i>flurandrenolide</i>)	Tier 3	ST
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 1	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (<i>halcinonide</i>)	Tier 3	ST
HALOG TOPICAL SOLUTION 0.1 % (<i>halcinonide</i>)	Tier 3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	ST
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	Tier 3	ST; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (<i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i>)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (<i>betamethasone dipropionate</i>)	Tier 3	ST
TEXACORT TOPICAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Tier 2	ST
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (<i>triamcinolone acetonide/pentoxifylline</i>)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (<i>desoximetasone/niacinamide</i>)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (<i>hydrocortisone acetate/aloe vera</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (<i>fluocinolone acetonide/emollient combination no.65</i>)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (<i>clobetasol propionate/skin cleanser combination no.28</i>)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	Tier 4	
Dermatological - Immunomodulator Combinations - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
NENDRUX TOPICAL GEL 40-5 % (<i>salicylic acid/lidocaine</i>)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (<i>lactic acid/urea</i>)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (<i>urea/emollient combination no.65</i>)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (<i>salicylic acid/urea</i>)	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (<i>urea</i>)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (<i>urea</i>)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % (<i>salicylic acid</i>)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (<i>salicylic acid</i>)	Tier 3	
SALVAX TOPICAL FOAM 6 % (<i>salicylic acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-CHLOR TOPICAL SOLUTION 80 % (<i>trichloroacetic acid</i>)	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (<i>salicylic acid</i>)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (<i>urea</i>)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (<i>urea</i>)	Tier 1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (<i>salicylic acid</i>)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (<i>cantharidin</i>)	Tier 3	PA
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver extract (beef-pork)</i>)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (<i>lidocaine/tetracaine/benzocaine</i>)	Tier 3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (<i>sirolimus</i>)	Tier 4	PA
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (<i>baclofen</i>)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>gabapentin</i>)	Tier 3	
<i>sodium chloride topical solution 0.9 %</i>	Tier 1	
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (<i>protectives combination no.2/ceramides 1,3,6-ii</i>)	Tier 1	
RECEDO TOPICAL GEL (<i>polydimethylsiloxanes/silicon dioxide</i>)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (<i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i>)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (<i>petrolatum,white</i>)	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (<i>ivermectin/metronidazole</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	ST
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (<i>brimonidine tartrate/ivermectin/metronidazole/niacinamide</i>)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (<i>brimonidine tartrate</i>)	Tier 3	
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (<i>metronidazole/mupirocin</i>)	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % (<i>ivermectin</i>)	Tier 1	ST
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine</i> (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine</i> (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (<i>lidocaine hcl</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>lidocaine</i>)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (<i>lidocaine/tetracaine</i>)	Tier 3	
REGENECARE TOPICAL GEL 2 % (<i>lidocaine hcl/collagen</i>)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (<i>lidocaine</i>)	Tier 3	
<i>lidocaine</i> (Tridacaine li Topical Adhesive Patch, Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (<i>benzocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (<i>ketamine hcl</i>)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
QUTENZA TOPICAL KIT 8 % (<i>capsaicin/skin cleanser</i>)	Tier 3	PA
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
Nail Protectives - Drugs for the Skin		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENADUR (WITH LEXINAL) KIT 2,500 MCG (<i>biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm</i>)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm),porcine derived,fenestrated</i>)	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm),porcine derived,fenestrated</i>)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (<i>cultured skin substitute,human and bovine</i>)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water</i>)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (<i>sodium chloride irrigating solution/hypochlorous acid</i>)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
L-MESITRAN SOFT TOPICAL GEL 40 % (<i>honey</i>)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET (<i>collagen, hydrolyzed/cod liver oil</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILVASORB TOPICAL GEL,EXTENDED RELEASE (<i>silver</i>)	Tier 1	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD
Diagnostic Agents		
Contrast Media - Barium		
ENTERO VU ORAL SUSPENSION 24 % (<i>barium sulfate</i>)	Tier 3	
E-Z DISK ORAL TABLET 700 MG (<i>barium sulfate</i>)	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 % (<i>barium sulfate</i>)	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W) (<i>barium sulfate</i>)	Tier 3	
E-Z-PASTE ORAL CREAM 60 % (<i>barium sulfate</i>)	Tier 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V) (<i>barium sulfate</i>)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W) (<i>barium sulfate</i>)	Tier 3	
NEULUMEX ORAL SUSPENSION 0.1 % (<i>barium sulfate</i>)	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 % (<i>barium sulfate</i>)	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V) (<i>barium sulfate</i>)	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V) (<i>barium sulfate</i>)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W) (<i>barium sulfate</i>)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V) (<i>barium sulfate</i>)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W) (<i>barium sulfate</i>)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 % (W/V), 29% (W/W)(1500 CPS) (<i>barium sulfate</i>)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W) (<i>barium sulfate</i>)	Tier 3	
Contrast Media - Iodinated Ionic		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 % (<i>iothalamate meglumine</i>)	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 % (<i>diatrizoate meglumine</i>)	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % (<i>diatrizoate meglumine</i>)	Tier 3	
<i>diatrizoate meglumine/diatrizoate sodium</i> (Md-Gastroview Oral Solution 66-10 %)	Tier 1	
Contrast Media - Iodinated Nonionic		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML (<i>iohexol</i>)	Tier 3	
Contrast Media - Magnetic Resonance Iron Compounds		
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON (<i>ferumoxsil</i>)	Tier 3	
Contrast Media - Ultrasound Agent Combinations		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE (<i>hydroxyethylcellulose/glycerin in sterile water</i>)	Tier 3	
Diagnostic - Infection Tests		
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI) (<i>urea(c14)</i>)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI) (<i>urea(c14)</i>)	Tier 3	
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
Diagnostic - Other		
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS (<i>radiopaque pvc markers/barium sulfate</i>)	Tier 3	
SITZMARKS ORAL CAPSULE 24 MARKERS (<i>radiopaque pvc markers/barium sulfate</i>)	Tier 3	
Diagnostic - Therapeutic Monitoring-Toxicology-Abuse Tests		
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG (<i>saliva collection device/ibuprofen</i>)	Tier 3	
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
VUEBLU SOLUTION 0.5 % (<i>methylene blue</i>)	Tier 3	
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	Tier 4	
Diagnostic Drugs - Pulmonary		
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG (<i>mannitol</i>)	Tier 3	
<i>methacholine chloride inhalation solution for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)</i>	Tier 1	
PROVOCHOLINE INHALATION RECON SOLN 100 MG (<i>methacholine chloride</i>)	Tier 3	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML (<i>xenon xe-129 hyperpolarized</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML (<i>xenon xe-129 hyperpolarized</i>)	Tier 3	
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (<i>thyrotropin alfa</i>)	Tier 4	PA
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (<i>xenon 133 in carbon dioxide</i>)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	OCH
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	OCH
Diagnostic Radiopharmaceuticals - Misc.		
<i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>	Tier 3	
Diagnostic Radiopharmaceuticals - Pulmonary Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (<i>xenon 133 in carbon dioxide</i>)	Tier 3	
Diagnostic Radiopharmaceuticals - Radiolabeling Reagents		
<i>indium-111 chloride solution 5 mci/0.5 ml (185 mbq)</i>	Tier 1	
Fluorescence Imaging Agents - Malignant Brain Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML (<i>aminolevulinic acid hcl</i>)	Tier 3	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (<i>papaverine hcl/phentolamine mesylate in water</i>)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	Tier 3	ST; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>vardenafil oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
Eating Disorder Therapy		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA
Eating Disorder Therapy - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine hcl/topiramate</i>)	Tier 3	PA
Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENITY ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA
Anorexiant - Drugs for Eating Disorders		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (<i>semaglutide</i>)	Tier 2	PA
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	Tier 4	PA
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (<i>naltrexone hcl/bupropion hcl</i>)	Tier 3	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (<i>diluent,insulin aspart combination no.1</i>)	Tier 3	
Diluents - Others - Drugs for Nutrition		
DILUENT FOR BICNU INTRAVENOUS SOLUTION (<i>diluent for carmustine (ethanol)</i>)	Tier 4	
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE (<i>diluent for leuprolide (polyglactin)</i>)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (<i>diluent for romidepsin (propylene glycol)</i>)	Tier 3	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML (<i>diluent for cabazitaxel (ethanol)</i>)	Tier 4	
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE (<i>diluent for coagulation factor vlla (histidine)</i>)	Tier 4	
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION (<i>diluent for naltrexone microspheres (carboxymethylcellulose)</i>)	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (<i>diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)</i>)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION (<i>water for inj.,bacteriostatic</i>)	Tier 1	
<i>water for injection, sterile injection solution</i>	Tier 1	
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (<i>diluent for oral live rotavirus vaccine (calcium carbonate)</i>)	Tier 3	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (<i>sodium zirconium cyclosilicate</i>)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiromer calcium sorbitex</i>)	Tier 3	PA
Irrigation Solutions - Drugs for Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (<i>physiological irrigating solution no.1</i>)	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (<i>sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb</i>)	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (<i>potassium iodide/iodine</i>)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST; QL (12 EA per 1 day)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (<i>ferric carboxymaltose</i>)	Tier 4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (<i>ferric pyrophosphate citrate</i>)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (<i>ferric pyrophosphate citrate</i>)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 4	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	Tier 3	
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	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/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 1	
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	
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 1	
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	
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 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (<i>prenatal vits with calcium no.80/iron fum/folic acid/dss/dha</i>)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i>)	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	Tier 1	
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 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	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG- 260 MG (<i>prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha</i>)	Tier 1	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12)</i> (Dodex Injection Solution 1,000 Mcg/MI)	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (<i>ascorbic acid</i>)	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
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>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (<i>phytonadione (vit k1)</i>)	Tier 1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection Solution 10 Mg/MI)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Endocrine		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (<i>teplizumab-mzww</i>)	Tier 4	PA; DD
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
INPEFA ORAL TABLET 200 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	Tier 3	PA
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (<i>dinoprostone</i>)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (<i>dinoprostone</i>)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 4	PA
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	Tier 4	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 3	ST; DD; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	DD
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (<i>glucagon hcl</i>)	Tier 1	DD; QL (4 EA per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (glucagon)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (glucagon)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (glucagon)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (glucagon)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)	Tier 2	DD; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon hcl)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon hcl)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 4	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (vutrisiran sodium)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (<i>patisiran sodium, lipid complex</i>)	Tier 4	PA
Androgen - Single Agents - Drugs for Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (<i>testosterone</i>)	Tier 3	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (<i>testosterone undecanoate</i>)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (<i>testosterone</i>)	Tier 3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (<i>testosterone enanthate</i>)	Tier 3	PA
Antidiuretic and Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (<i>desmopressin acetate</i>)	Tier 3	QL (3.8 GM per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	Tier 2	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	ST; DD
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	Tier 2	PA; DD; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	Tier 2	PA; DD; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	PA; DD; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 3	PA; DD; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	Tier 3	PA; DD; QL (9 ML per 30 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 4	PA; DD
<i>mifepristone oral tablet 300 mg</i>	Tier 4	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	Tier 2	DD; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin propanediol/saxagliptin hcl</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	DD; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	ST; DD; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST; DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST; DD
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Tier 3	ST; DD; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin hcl)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin phosphate/metformin hcl)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin hcl)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin hcl)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (linagliptin/metformin hcl)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (linagliptin/metformin hcl)	Tier 3	ST; DD; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 1	ST; DD; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (insulin glargine,human recombinant analog/lixisenatide)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec/liraglutide)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (empagliflozin/linagliptin/metformin hcl)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin hcl)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (<i>romosozumab-aqqg</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml</i>	Tier 1	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (<i>etelcalcetide hydrochloride</i>)	Tier 4	PA
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone/estradiol</i>)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs for Women		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (<i>estradiol/progesterone</i>)	Tier 3	ST; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol/progesterone</i>)	Tier 3	ST; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (<i>estradiol/levonorgestrel</i>)	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (<i>estradiol/norethindrone acetate</i>)	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
<i>estradiol/norethindrone acetate</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 2	
Estrogens - Drugs for Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	Tier 3	
<i>estradiol</i> (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (<i>estradiol</i>)	Tier 3	ST; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	ST
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (<i>estradiol</i>)	Tier 3	ST
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (<i>estradiol</i>)	Tier 3	ST; QL (16.2 ML per 30 days)
<i>estradiol</i> (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>estrogens, esterified</i>)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (<i>estradiol</i>)	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (<i>progesterone, micronized</i>)	Tier 3	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone, micronized</i>)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>buromsumab-twza</i>)	Tier 4	PA
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (<i>menotropins</i>)	Tier 4	
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (<i>follitropin beta, recombinant</i>)	Tier 4	ST
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (<i>betamethasone acetate and sodium phosph/norflurane/hfc 245fa</i>)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Tier 4	PA
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (<i>dexamethasone sodium phosphate</i>)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	Tier 4	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (<i>budesonide</i>)	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (<i>methylprednisolone acetate/norflurane/hfc 245fa</i>)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (<i>methylprednisolone acetate/norflurane/hfc 245fa</i>)	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (<i>hydrocortisone sodium succinate/pf</i>)	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (<i>hydrocortisone sodium succinate</i>)	Tier 3	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG (<i>budesonide</i>)	Tier 4	PA
TRILOAN II SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	Tier 4	PA
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (<i>somatropin</i>)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (<i>somatropin</i>)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (<i>somatropin</i>)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (<i>somatropin</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatrogon-ghla)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somapacitan-beco)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 4	PA
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	ST
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	ST
Human Insulins - Fixed Combinations - Drugs for Diabetes		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (<i>insulin regular, human</i>)	Tier 3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD; QL (24 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (<i>insulin regular, human in 0.9 % sodium chloride</i>)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin detemir</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (40 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) <i>(insulin glargine-yfgn)</i>	Tier 2	DD; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) <i>(insulin glargine,human recombinant analog)</i>	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) <i>(insulin glargine,human recombinant analog)</i>	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) <i>(insulin degludec)</i>	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) <i>(insulin degludec)</i>	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML <i>(insulin degludec)</i>	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML <i>(insulin lispro)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML <i>(insulin lispro)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML <i>(insulin glulisine)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML <i>(insulin glulisine)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) <i>(insulin aspart (niacinamide))</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) <i>(insulin aspart (niacinamide))</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) <i>(insulin aspart (niacinamide)/pump cartridge)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML <i>(insulin aspart (niacinamide))</i>	Tier 3	ST; DD; QL (40 ML per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	DD
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML (<i>metformin hcl</i>)	Tier 3	ST; DD; QL (20 ML per 1 day)
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	PA
Leptin Hormone Analogs - Hormones		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	Tier 4	QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppress - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (<i>histrelin acetate</i>)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix/estradiol/norethindrone acetate</i>)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
<i>cetorelix subcutaneous kit 0.25 mg</i>	Tier 4	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)	Tier 4	ST
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 3	ST; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone (dhea)</i>)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Progestins - Drugs for Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	Tier 4	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 4	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (<i>octreotide acetate</i>)	Tier 4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspertate</i>)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	Tier 4	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (<i>teprotumumab-trbw</i>)	Tier 4	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 3	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (<i>levothyroxine sodium</i>)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	ST; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (<i>levothyroxine sodium</i>)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	PA
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (<i>hyaluronidase, human recombinant</i>)	Tier 3	
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEOPOZ INJECTION SOLUTION 200 MG/ML (<i>pozelimab-bbfg</i>)	Tier 4	PA
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (<i>fecal microbiota, live-jslm</i>)	Tier 4	PA
VOWST ORAL CAPSULE (<i>fecal microbiota spores, live-brpk</i>)	Tier 4	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (<i>crofelemer</i>)	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	Tier 3	ST; QL (8 EA per 1 FILL)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (<i>granisetron</i>)	Tier 3	ST; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (<i>aprepitant</i>)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 3	QL (2 EA per 14 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 4	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 3	ST; 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		
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	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (<i>lipase/protease/amylase</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT (<i>lipase/protease/amylase</i>)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (<i>sacrosidase</i>)	Tier 4	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
<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		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	ST; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<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 1	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	Tier 2	ST; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Tier 3	ST
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	Tier 3	ST; QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (<i>metoclopramide hcl</i>)	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (<i>glycopyrrolate</i>)	Tier 3	ST; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (<i>glycopyrrolate/pf</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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (<i>omeprazole/clarithromycin/amoxicillin trihydrate</i>)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (<i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (<i>vonoprazan fumarate/amoxicillin trihydrate</i>)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>)	Tier 3	PA
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 3	ST; QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 3	PA
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (<i>mirikizumab-mrkz</i>)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 1	ST
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (<i>vedolizumab</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (<i>vedolizumab</i>)	Tier 4	PA
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
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 4	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-atto</i>)	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab-adbm</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
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
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab-adaz</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 3	PA
ZELNORM ORAL TABLET 6 MG (<i>tegaserod hydrogen maleate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (<i>palifermin</i>)	Tier 4	
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		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<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)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Gavilyte-N Oral Recon Soln 420 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (<i>peg 3350/sodium sulfate,chloride/potassium chlor/magnesium</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (<i>sodium sulfate/potassium chloride/magnesium sulfate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (<i>octreotide acetate, microspheres</i>)	Tier 4	PA
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride/tadalafil</i>)	Tier 3	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	Tier 3	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	PA
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (<i>tiopronin</i>)	Tier 4	
<i>tiopronin oral tablet 100 mg</i>	Tier 4	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 4	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Tier 3	ST; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML (<i>mirabegron</i>)	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (<i>lumasiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (<i>nedosiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (<i>nedosiran sodium</i>)	Tier 4	PA
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 3	ST; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	ST; QL (3 EA per 1 day)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (<i>ferric citrate</i>)	Tier 3	ST; QL (12 EA per 1 day)
VELPHORO ORAL TABLET, CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	Tier 4	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	Tier 1	
Urinary Analgesics - Drugs for Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	Tier 3	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG <i>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)</i>	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG <i>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)</i>	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG <i>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)</i>	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG <i>(methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)</i>	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (<i>solifenacin succinate</i>)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG <i>(hyoscyamine sulfate)</i>	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin chloride)	Tier 3	ST; QL (1 GM per 1 day)
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)	Tier 3	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
tropium oral capsule,extended release 24hr 60 mg	Tier 1	
tropium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (<i>colchicine</i>)	Tier 3	ST; QL (10 ML per 1 day)
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	Tier 4	PA
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 1	ST; QL (30 EA per 30 days)
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad/allopurinol</i>)	Tier 3	ST; QL (1 EA per 1 day)
Hematological Agents		
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>adamts13, recombinant-krhn</i>)	Tier 4	PA
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	Tier 3	PA
PNH - Complement Factor D Inhibitors		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABLIVI INJECTION RECON SOLN 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (<i>sodium chloride/sodium citrate</i>)	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
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	
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (<i>anti-inhibitor coagulant complex</i>)	Tier 4	
Antiporphyrria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (<i>hemin</i>)	Tier 4	
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	Tier 4	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>c1 esterase inhibitor, recombinant</i>)	Tier 4	PA
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	Tier 4	PA
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Tier 3	ST; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA
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
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
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA
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 4	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (<i>human prothrombin complex concentrate (pcc)-lans</i>)	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (<i>human prothrombin complex concentrate (pcc), 4-factor</i>)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor ix)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor ix recombinant, fc fusion protein)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor ix recombinant, albumin fusion protein)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant, threonine 148)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (factor ix (human) recombinant, pegylated)	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant)	Tier 4	
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor viia (recombinant))	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor viia recombinant-jncw)	Tier 4	
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor viii recomb, single-chn, b-dom truncated)	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von willebrand factor, human)	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rfviii fc-vwf-xten, bdd-ehl)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (fviii) recombinant, fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von willebrand factor,human)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-domain deleted peg-auct)	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor viii recombinant, b-domain truncated)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (antihemophilic factor viii rec hek cell, b-domain deleted)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor viii, recombinant porcine sequence)	Tier 4	
RECOMBIMATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor viii, human recombinant)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von willebrand factor,human)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	Tier 4	
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (<i>factor xiii</i>)	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	Tier 4	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-pbbk</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-ayow</i>)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (<i>eflapgrastim-xnst</i>)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-fpgk</i>)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 4	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (<i>fibrinogen</i>)	Tier 4	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (<i>fibrinogen</i>)	Tier 3	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	Tier 4	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (<i>ferric subsulfate</i>)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (<i>microfibrillar collagen</i>)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (<i>microfibrillar collagen</i>)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (<i>ferric subsulfate</i>)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML (2 ML X 2), 800-1,200 UNIT /ML (5 ML X 2) (<i>thrombin (human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT (<i>thrombin (human plasma derived)/gelatin matrix, bovine</i>)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>fibrinogen/thrombin (human plasma derived)</i>)	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (<i>thrombin (human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium, porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (<i>crizanlizumab-tmca</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (<i>antithrombin iii, human recombinant</i>)	Tier 4	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (<i>plasminogen, human-tvmh</i>)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 2	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (<i>tirofiban hcl monohydrate</i>)	Tier 4	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>)	Tier 4	
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 4	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet, chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	Tier 4	
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG (<i>hydroxyurea</i>)	Tier 3	ST
SIKLOS ORAL TABLET 100 MG (<i>hydroxyurea</i>)	Tier 3	QL (2 EA per 1 day)
Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	Tier 4	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (<i>voxelotor</i>)	Tier 4	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 4	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	ST; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	Tier 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	Tier 4	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (<i>odevixibat</i>)	Tier 4	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (<i>odevixibat</i>)	Tier 4	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	Tier 4	PA
Immunosuppressive Agents - Drugs for Organ Transplants		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (<i>emapalumab-lzsg</i>)	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>anifrolumab-fnia</i>)	Tier 4	PA
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 1	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 1	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	Tier 2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (<i>inebilizumab-cdon</i>)	Tier 4	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	Tier 3	PA
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Tier 4	PA
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	Tier 1	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (<i>basiliximab</i>)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (<i>belatacept</i>)	Tier 4	
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (<i>tofersen</i>)	Tier 4	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	Tier 4	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	Tier 4	PA
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	Tier 4	PA
<i>dichlorphenamide</i> (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	Tier 4	PA
<i>riluzole oral tablet 50 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (<i>rozanolixizumab-noli</i>)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	Tier 4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (<i>efgartigimod alfa-fcab</i>)	Tier 4	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (<i>zilucoplan sodium</i>)	Tier 4	PA
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (<i>casimersen</i>)	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (<i>eteplirsen</i>)	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (<i>viltolarsen</i>)	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (<i>golodirsen</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML <i>(hyaluronate sodium, stabilized)</i>	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) <i>(hyaluronate sodium)</i>	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML <i>(hyaluronate sod, cross-linked)</i>	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML <i>(hyaluronate sodium)</i>	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML <i>(hyaluronate sodium, modified, non-crosslinked)</i>	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML <i>(hyaluronate sodium, stabilized)</i>	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML <i>(hyaluronate sodium)</i>	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML <i>(hylan g-f 20)</i>	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML <i>(hylan g-f 20)</i>	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML <i>(hyaluronate sodium)</i>	Tier 3	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (<i>collagenase clostridium histolyticum</i>)	Tier 4	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	Tier 4	PA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	Tier 4	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	Tier 4	PA
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (<i>nusinersen sodium/pf</i>)	Tier 4	PA
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (<i>risdiplam</i>)	Tier 4	PA
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
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 - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVINO COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CELLTRION DIATRUST COV-19 HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
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 - Enteral Syringes - Medical Supplies and Durable Medical Equipment		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (<i>diabetic supplies, miscell</i>)	Tier 3	PA; DD
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
DEXCOM G6 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
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
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AIR CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
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		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 4	
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" <i>(needles, safety)</i>	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" <i>(syringe,safety with needle,1 ml)</i>	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" <i>(syringe,safety with needle,3 ml)</i>	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" <i>(needles, disposable)</i>	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" <i>(syring w-needl 0.5 ml,kit-tray)</i>	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML <i>(syringe with cannula, disposable, 3 ml)</i>	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" <i>(needles, disposable)</i>	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " <i>(needles, safety)</i>	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" <i>(syringe,safety with needle,3 ml)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (<i>needles, filter</i>)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (<i>needles, filter</i>)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (<i>syringe with cannula, disposable, 5 ml</i>)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (<i>syringe with needle,disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, disposable)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 X 5/8" (needles, safety)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE <i>(syringe with needle and cannula, disposable, 10 ml)</i>	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " <i>(syringe with needle,disposable, 0.5 ml)</i>	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" <i>(syringe with needle,disposable, 3 ml)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (<i>syringe disposable irrig, 60 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE DENTAL IRRIG SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (<i>needles, safety</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (<i>safety syringe with needle, disposable kit-tray, 1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (<i>needles, disposable</i>)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" <i>(syringe,safety with needle,10 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" <i>(syringe,safety with needle,3 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" <i>(syringe,safety with needle,5 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" <i>(safety syringe with needle, disposable kit-tray, 1 ml)</i>	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" <i>(syringe with needle,disposable, 3 ml)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle, disposable, 3 ml)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (needles, disposable)	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (needles, disposable)	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (needles, safety)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe, safety with needle, 3 ml)	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 3	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needles, disposable)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (syringe with cannula, disposable, 1 ml)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (syringe with cannula, disposable, 3 ml)	Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUER-LOK TIP SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1" (needles, pharmacy compound)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE (<i>syringe with needle, disposable</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (<i>syringe, safety with needle, 12 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" <i>(syringe,safety with needle,3 ml)</i>	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML <i>(syringe with needle,disposable, 6 ml)</i>	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML <i>(syringe with cannula,disposable 12 ml)</i>	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML <i>(syringe with cannula, disposable, 3 ml)</i>	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML <i>(syringe with cannula, disposable, 6 ml)</i>	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML <i>(syringe, disposable, 35 ml)</i>	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML <i>(syringe, disposable, 6 ml)</i>	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" <i>(syringe with needle,disposable, 12 ml)</i>	Tier 3	
MONOJECT SYRINGE SYRINGE 140 ML <i>(syringe, disposable, 140 ml)</i>	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" <i>(syringe with needle,disposable, 3 ml)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe, safety with needle, 1 ml)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle, disposable, 0.5 ml)	Tier 3	
needle (disp) 16 g needle 16 gauge x 1"	Tier 3	
needle (disp) 18 g needle 18 gauge x 1"	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (needles, disposable)	Tier 3	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT TUBERKULIN SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,needle,safety 1 ml,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (<i>syringe, safety 10 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (<i>syringe,safety needle 10 ml and self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe 3 ml with safety needle,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (<i>syringe, safety 5 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (<i>syringe, safety needle 5 ml and self-contained disposal unit</i>)	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (needles, safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 ml)	Tier 3	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (<i>transfer device, closed system</i>)	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,S.CHLD SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
COMFORTSEAL LARGE MASK DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
COMFORTSEAL SMALL MASK DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
COMPACT SPACE CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
EASIVENT HOLDING CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
EASIVENT MASK LARGE DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
EASIVENT MASK MEDIUM DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
EASIVENT MASK SMALL DEVICE <i>(inhaler, assist devices, accessories)</i>	Tier 3	
FLEXICHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	PA; DD
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,automated dosing,bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous infusion, bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit, disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 3	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 3	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 3	
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (<i>dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl</i>)	Tier 4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 2	DD
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (<i>needles, safety</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (<i>needles, filter</i>)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (<i>needles, filter</i>)	Tier 3	
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 INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (<i>syringe with cannula, disposable, 5 ml</i>)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (<i>syringe with needle,disposable, 10 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, disposable)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 X 5/8 " (needles, safety)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe, safety with needle, 3 ml)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML <i>(syringe, disposable, 50 ml)</i>	Tier 3	
BD SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE <i>(syringe with needle and cannula, disposable, 10 ml)</i>	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" <i>(syringe with needle,disposable, 1 ml)</i>	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " <i>(syringe with needle,disposable, 0.5 ml)</i>	Tier 3	
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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
BD VERITOR AT-HOME COVID19 TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 3	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (<i>blood sugar diagnostic, disc-type</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" <i>(syringe with needle, disposable, 3 ml)</i>	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML <i>(syringe, disposable, 10 ml)</i>	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML <i>(syringe, disposable, 5 ml)</i>	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 2	DD
CARETOUCH TEST STRIP STRIP <i>(blood sugar diagnostic)</i>	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE <i>(lancets)</i>	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM <i>(diaphragms, contoured)</i>	\$0	CT; EHB
CELLTRION DIATRUST COV-19 HOME KIT <i>(covid-19 antigen immunoassay test)</i>	\$0	
CEQUR SIMPLICITY DEVICE 2 UNIT <i>(subcutaneous bolus insulin patch pump, 200 unit, disposable)</i>	Tier 3	PA; DD
CEQUR SIMPLICITY INSERTER <i>(diabetic supplies, miscell)</i>	Tier 3	PA; DD
CHEK-STIX CONTROL STRIP <i>(urine multiple test strips)</i>	Tier 3	
CHEMSTRIP 10 MD STRIP <i>(urine multiple test strips)</i>	Tier 3	
CHEMSTRIP 10/SG STRIP <i>(urine multiple test strips)</i>	Tier 3	
CHEMSTRIP 2 GP STRIP <i>(urine multiple test strips)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DAVOL IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DEXCOM G6 RECEIVER (<i>blood-glucose meter,continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (<i>blood-glucose meter, continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DOVER BULB SYRINGE SYRINGE 60 ML (<i>syringe disposable irrig, 60 ml</i>)	Tier 3	
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
DUREX AIR CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE DENTAL IRRIG SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (needles, safety)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 ml)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (safety syringe with needle, disposable kit-tray, 1 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (needles, disposable)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>safety syringe with needle, disposable kit-tray, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVERSENSE E3 SMART TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
<i>filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "</i>	Tier 3	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 2	DD
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (<i>needles, disposable</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (<i>transfer device, closed system</i>)	Tier 3	
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, continuous</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GENULTIMATE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOODLIFE AC-302 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN CONNECT TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 3	
IGLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 3	DD
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	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 3	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS,THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS,ULTRA THIN (<i>lancets</i>)	Tier 2	DD
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (<i>syringe with cannula, disposable, 1 ml</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
LUER LOCK SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOJECT 140CC PISTON SYRINGE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml, kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1" (needles, pharmacy compound)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML <i>(syringe, disposable, 35 ml)</i>	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML <i>(syringe, disposable, 6 ml)</i>	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML <i>(syringe, disposable, 60 ml)</i>	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML <i>(syringe, disposable, 1 ml)</i>	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML <i>(syringe, disposable, 12 ml)</i>	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML <i>(syringe, disposable, 20 ml)</i>	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML <i>(syringe, disposable, 6 ml)</i>	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML <i>(syringe, disposable, 12 ml)</i>	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML <i>(syringe, disposable, 35 ml)</i>	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML <i>(syringe, disposable, 6 ml)</i>	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML <i>(syringe, disposable, 3 ml)</i>	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE <i>(syringe with needle, disposable)</i>	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML <i>(syringe, disposable, 12 ml)</i>	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" <i>(syringe, safety with needle, 12 ml)</i>	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 ml)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 ml)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 ml)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 ml)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 ml)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe, safety with needle, 1 ml)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle, disposable, 0.5 ml)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 2	DD
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 3	
MULTISTIX 10 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 5 STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 7 STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 8 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 9 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 9 STRIP (urine multiple test strips)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 3	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 3	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 3	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 3	
<i>needles, huber disposable needle 22 x 1 "</i>	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
NORM-JECT SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
NORM-JECT SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
NO-STICK GLUCOSE STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
OHC COVID-19 ANTIGEN HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, automated dosing, bt with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,radio freq</i>)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 10 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 15 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 20 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 25 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 30 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 40 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, basal rate 35 units/day, disposable</i>)	Tier 2	DD; QL (10 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ON CALL PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PTS PANELS EGLU TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GS250S TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,needle,safety 1 ml,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (<i>syringe, safety 10 ml, self-contained disposal unit</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 ml and self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 ml with safety needle,self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 ml and self-contained disposal unit)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	DD
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	DD
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 3	
SINGLE-LET (lancets)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST LANCET (lancets)	Tier 2	DD
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOFT TOUCH LANCETS (lancets)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (<i>needles, safety</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 ml)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (ocular implant with insertion tool for ranibizumab)	Tier 4	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 ml)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 3	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
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
TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml</i>)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe, safety with needle, 3 ml</i>)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle, disposable, 1 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit, disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
WAVESENSE JAZZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (<i>velmanase alfa-tycv</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (<i>pegunigalsidase alfa-iwxj</i>)	Tier 4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (<i>agalsidase beta</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (<i>imiglucerase</i>)	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (<i>taliglucerase alfa</i>)	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (<i>velaglucerase alfa</i>)	Tier 4	PA
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
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (<i>sebelipase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (<i>fosdenopterin hydrobromide</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (<i>idursulfase</i>)	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (<i>vestronidase alfa-vjvk</i>)	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (<i>galsulfase</i>)	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (<i>elosulfase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (<i>alglucosidase alfa</i>)	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (<i>avalglucosidase alfa-ngpt</i>)	Tier 4	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG (<i>cipaglucosidase alfa-atga</i>)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegademase-lvlr</i>)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Pompe Disease - GCS inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat</i>)	Tier 4	PA
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	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG (<i>calcifediol</i>)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4	
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA
<i>miglustat</i> (Yargesa Oral Capsule 100 Mg)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	Tier 4	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	Tier 4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (<i>alpelisib</i>)	Tier 4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (<i>sodium phenylbutyrate</i>)	Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (<i>glycerol phenylbutyrate</i>)	Tier 4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	Tier 4	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet, Soluble 100 Mg)	Tier 4	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 4	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	Tier 4	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (<i>sodium fluoride/hydroxyapatite</i>)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (<i>tetracaine hcl/oxymetazoline hcl</i>)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (<i>lidocaine/prilocaine</i>)	Tier 3	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (<i>sulfuric acid/sulfonated phenol</i>)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (<i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i>)	Tier 3	
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	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 % (<i>lidocaine hcl/glycerin</i>)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (<i>povidone/taurine/zinc gluconate/peg-40 castor oil</i>)	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	Tier 3	
Mouth and Throat - Protectants - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (<i>povidone/taurine/zinc gluconate/peg-40 castor oil</i>)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (<i>ublituximab-xiiy</i>)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (<i>ocrelizumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	Tier 4	PA
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
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
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
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
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
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
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (<i>monomethyl fumarate</i>)	Tier 4	PA
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	Tier 4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	Tier 4	PA
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 4	PA
Ophthalmic Agents		
Ophthalmic Antiparasitics		
XDEMYVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)	Tier 4	PA
Ophthalmic Complement Inhibitors		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (avacincaptad pegol sodium/pf)	Tier 4	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate a sodium/pf)	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (hydroxypropyl cellulose)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/pf)	Tier 3	PA
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (faricimab-svoa)	Tier 4	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 3	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate hcl/phenylephrine hcl)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (<i>oxymetazoline hcl/pf</i>)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	Tier 2	
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (<i>riboflavin 5-phosphate sodium (b2)</i>)	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 3	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (<i>pilocarpine hcl</i>)	Tier 3	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (<i>tobramycin/dexamethasone</i>)	Tier 3	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (<i>tobramycin/loteprednol etabonate</i>)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (<i>mitomycin</i>)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (<i>dexamethasone</i>)	Tier 3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Tier 3	ST; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 3	ST; QL (10 ML per 14 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	ST; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	ST; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 3	ST; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	Tier 3	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	Tier 3	ST; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (<i>cyclosporine/chondroitin sulfate a sodium</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	QL (60 EA per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (<i>cyclosporine</i>)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac tromethamine/pf</i>)	Tier 3	ST; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST; QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	ST; QL (9 ML per 16 days)
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (<i>cysteamine hcl</i>)	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	Tier 4	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (<i>fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG (<i>fluorescein sodium</i>)	Tier 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (<i>lissamine green</i>)	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (<i>cenegermin-bkbj</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (<i>timolol</i>)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Tier 3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>tetracaine hcl</i>)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (<i>chloroprocaine hcl/pf</i>)	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (<i>lidocaine hcl/pf</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbll</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRILOPHthalmic (EYE) DROPS 2 % (<i>nedocromil sodium</i>)	Tier 2	ST; QL (20 ML per 30 days)
ALOMIDE OPHthalmic (EYE) DROPS 0.1 % (<i>Iodoxamide tromethamine</i>)	Tier 2	ST; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (<i>verteporfin</i>)	Tier 4	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (<i>netarsudil mesylate/latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
GELFILM OPHTHALMIC (EYE) FILM (<i>gelatin</i>)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (<i>hyaluronate sodium</i>)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)</i>	Tier 1	
<i>bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
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	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	ST
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (<i>apraclonidine hcl</i>)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (<i>bimatoprost</i>)	Tier 4	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (<i>travoprost</i>)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (<i>latanoprost/pf</i>)	Tier 3	ST; QL (1 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (<i>bimatoprost</i>)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (<i>latanoprostene bunod</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	Tier 3	ST; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbll</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
Organ Preservation Solutions		
Microplegic Solutions		
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (<i>cardioplegic and organ preservation solution no.1</i>)	Tier 3	
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.16</i>)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.10</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (<i>cardioplegic no.23 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (<i>cardioplegic solution no.27 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.18 (induction 8:1)</i>)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (<i>cardioplegic solution no.22 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.30 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.15 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.32 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (<i>cardioplegic solution no.31 (maintenance 4:1)</i>)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (<i>cardioplegic solution no.29 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (<i>cardioplegic solution no.20 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (<i>cardioplegic solution no.26 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.14 (maintenance 8:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (<i>cardioplegic no.21 (reperfusate 4:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.28 (reperfusate 4:1)</i>)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (<i>cardioplegic solution no.24 (reperfusate 4:1)</i>)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.33 (warm induction 4:1)</i>)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (<i>ciprofloxacin hcl/hydrocortisone</i>)	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (<i>hydrocortisone/pramoxine hcl/chloroxylonol</i>)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (<i>desloratadine/pseudoephedrine sulfate</i>)	Tier 3	ST; QL (2 EA per 1 day)
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs for Allergies		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 3	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	Tier 3	ST; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	Tier 3	ST; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 3	ST; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (<i>reslizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (<i>mepolizumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	Tier 3	ST; QL (30 EA per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium bromide</i>)	Tier 3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (<i>revfenacin</i>)	Tier 3	ST; QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (<i>glycopyrrolate/formoterol fumarate</i>)	Tier 3	ST; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (<i>aclidinium bromide/formoterol fumarate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		

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

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	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (<i>albuterol sulfate/budesonide</i>)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>budesonide/formoterol fumarate</i> (Breynd Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 3	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION <i>(budesonide/glycopyrrolate/formoterol fumarate)</i>	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG <i>(fluticasone furoate/umeclidinium bromide/vilanterol trifenat)</i>	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG <i>(fluticasone furoate/umeclidinium bromide/vilanterol trifenat)</i>	Tier 2	QL (2 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG <i>(tobramycin)</i>	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML <i>(aztreonam lysine)</i>	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG <i>(mannitol)</i>	Tier 4	ST; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG <i>(ivacaftor)</i>	Tier 4	PA
KALYDECO ORAL TABLET 150 MG <i>(ivacaftor)</i>	Tier 4	PA
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG <i>(lumacaftor/ivacaftor)</i>	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG <i>(lumacaftor/ivacaftor)</i>	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (<i>poractant alfa</i>)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (<i>calfactant</i>)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (<i>beractant</i>)	Tier 3	
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (<i>ciclesonide</i>)	Tier 3	ST; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 2	ST; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST; QL (6.1 GM per 30 days)
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (<i>varenicline tartrate</i>)	Tier 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (<i>chlorpheniramine maleate/codeine phosphate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (<i>talc</i>)	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (<i>talc</i>)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (<i>talc</i>)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	ST; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % (<i>clindamycin phosphate</i>)	Tier 3	ST
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (<i>metronidazole</i>)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	Tier 3	
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 3	ST; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (<i>estradiol acetate</i>)	Tier 3	ST; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	Tier 3	

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

Index of Drugs

- A
- abacavir 42
- abacavir-lamivudine 44
- ABILIFY ASIMTUFII 134
- ABILIFY MAINTENA ... 134, 135
- abiraterone..... 54, 57
- ABRYVO (PF)..... 79
- acamprosate 152
- acarbose 213
- ACCU-CHEK AVIVA PLUS TEST STRP..... 278, 326
- ACCU-CHEK FASTCLIX LANCET DRUM 289, 326
- ACCU-CHEK GUIDE TEST STRIPS 278, 326
- ACCU-CHEK SAFE-T-PRO 289, 326
- ACCU-CHEK SAFE-T-PRO PLUS 289, 326
- ACCU-CHEK SMARTVIEW TEST STRIP..... 278, 326
- ACCU-CHEK SOFTCLIX LANCETS..... 289, 326
- Accutane 171
- ACCUTREND GLUCOSE TEST STRIPS .. 278, 326
- ACE AEROSOL CLOUD ENHANCER 320, 326
- acebutolol 109
- acetaminophen-codeine. 16
- acetazolamide..... 112, 113
- acetic acid 248, 398
- acetylcysteine 32, 408
- ACIOXIA 188
- ACIPHEX SPRINKLE .. 237
- acitretin 182
- ACTEMRA 26
- ACTEMRA ACTPEN 26
- ACTHAR 210
- ACTHIB (PF)..... 91
- ACTI-LANCE LANCETS 290, 326
- ACTIMMUNE 37
- ACUVAIL (PF)..... 388
- acyclovir 48, 183
- ADACEL(TDAP ADOLESN/ADULT)(PF) 89
- ADAKVEO..... 266
- adalimumab-adaz ... 19, 21, 243
- adapalene 175
- adapalene-benzoyl peroxide..... 175
- ADASUVE 133
- ADBRY..... 177
- ADCETRIS 57, 74
- ADDYI 144
- adefovir 47
- ADEINZDE 173
- ADEMPAS 116
- adenovirus vac live type-4, 7 87, 94
- adenovirus vaccine live type-4 87, 94
- adenovirus vaccine live type-7 87, 94
- ADLARITY 155
- ADMELOG SOLOSTAR U-100 INSULIN 228
- ADMELOG U-100 INSULIN LISPRO 228
- ADUHELM 155
- ADULT ASPIRIN REGIMEN..... 30, 267
- ADULT LOW DOSE ASPIRIN 30, 267
- ADVAIR HFA 406
- ADVANCED ALLERGY COLLECT KIT 185
- ADVANCED GLUC METER TEST STRIP 278, 326
- ADVANCED TRAVEL LANCETS..... 290, 326
- ADVATE..... 258
- ADVIN COVID-19 AG HOME TEST 286, 326
- ADVOCATE LANCET . 290, 326
- ADVOCATE REDI-CODE PLUS 278, 326
- ADYNOVATE 259
- ADZENYS XR-ODT 136, 143
- ADZYNMA 254
- AEMCOLO 51
- AEROCHAMBER MINI 320, 326
- AEROCHAMBER MV.. 320, 326
- AEROCHAMBER PLUS FLOW-VU 320, 326
- AEROCHAMBER PLUS FLOW-VU,L MSK 320, 326
- AEROCHAMBER PLUS FLOW-VU,M MSK ... 320, 327
- AEROCHAMBER PLUS FLOW-VU,S MSK.... 320, 327
- AEROCHAMBER PLUS Z STAT 320, 327
- AEROCHAMBER PLUS Z STAT LG MSK.. 320, 327
- AEROCHAMBER PLUS Z STAT MD MSK . 320, 327
- AEROCHAMBER PLUS Z STAT SM MSK . 320, 327
- AEROCHAMBER Z-STAT PLUS-FLW SG . 320, 327
- AEROTRACH PLUS ... 320, 327
- AEROVENT PLUS320, 327
- Afirmelle 158
- AFLURIA QD 2023-24(3YR UP)(PF) 95
- AFLURIA QUAD 2023-2024(6MO UP) 95
- AFREZZA..... 226
- AFSTYLA 259
- AFTER PILL..... 169, 170
- AFTERA 169, 170
- AGAMATRIX AMP TEST STRIPS 278, 327
- AGAMATRIX PRESTO TEST STRIPS .. 278, 327
- AGAMREE 222

AGGRASTAT		alogliptin..... 213	amlodipine..... 110
CONCENTRATE	267	alogliptin-metformin..... 217	amlodipine-atorvastatin 108
AGGRASTAT IN SODIUM		alogliptin-pioglitazone... 216	amlodipine-benazepril 99
CHLORIDE.....	267	ALOMIDE..... 391	amlodipine-olmesartan. 100
AIMOVIQ AUTOINJECTOR		alosetron	amlodipine-valsartan 101
.....	145	ALPHANATE..... 259	amlodipine-valsartan-
AIMSCO LATEX CONDOM		ALPHANINE SD..... 258	hcthiazyd
.....	298, 327	alprazolam	101
AIRDUO DIGIHALER... 406		ALPRAZOLAM INTENSOL	ammonium lactate..... 185
AIRSUPRA..... 406		.....	Amnesteem..... 171
AJOVY AUTOINJECTOR		.....	AMONDYS-45..... 274
.....	145	ALPROLIX	amoxapine
AJOVY SYRINGE	145	ALTABAX..... 178	128
AKEEGA	53	ALTACAINE	amoxicil-clarithromy-
AKLIEF	175	ALTACAINE	lansopraz..... 240
AKTEN (PF)..... 390		ALTAFLUOR BENOX . 389,	amoxicillin
AKYNZEO (NETUPITANT)		390	35
.....	236	Altavera (28) .....	..... 35
Ala-Cort..... 185		158	amphetamine
Ala-Scalp	185	ALTERNATE SITE	136, 143
albendazole..... 35		LANCET	143, 149
albuterol sulfate.... 404, 405		290, 327	ampicillin
Alcaine	390	ALTOPREV	35
alclometasone..... 185		104	AMVISC
ALCOHOL PADS..... 78		ALTRENO	392
ALCOHOL PREP PADS 78		ALTUVIIIO..... 259	AMVISC PLUS
alcohol swabs	78	ALUNBRIG..... 56	392
ALCOHOL WIPES	78	ALVAIZ..... 270	AMVUTTRA
ALDURAZYME	374	ALVESCO	211
ALECENSA..... 56		alvimopan..... 33	amyl nitrite..... 32, 102
alendronate..... 218		Alyacen 1/35 (28)..... 158	ANACAINE..... 195
ALFERON N	189	Alyacen 7/7/7 (28)..... 167	anagrelide
alfuzosin..... 250		ALYMSYS	267
ALINIA	38	Alyq..... 116	ANA-LEX KIT
aliskiren..... 117		Amabelz	32
ALKINDI SPRINKLE ... 222		amantadine hcl..... 130	ANALPRAM-HC
ALLERGIST TRAY 1/2 ML		ambrisentan	189
27GX3/8	299, 327	amcinonide..... 185	ANASCORP
ALLERGIST TRAY		AMELUZ	80
INTRADERMAL BEV		Amethia..... 157	ANASTIA..... 194
.....	299, 327	Amethyst (28)..... 158	anastrozole
ALLERGIST TRAY		amiloride	60
REGULAR BEVEL .. 299,		113	ANDRODERM..... 212
327		hydrochlorothiazide .. 113	ANGELIQ
ALLERGY SYRINGE .. 299,		aminocaproic acid 262, 263	219
327		amiodarone	ANKTIVA..... 67
allopurinol	254	amitriptyline..... 128	ANNOVERA..... 169
almotriptan malate	146	amitriptyline-	ANORO ELLIPTA..... 405
ALOCRIIL	391	chlordiazepoxide 127,	anticoag citrate phos
		139	dextrose..... 255
		AMJEVITA(CF) 19, 21, 243	ANUCORT-HC
		AMJEVITA(CF)	31
		AUTOINJECTOR. 19, 21,	ANZEMET
		243	235
			APIDRA SOLOSTAR U-
			100 INSULIN
			228
			APIDRA U-100 INSULIN
			..... 228
			APLIGRAF
			196
			apomorphine
			130
			apraclonidine..... 394
			aprepitant..... 235
			APRETUDE
			39

Apri	158	aspirin	30, 267, 268	AVEED	212
APTIOM	121	ASPIRIN CHILDRENS ..	30,	AVEIDA	193
APTIVUS	51	267		Aviane	159
AQINJECT 3.0 LOCK		aspirin-dipyridamole	267	AVITA	175
SYRINGE	299, 327	ASSURE 4 STRIPS	278,	AVITENE	263
AQINJECT LUER LOCK		328		AVITENE FLOUR	263
SYRINGE	299, 300, 327,	ASSURE LANCE .	290, 328	AVONEX	380
328		ASSURE LANCE PLUS		AVSOLA	19, 21, 243
AQINJECT SAFETY		.....	290, 328	Ayuna	159
NEEDLE	300, 328	ASSURE PLATINUM TEST		AYVAKIT	69
AQINJECT SAFETY		STRIP	278, 328	azacitidine	59
SYRINGE	300, 328	ASSURE PRISM MULTI		AZASITE	394
AQINJECT STANDARD		STRIP	278, 328	azathioprine	25, 273
NEEDLE	300, 328	ASTAGRAF XL	271	azelaic acid	172, 193
ARAKODA	38	ASTRINGYN	263	azelastine	386, 409
ARALAST NP	408	atazanavir	51	azelastine-fluticasone ..	409
Aranelle (28)	167	atenolol	108	AZELEX	172, 193
ARANESP (IN		atenolol-chlorthalidone .	111	azithromycin	49
POLYSORBATE)	257	ATGAM	86	AZSTARYS	136
ARCALYST	19	atomoxetine	138	Azurette (28)	157
AREXVY (PF)	80	ATORVALIQ	104	B	
arformoterol	404	atorvastatin	105	B COMPLEX 100	203
argatroban	269	atovaquone	38	bacitracin	393
argatroban in 0.9 % sod		atovaquone-proguanil ...	37	bacitracin-polymyxin b ..	392
chlor	269	ATRAPRO CP	185	baclofen	276
ARIDOL BRONCHIAL		ATROPEN	114	BACTERIOSTATIC	
CHALLENGE	199	atropine	386	WATER-OGIVRI	204
ARIKAYCE	34	atropine sulfate (pf)	386	BAFIERTAM	381
aripiprazole	135, 141	ATROVENT HFA	404	BALCOLTRA	159
ARISTADA	135	ATRYN	267	BALFAXAR	257
armodafinil	149	Aubra	158	balsalazide	242
ARMONAIR DIGIHALER		Aubra Eq	158	BALVERSA	63
.....	401	AUGTYRO	69	Balziva (28)	159
ARMOUR THYROID	232	Aurovela 1.5/30 (21)	159	BAQSIMI	210
ARNUITY ELLIPTA	401	Aurovela 1/20 (21)	159	BARACLUDE	47
arsenic trioxide	60	Aurovela 24 Fe	159	BASADROX	178
ARTISS	193	Aurovela Fe 1.5/30 (28) ..	159	BASAGLAR KWIKPEN U-	
ARZERRA	62	Aurovela Fe 1-20 (28) ..	159	100 INSULIN	227
ASCENIV	84	AURYXIA	205, 249, 250	BAVENCIO	73
Ascomp With Codeine ...	16	AUSTEDO	147, 148	BAXDELA	46
ASCOR	209	AUSTEDO 12MG START		BAYER ASPIRIN ...	30, 268
ascorbic acid (vitamin c)		TITR(WK1-4)	147, 148	BAYER LOW DOSE	
.....	209	AUSTEDO TD TITRATN		ASPIRIN	30, 268
asenapine maleate	130, 141	PK (WK 1-2)	147, 148	B-COMPLEX INJECTION	
Ashlyna	157	AUSTEDO XR	147, 148	.....	203
ASMANEX HFA	401	AUSTEDO XR TITRATION		BD ALCOHOL SWABS ..	78
ASMANEX TWISTHALER		KT(WK1-4)	147, 148	BD ALLERGIST TRAY	
.....	401	AUVELITY	125	REG BEVEL	300, 328
ASPARLAS	60	AVASTIN	54		

BD ALLERGY SYRINGE
..... 300, 328

BD AUTOSHIELD DUO
PEN NEEDLE... 297, 328

BD BLUNT PLASTIC
CANNULA..... 300, 328

BD BULK SYRINGE SLIP
TIP..... 300, 328, 329

BD ECCENTRIC TIP
SYRINGE..... 300, 329

BD ECLIPSE..... 301, 329

BD ECLIPSE LUER-LOK
..... 300, 301, 329

BD FILTER NEEDLE 5-
MICRON NOKO 301, 329

BD FILTER NEEDLE-5
MICRON..... 301, 329

BD INSULIN SYRINGE
(HALF UNIT) 297, 329

BD INSULIN SYRINGE U-
500 297, 329

BD INSULIN SYRINGE
ULTRA-FINE 297, 329

BD INTEGRA NEEDLE 301,
329

BD INTEGRA SYRINGE
..... 301, 330

BD INTERLINK BLUNT
PLASTIC CAN.. 301, 330

BD INTERLINK SYRINGE
..... 301, 330

BD INTRADERMAL BEVEL
NEEDLES..... 301, 330

BD LUER-LOK BULK
SYRINGE..... 301, 330

BD LUER-LOK SYRINGE
..... 301, 302, 330, 331

BD LUER-LOK TIP
CONTROL SYRING 302,
331

BD MICROTAINER
LANCET 290, 331

BD NANO 2ND GEN PEN
NEEDLE..... 297, 331

BD NOKOR ADMIX
NEEDLE..... 302, 331

BD POSIFLUSH NORMAL
SALINE 0.9..... 208

BD PRECISIONGLIDE 302,
331

BD PRECISIONGLIDE
NON-STERILE . 302, 331

BD REGULAR BEVEL
NEEDLES..... 302, 331

BD SAFETYGLIDE
ALLERGIST TRAY .. 302,
331

BD SAFETYGLIDE
NEEDLE..... 302, 331

BD SAFETYGLIDE
SHIELDING REG 302,
303, 331

BD SAFETYGLIDE
SYRINGE . 303, 331, 332

BD SAFETYGLIDE TB
REG BEVEL 303, 332

BD SAFETYGLIDE
TUBERCULIN .. 303, 332

BD SHORT BEVEL
NEEDLES..... 303, 332

BD SHORT BEVEL THIN
WALL..... 303, 332

BD SLIP TIP SYRINGE
..... 303, 332

B-D SLIP TIP SYRINGE
..... 303

B-D SLIP TIP SYRINGE
..... 332

BD SPECIALTY USE
NEEDLES..... 303, 332

BD SYRINGE..... 304, 333

BD SYRINGE CATH TIP
NONSTERILE .. 303, 332

BD SYRINGE CATHETER
TIP..... 303, 332

BD SYRINGE LUER-LOK
NONSTERILE . 303, 304,
332, 333

BD SYRINGE LUER-LOK
STERILE 304, 333

BD SYRINGE SLIP TIP
NONSTERILE .. 304, 333

BD SYRINGE-DUAL
CANNULA 304, 333

BD TUBERCULIN SLIP-
TIP 304, 333

BD TUBERCULIN
SYRINGE 304, 333

BD ULTRA-FINE MICRO
PEN NEEDLE... 297, 333

BD ULTRA-FINE MINI PEN
NEEDLE 297, 333

BD ULTRA-FINE NANO
PEN NEEDLE... 297, 333

BD ULTRA-FINE ORIG
PEN NEEDLE... 297, 333

BD ULTRA-FINE SHORT
PEN NEEDLE... 297, 333

BD VEO INSULIN SYR
(HALF UNIT)..... 297, 333

BD VEO INSULIN
SYRINGE UF.... 298, 334

BD VERITOR AT-HOME
COVID19 TST .. 287, 334

BELEODAQ 64

BELRAPZO 56

BELSOMRA 150

benazepril 100

benazepril-
hydrochlorothiazide 99

bendamustine..... 56

BENDEKA 56

BENEFIX..... 258

BENLYSTA 27

benzhydrocodone-
acetaminophen 17

benznidazole 38

benzonatate 401

benzoyl peroxide 174

benzphetamine..... 202

benztropine 129

BEOVU 391, 395

bepotastine besilate 386

BERINERT 256

BESIVANCE..... 393

BESPONSA 57, 74

BESREMI..... 64

betaine 376

BETALOAN SUIK..... 222

betamethasone
dipropionate..... 185

betamethasone valerate
..... 185

betamethasone,
augmented..... 185, 186

BETASERON..... 381
 betaxolol 108, 390
 bethanechol chloride.... 253
 BETIMOL 390
 BETOPTIC S..... 390
 bevacizumab..... 391, 395
 BEVESPI AEROSPHERE
 405
 bexarotene 71, 181
 BEXSERO 93
 BEYAZ 159
 BEYFORTUS 80
 bicalutamide..... 57
 BIJUVA 220
 BIKTARVY 43
 bimatoprost..... 394
 BIMZELX 176
 BIMZELX AUTOINJECTOR
 176
 BINAXNOW COVID AG
 CARD HOME TST... 287,
 334
 BINAXNOW COVID-19 AG
 SELF TEST 287, 334
 BIOGLO 389
 BIOLON 392
 BIONIME RIGHTEST
 TEST STRIPS .. 278, 334
 bismuth subcit k-metronidz-
 tcn 240
 bisoprolol fumarate 108
 bisoprolol-
 hydrochlorothiazide .. 111
 bivalirudin..... 269
 BIVIGAM 84
 bleomycin..... 73
 BLINCYTO 76
 Blisovi 24 Fe 159
 Blisovi Fe 1.5/30 (28) ... 159
 Blisovi Fe 1/20 (28) 159
 BLOOD GLUCOSE TEST
 278, 334
 BLULINK BG SYSTEM
 REFILL 290, 334
 BLULINK GLUCOSE TEST
 STRIP..... 278, 334
 blunt needle, disposable
 304, 334
 BOOSTRIX TDAP 89
 bortezomib 68, 69
 bosentan 116
 BOSULIF..... 69
 BOTOX 276
 BP 10-1 172
 BPO 174
 BRAFTOVI 60
 BREATHERITE MDI
 SPACER..... 320, 334
 BREATHERITE SPACER-
 MASK, NEO. 320, 334
 BREATHERITE SPACER-
 MASK,ADULT .. 320, 334
 BREATHERITE SPACER-
 MASK,CHILD ... 320, 334
 BREATHERITE SPACER-
 MASK,INFANT . 320, 334
 BREATHERITE SPACER-
 MASK,S.CHLD . 321, 334
 BREATHERITE VALVED
 MDI CHAMBER 321, 335
 BREATHERITE VALVED
 MDI SPACER ... 321, 335
 BREEZE 2 TEST STRIPS
 279, 335
 BRENZAVVY 215
 BREO ELLIPTA 406
 BREXAFEMME 36
 Breyna..... 406
 BREZTRI AEROSPHERE
 407
 Briellyn 159
 BRILINTA..... 267
 brimonidine 193, 394
 brimonidine-dorzolamide
 (pf)..... 384
 brimonidine-timolol 388
 BRINEURA 373
 brinzolamide..... 389
 BRIUMVI 380
 BRIVIACT 123
 BRIXADI..... 151
 Bromfed Dm 409
 bromfenac 388
 bromocriptine 129
 brompheniramine-
 pseudoeph-dm 409
 BRONCHITOL 407
 BRUKINSA..... 61, 69
 budesonide 242, 401
 budesonide-formoterol . 406
 BULLSEYE MINI SAFETY
 LANCETS 290, 335
 bumetanide 113
 buprenorphine 18
 buprenorphine hcl .. 18, 151
 buprenorphine-naloxone
 151
 bupropion hcl..... 127, 128
 bupropion hcl (smoking
 deter) 152
 buspirone 118
 busulfan 55
 butalbital-acetaminop-caf-
 cod..... 17
 butalbital-acetaminophen 18
 butalbital-acetaminophen-
 caff..... 18
 butalbital-aspirin-caffeine 29
 butorphanol 18
 BUTTERFLY TOUCH
 LANCET 290, 335
 BYDUREON BCISE 214
 BYETTA 214
 BYLVAY 270
 BYOOVIZ 391, 395
 C
 CABENUVA 40
 cabergoline 231
 CABLIVI 254, 255
 CABOMETYX..... 67
 cabotegravir 40
 CABTREGO..... 173
 CADIRA COMPLIANT
 BLOOD STAT 325
 caffeine citrate..... 144
 calcipotriene 182
 calcipotriene-
 betamethasone..... 176
 calcitonin (salmon) 219
 calcitriol 182, 209, 375
 calcium acetate(phosphat
 bind) 249
 CALQUENCE
 (ACALABRUTINIB MAL)
 61, 69
 Camila..... 166
 CAMPTOSAR 72

CAMRESE 157
 CAMRESE LO 157
 CAMZYOS 111
 candesartan 101
 candesartan-
 hydrochlorothiazid 101
 cantharidin in acetone.. 190
 capecitabine..... 59
 CAPEX..... 186
 CAPLYTA 132
 CAPRELSA..... 69
 captopril 100
 captopril-
 hydrochlorothiazide 99
 CARBAGLU 376
 carbamazepine 121, 140
 CARBATROL 121, 140
 carbidopa 129
 carbidopa-levodopa 128
 carbidopa-levodopa-
 entacapone..... 128
 carbinoxamine maleate399,
 400
 carboplatin 68
 CARDIOPLEGIA DEL
 NIDO FORMULA..... 396
 CARDIOPLEGIA HIGH
 POTASSIUM 396
 CARDIOPLEGIA IND 4
 1 PLASMALYT 396
 1 RINGER 396
 CARDIOPLEGIA IND 8
 1 NON-ENRCH 396
 CARDIOPLEGIA
 INDUCTION 4
 1 397
 CARDIOPLEGIA
 INDUCTION 8
 1 397
 CARDIOPLEGIA MAIN 8
 1 NO-ENRCH 397
 CARDIOPLEGIA MAINT 4
 1 PLASMA..... 397
 1 RINGER 397
 CARDIOPLEGIA
 MAINTENANCE 4
 1 397
 CARDIOPLEGIA
 MAINTENANCE 8
 1 397
 CARDIOPLEGIA
 REPERFUSATE 4
 1 397
 CARDIOPLEGIA WARM
 INDUCT 4
 1 398
 cardioplegic no.17(induct 4
 1)398
 cardioplegic no.19 (maint 4
 1)398
 cardioplegic soln 398
 cardioplegic solution no.25
 398
 CARDURA XL..... 114
 CAREONE ULTRA THIN
 LANCET 290, 335
 CAREPOINT LUER LOCK
 SYRINGE 304, 335
 CAREPOINT LUER LOCK
 SYR-NEEDLE .. 304, 335
 CAREPOINT LUER SLIP
 SYRINGE 305, 335
 CAREPOINT LUER SLIP
 SYRING-NDL ... 305, 335
 CAREPOINT PRECISION
 NEEDLE 305, 335
 CAREPOINT SAFETY LL
 SYR-NEEDLE .. 305, 335
 CARESENS LANCETS290,
 335
 CARESENS N TEST
 STRIPS 279, 335
 CARESTART COVID-19
 AG HOME TST. 287, 335
 CARETOUCH ALCOHOL
 PREP PAD 78
 CARETOUCH
 HYPODERMIC NEEDLE
 305, 335
 CARETOUCH LUER LOCK
 SYRINGE 305, 336
 CARETOUCH LUER LOCK
 SYR-NEEDLE .. 305, 336
 CARETOUCH LUER SLIP
 SYRINGE 305, 336
 CARETOUCH SAFETY
 LANCETS 290, 336
 CARETOUCH TEST
 STRIP 279, 336
 CARETOUCH TWIST
 LANCET 290, 336
 carglumic acid 376
 carisoprodol 276
 carisoprodol-aspirin 276
 carisoprodol-aspirin-
 codeine 277
 carmustine 55, 56
 carteolol 390
 Cartia Xt 109
 carvedilol 100
 carvedilol phosphate 100
 CAVERJECT 200
 CAVERJECT IMPULSE200
 CAYA CONTOURED .. 288,
 336
 CAYSTON..... 407
 Caziant (28) 167
 cefaclor 45
 cefadroxil..... 45
 cefdinir 45
 cefixime 45, 46
 cefpodoxime..... 46
 cefprozil..... 45
 cefuroxime axetil 45
 celecoxib 28
 CELLTRION DIATRUST
 COV-19 HOME. 287, 336
 CEM-UREA..... 190
 CENTANY AT 178
 cephalixin 45
 CEPROTIN (BLUE BAR)
 269
 CEPROTIN (GREEN BAR)
 269
 CEQUA 387
 CEQUR SIMPLICITY .. 323,
 336
 CEQUR SIMPLICITY
 INSERTER 290, 336
 CERDELGA 375
 CEREZYME 374
 CERVIDIL 210
 CETACAINE..... 191
 CETACAINE ANESTHETIC
 191
 cetirizine 400

cetorelix 230
 cevimeline 379
 Charlotte 24 Fe 159
 Chateal (28) 160
 Chateal Eq (28) 160
 CHEK-STIX CONTROL
 198, 325, 336
 CHEMET 33
 CHEMSTRIP 10 MD ... 198,
 336
 CHEMSTRIP 10/SG.... 198,
 336
 CHEMSTRIP 2 GP198, 336
 CHEMSTRIP 50B 198, 337
 CHEMSTRIP 7 198, 337
 CHEMSTRIP 9 198, 337
 CHENODAL 237
 CHILDREN'S ASPIRIN . 30,
 268
 chlordiazepoxide hcl ... 117,
 139
 chlordiazepoxide-clidinium
 139, 240
 chlorhexidine gluconate 379
 chloroquine phosphate... 38
 chlorpromazine 133
 chlorthalidone..... 113
 chlorzoxazone..... 276
 CHOICEDM CLARUS. 279,
 337
 CHOLBAM 236
 cholestyramine (with sugar)
 103, 104
 Cholestyramine Light ... 104
 cholestyramine-aspartame
 104
 choline,magnesium
 salicylate..... 30
 chorionic gonadotropin,
 human 225
 CHOSEN LANCET 290,
 337
 CHOSEN SAFETY
 LANCET 290, 337
 CIBINQO 177
 CICLODAN KIT 179
 ciclopirox 179
 ciclopirox-ure-camph-
 menth-euc 180
 cilostazol 267
 CILOXAN 393
 CIMDUO 41
 CIMERLI 391, 395
 cimetidine 237
 cimetidine hcl 237
 CIMZIA..... 20, 22, 244
 CIMZIA POWDER FOR
 RECONST 20, 22, 243
 CIMZIA STARTER KIT.. 20,
 22, 244
 cinacalcet 219
 CINQAIR 402
 CINRYZE 256
 CIPRO..... 46
 CIPRO HC 398
 ciprofloxacin 46
 ciprofloxacin hcl ... 46, 393,
 398
 ciprofloxacin-
 dexamethasone 398
 ciprofloxacin-fluocinolone
 398
 cisplatin 68
 citalopram 125
 CITRANATAL (DUAL-
 IRON) 206
 CITRANATAL 90 DHA
 (ALGAL OIL)..... 207
 CITRANATAL ASSURE207
 CITRANATAL DHA
 (ALGAL OIL)..... 207
 CITRANATAL HARMONY
 (IRON FUM) 207
 citric-sod citrat-sod phos-
 dex..... 255
 cladribine..... 58
 Claravis 171
 CLARINEX-D 12 HOUR399
 clarithromycin 49
 CLEANSING WASH.... 172,
 193
 CLEARSHIELD SODIUM
 CHLOR FLUSH 208
 clemastine 399, 400
 CLENPIQ 247
 CLEOCIN 411
 CLEVER CHEK LANCETS
 290, 337
 CLEVER CHOICE
 CHAMBER-LRG MASK
 321, 337
 CLEVER CHOICE
 CHAMBER-MED MASK
 321, 337
 CLEVER CHOICE
 CHAMBER-SM MASK
 321, 337
 CLEVER CHOICE MICRO
 TEST STRIP 279, 337
 CLEVER CHOICE PRO
 279, 337
 CLEVER CHOICE TALK
 TEST 279, 337
 CLEVER CHOICE TEST
 STRIPS 279, 337
 CLEVER CHOICE VOICE
 PLUS TEST 279, 337
 CLIMARA PRO 220
 clindamycin hcl..... 49
 clindamycin palmitate hcl49
 Clindamycin Pediatric..... 49
 clindamycin phosphate 172,
 411
 clindamycin-benzoyl
 peroxide..... 173
 CLINDESSE..... 411
 CLINITEST COVID-19
 HOME TEST..... 287, 337
 CLINPRO 5000 377
 clobazam..... 118, 119, 139
 clobetasol 186
 clobetasol-emollient 186
 clocortolone pivalate ... 186
 CLODAN KIT 189
 clofarabine 58
 Clomid 222
 clomiphene citrate 222
 clomipramine 128
 clonazepam.. 117, 119, 139
 clonidine 112
 clonidine hcl 112, 135
 clopidogrel..... 268
 clorazepate dipotassium
 117, 139
 clotrimazole 180, 378
 clotrimazole-
 betamethasone 180

clozapine.....	132	CONTOUR NEXT TEST		CUSTODIOL HTK.....	396
COAGADEX.....	261	STRIPS	279, 338	CUTAQUIG	84
COAGUCHEK LANCETS		CONTOUR PLUS TEST		CUVITRU	84
.....	290, 337	STRIP.....	279, 338	CUVRIOR	33
COARTEM.....	37	CONTOUR TEST STRIPS		cyanocobalamin (vitamin b-	
cocaine	408	.....	279, 338	12).....	209
codeine sulfate.....	13	CONTRAVE	203	cyclobenzaprine	276
codeine-butalbital-asa-caff		COPIKTRA.....	67, 68	CYCLOMYDRIL	383
.....	17	CORDRAN.....	186	cyclopentolate	386
colchicine	254	CORDRAN TAPE LARGE		cyclopen-tropic-phenyleph-	
colesevelam.....	104	ROLL.....	186	watr.....	383
colestipol.....	104	CORDX COVID-19 AG		cyclopent-tropic-phen-ketr-	
COLOR LANCETS.....	290, 337	HOME TEST	287, 338	wat.....	384
COLUMVI	53	CORIFACT.....	261	cyclophosphamide ...	25, 55
COMBIPATCH.....	220	CORLANOR.....	114	cyclop-trop-propa-phen-ket-	
COMBISTIX REAGENT		CORTANE-B.....	399	wat.....	384
.....	198, 337	CORTIFOAM	242	cycloserine.....	44
COMBIVENT RESPIMAT		cortisone	222	CYCLOSET.....	214
.....	405	CORTISPORIN-TC	398	cyclosporine	25, 271
COMETRIQ.....	67	CORTROPHIN GEL.....	210	CYCLOSPORINE IN	
COMFORT EZ LANCETS		COSENTYX	177	KLARITY	387
.....	290, 337	COSENTYX (2		cyclosporine modified....	25,
COMFORT TOUCH PLUS		SYRINGES).....	177	271	
SAFETY LANC.	291, 337	COSENTYX PEN.....	177	CYLTEZO(CF) .	20, 22, 244
COMFORT TOUCH ULT		COSENTYX PEN (2 PENS)		CYLTEZO(CF) PEN	20, 22,
THIN LANCETS.....	291, 337	.....	177	244	
COMFORTSEAL LARGE		COSENTYX UNOREADY		CYLTEZO(CF) PEN	
MASK.....	321, 338	PEN.....	177	CROHN'S-UC-HS	20, 22,
COMFORTSEAL MEDIUM		COTELLIC	66	244	
MASK.....	321, 338	COTEMPLA XR-ODT... ..	136	CYLTEZO(CF) PEN	
COMFORTSEAL SMALL		COVARYX	219	PSORIASIS-UV ...	20, 22,
MASK.....	321, 338	COVARYX H.S.	219	244	
COMIRNATY 2023-24 (12Y		COVID-19 AT-HOME TEST		cyproheptadine.....	400
UP)(PF).....	94	.....	287, 338	CYRAMZA	72
COMPACT SPACE		CREON.....	236	Cyred	160
CHAMBER	321, 338	CRESEMBA.....	37	Cyred Eq.....	160
COMPACT SPACE		CRINONE	221, 412	CYSTADROPS	389
CHAMBER-LRG MASK		cromolyn	66, 391, 403	CYSTAGON.....	248
.....	321, 338	CRYODOSE TA MEDIUM		CYSTARAN	389
COMPACT SPACE		STREAM SPR.....	191	CYSTO-CONRAY II	198
CHAMBER-MED MASK		CRYODOSE TA MIST		CYSTOGRAFIN.....	198
.....	321, 338	SPRAY.....	191	CYSTOGRAFIN-DILUTE	
COMPACT SPACE		Cryelle (28).....	160	.....	198
CHAMBER-SM MASK		CRYSVITA.....	222	cytarabine	59
.....	321, 338	CUPRIMINE.....	27, 33	cytarabine (pf).....	59
COMPLERA.....	44	CURAE	170	CYTOGAM.....	84
Compro	235	CURITY ALCOHOL		D	
CONJUPRI.....	110	SWABS	78	dabigatran etexilate.....	269
Constulose.....	245	CUROSURF.....	408	dactinomycin	72

dalfampridine	381	DEPO-PROVERA	156	DIASDIMAXIA	172
danazol	224	DEPO-SUBQ PROVERA		DIASOXIA	172
dantrolene	277	104	156	DIASTIX	325, 339
dapsone	37, 172	Dermacinrx Lidocan	194	DIATRUE PLUS TEST	
DAPTACEL (DTAP		DERMACINRX LIDOGEL		STRIP	279, 339
PEDIATRIC) (PF)	89	.....	194	diazepam	118, 119, 139
darifenacin	252	DERMACINRX LIDOREX		Diazepam Intensol	118, 139
DARIO BLOOD GLUCOSE		.....	194	diazoxide	210
TEST STRIP	279, 338	DERMAZENE	180	dichlorphenamide .	113, 273
DARTISLA	239	DESCOVY	41	diclofenac epolamine ...	192
darunavir	51	desflurane	31	diclofenac potassium.....	28
DARZALEX.....	62	desipramine	128	diclofenac sodium .	29, 181,
DARZALEX FASPRO	62	desloratadine	400	192, 388	
Dasetta 1/35 (28)	160	desmopressin.....	212, 213	diclofenac-misoprostol ...	28
Dasetta 7/7/7 (28)	167	desog-		dicloxacillin	51
daunorubicin	73	e.estradiol/e.estradiol	157	dicyclomine	239, 240
DAURISMO.....	64	desonide	186	didanosine.....	42
DAVOL IRRIGATION		desoximetasone	186	diethylpropion.....	202
SYRINGE	305, 338	desvenlafaxine	126	DIFFERIN	175
DAVOL PISTON		desvenlafaxine succinate		DIFICID	49
IRRIGATION	305, 338	.....	126	diflunisal	30
DAXXIFY	276	dexamethasone	223	difluprednate	386
DAYBUE	155	DEXAMETHASONE		Digitek	112
Daysee.....	157	INTENSOL	223	digoxin.....	112
DAYVIGO	150	dexamethasone sodium		dihydroergotamine	145
DAZAVEIDAOXIA	193	phosphate.....	386	DILANTIN.....	121
DAZOMON.....	193	DEXCOM G6 RECEIVER		Dilantin Extended.....	121
DEBACTEROL.....	379	.....	291, 338	Dilantin Infatabs	121
Deblitane.....	166	DEXCOM G6 SENSOR		DILANTIN-125.....	121
decitabine	59	.....	291, 339	DILAUDID (PF)	13
deferasirox	33	DEXCOM G6		diltiazem hcl	109, 110
deferiprone.....	33	TRANSMITTER	291, 339	DILT-XR	110
deferoxamine	33	DEXCOM G7 RECEIVER		DILUENT FOR BICNU .	203
deflazacort	222	.....	291, 339	DILUENT FOR ELIGARD	
DELSTRIGO	44	DEXCOM G7 SENSOR		.....	203
demeclocycline	52	.....	291, 339	DILUENT FOR ISTODAX	
DEMEROL (PF)	13	dexlansoprazole.....	237	.....	204
DENTA 5000 PLUS	377	dexmethylphenidate.....	136	DILUENT FOR JEVTANA	
DENTA 5000 PLUS		DEXONTO	223	.....	204
SENSITIVE.....	377	DEXTENZA.....	386	DILUENT FOR	
DENTAGEL.....	377	dextroamphetamine sulfate		NOVOSEVEN RT	204
DEOXIATAR.....	174	.....	136, 143, 149	DILUENT FOR ROTARIX	
DEOXIAVAR.....	174	dextroamphetamine-		.....	204
DEPAKOTE	119, 140	amphetamine... 136, 143,		DILUENT FOR VIVITROL	
DEPAKOTE ER ..	119, 140,	149		.....	204
144		DIACOMIT	124	DILUTING MEDIUM FOR	
DEPAKOTE SPRINKLES		DIADIMAXIA	172	NOVOLOG	203
.....	119, 140	DIAOXIA	172	dimethyl fumarate.....	381
DEPO-ESTRADIOL	220	DIASAXIATAR	174	DIOOXIA	182

DIPENTUM 242
 Diphen 399, 400
 diphenoxylate-atropine. 234
 dipyrindamole..... 268
 disopyramide phosphate
 102
 disulfiram 152
 DIURIL 113
 divalproex ... 119, 120, 140,
 145
 docetaxel 71
 Dodex 209
 dofetilide 103
 DOJOLVI 206
 Dolishale 160
 donepezil 155
 DOPTLET (10 TAB
 PACK) 270
 DOPTLET (15 TAB
 PACK) 270
 DOPTLET (30 TAB
 PACK) 270
 dorzolamide 389
 dorzolamide (pf) 389
 dorzolamide-timolol..... 388
 dorzolamide-timolol (pf) 388
 Dotti 220
 DOVATO 41
 DOVER BULB SYRINGE
 305, 339
 doxazosin..... 114
 doxepin 128, 151
 doxercalciferol..... 375
 doxorubicin..... 73
 doxorubicin, peg-liposomal
 73
 doxycycline hyclate 52, 380
 doxycycline monohydrate
 52
 doxylamine-pyridoxine (vit
 b6)..... 234
 D-PENAMINE 27, 33
 DRITHOCREME HP ... 182
 dronabinol 142, 203, 235
 DROPLET LANCETS . 291,
 339
 DROPSAFE ALCOHOL
 PREP PADS 78
 DROPSAFE SICURA
 SAFETY NEEDLE ... 306,
 339
 drospirenone-e.estradiol-
 lm.fa..... 160
 drospirenone-ethinyl
 estradiol..... 160
 DROXIA 269
 droxidopa 111
 DRY SOL 181
 DRY SOL DAB-O-MATIC
 181
 DUAKLIR PRESSAIR .. 405
 DUAVEE 219
 DULERA 406
 duloxetine..... 126, 144
 DUOBRII 175
 DUODOTE 32
 DUOPA 129
 DUPIXENT PEN .. 178, 402
 DUPIXENT SYRINGE. 178,
 402
 DUREX AIR CONDOM 298,
 339
 DUREX AVANTI BARE
 REAL FEEL 298, 339
 DUREX EXTRA
 SENSITIVE CONDOM
 298, 339
 DUREX TROPICAL
 CONDOM 298, 339
 DUROLANE 275
 DURYSTA 394
 dutasteride 251
 dutasteride-tamsulosin . 248
 DUZALLO 254
 DYANAVEL XR.... 137, 143
 DYSPORT..... 276
 E
 E.E.S. 400 49
 EASIVENT HOLDING
 CHAMBER 321, 339
 EASIVENT MASK LARGE
 321, 339
 EASIVENT MASK
 MEDIUM..... 321, 340
 EASIVENT MASK SMALL
 321, 340
 EASY COMFORT
 ALCOHOL PAD 78
 EASY COMFORT
 LANCETS 291, 340
 EASY GLIDE CATHETER
 TIP SYRINGE 306, 340
 EASY GLIDE DENTAL
 IRRIG SYRINGE. 306, 340
 EASY GLIDE LUER LOCK
 SYRINGE 306, 340
 EASY GLIDE LUER SLIP
 TB SYRINGE 306, 340
 EASY PLUS II TEST ... 279,
 340
 EASY STEP 279, 340
 EASY TALK GLUCOSE
 TEST 279, 340
 EASY TALK PLUS II TEST
 STRIP 279, 340
 EASY TOUCH..... 308, 343
 EASY TOUCH ALCOHOL
 PREP PADS 78
 EASY TOUCH BLULINK
 TEST STRIP 280, 340
 EASY TOUCH FLIPLOCK
 NEEDLE 306, 341
 EASY TOUCH FLIPLOCK
 SYRINGE . 306, 307, 341
 EASY TOUCH FLURINGE
 307, 342
 EASY TOUCH FLURINGE
 FLIPLOCK 307, 341
 EASY TOUCH FLURINGE
 FLU TRAY 307, 341
 EASY TOUCH FLURINGE
 SHEATHLOCK . 307, 342
 EASY TOUCH
 HYPODERMIC NEEDLE
 307, 342
 EASY TOUCH LANCETS
 291, 342
 EASY TOUCH LUER
 LOCK SYRINGE..... 307,
 308, 342
 EASY TOUCH SAFETY
 LANCETS 291, 342
 EASY TOUCH
 SHEATHLOCK SYRG-
 NDL 308, 342, 343

EASY TOUCH	efavirenz-emtricitabin-	EMBRACE WAVE
SHEATHLOCK	tenofov..... 44	GLUCOSE TEST STRP
SYRINGE 308, 343	efavirenz-lamivu-tenofov	..... 280, 345
EASY TOUCH SYR	disop..... 44	EMCYT 63
ALLERGY TRAY 308,	EFFER-K..... 205	EMEND 235
343	EGATEN 35	EMFLAZA 223
EASY TOUCH TEST	EGRIFTA SV..... 224	EMGALITY PEN..... 145
STRIP..... 280, 343	ELAHERE 53, 57	EMGALITY SYRINGE. 117,
EASY TOUCH	ELAPRASE 374	145
TUBERCULIN	ELELYSO..... 374	EMPAVELI 255, 268
FLIPLOCK..... 309, 343	ELEMENT COMPACT	EMPLICITI 60
EASY TOUCH	TEST STRIPS .. 280, 344	EMSAM..... 125
TUBERCULIN	ELEMENT TEST STRIPS	emtricitabine..... 42
SHEATHLK 309, 343	..... 280, 344	emtricitabine-tenofovir (tdf)
EASY TOUCH TWIST	ELESTRIN 221	..... 41, 42
LANCETS..... 291, 343	eletriptan 146	EMTRIVA 42
EASY TOUCH UNI-SLIP	ELFABRIO 373	EMVERM 35
..... 309, 343, 344	ELIGARD 65	Emzahn 166
EASY TRAK GLUCOSE	ELIGARD (3 MONTH).... 65	enalapril maleate..... 100
TEST 280, 344	ELIGARD (4 MONTH).... 65	enalapril-
EASY TRAK II TEST	ELIGARD (6 MONTH).... 65	hydrochlorothiazide 99
STRIP..... 280, 344	Elinest 160	ENBREL..... 19, 22
EASY TWIST AND CAP	ELIQUIS..... 256	ENBREL MINI 19, 22
LANCETS..... 291, 344	ELIQUIS DVT-PE TREAT	ENBREL SURECLICK.. 19,
EASYGLUCO TEST ... 280,	30D START 256	22
344	Elixophyllin 403	ENDARI 203, 206, 269
EASYMAX 280, 344	ELLA 170	ENDO AVITENE 263
EASYMAX 15 TEST	ELLUME COVID-19 HOME	Endocet..... 17, 18
STRIPS 280, 344	TEST 287, 344	ENDOMETRIN 222
EASYPOINT NEEDLE 309,	ELMIRON..... 249	ENGERIX-B (PF) 82
344	ELOCTATE 259	ENGERIX-B PEDIATRIC
ECLIPSE NEEDLE 309,	ELREXFIO 75	(PF) 82
344	Eluryng..... 169	ENHERTU..... 57, 75
ECLIPSE SYRINGE.... 309,	ELYXYB..... 146	Enilloring 169
344	ELZONRIS 74	ENJAYMO..... 255, 256
EC-NAPROXEN..... 29	EMBRACE BLOOD	enoxaparin 266
econazole 180	GLUCOSE SYSTEM280,	Enpresse 167
ECONTRA EZ..... 170	344	Enskyce 160
ECONTRA ONE-STEP 170	EMBRACE EVO TEST	ENSPRYNG..... 272
ECOTRIN..... 30, 268	STRIPS 280, 344	ENSTILAR 176
ECOZA 180	EMBRACE LANCETS. 291,	entacapone 129
EDARBI 102	345	ENTADFI..... 248
EDARBYCLOR 101	EMBRACE PRO TEST	entecavir 47
EDEX..... 200	STRIPS 280, 345	ENTERO VU 197
ED-SPAZ 239, 252	EMBRACE SAFETY	ENTRESTO 101
EDURANT..... 41	LANCET 291, 345	ENTYVIO 242
EEMT..... 219	EMBRACE TALK TEST	ENTYVIO PEN 243
EEMT HS..... 219	STRIPS 280, 345	Enulose 236
efavirenz 41		ENVARUSUS XR 271

ENZNONUTY.....	191	estazolam.....	139, 150	EXCEL SYRINGE	309, 345
EOHILIA.....	223	estradiol	221, 411	EXEL HYPODERMIC	
EPCLUSA.....	48	estradiol valerate.....	221	NEEDLES.....	309, 345
EPIDIOLEX.....	119	estradiol-norethindrone		EXEL SYRINGE..	309, 310,
EPIFIX AMNIOTIC		acet.....	220	345, 346	
MEMBRANE.....	195	ESTRING.....	412	EXELDERM.....	180
EPIFOAM.....	189	ESTROGEL	221	EXEM.....	198
epinastine	386	estrogens-		exemestane	60
epinephrine	111, 401	methyltestosterone ...	220	EXODERM.....	179
epinephrine hcl.....	409	eszopiclone	150	EXONDYS-51	274
epirubicin	73	ethacrynic acid	113	EXSERVAN	273
Epitol.....	121, 141	ethambutol	45	EYLEA	391, 396
EPKINLY.....	53	ethosuximide.....	124	EYLEA HD	391, 396
eplerenone.....	100, 112	ethyl chloride.....	192	EYSUVIS	386
EPOGEN	257	ethynodiol diac-eth		E-Z DISK.....	197
epoprostenol.....	115	estradiol.....	160	E-Z JECT LANCETS...	292,
EPRONTIA.....	122	etodolac	29	346	
eprosartan.....	102	etonogestrel-ethinyl		E-Z JECT THIN LANCETS	
eptifibatide	267	estradiol.....	169	.....	292, 346
EQUETRO	121, 141	etoposide	63	EZ SMART LANCETS	292,
ERBITUX	76	etravirine	41	346	
ergocalciferol (vitamin d2)		EUCRISA.....	178	EZ SMART PLUS TEST	
.....	209	EUFLEXXA	275	.....	281, 346
ergoloid.....	156	EUTHYROX.....	233	EZ SMART TEST.	281, 346
ERGOMAR	145	EVAMIST	221	EZALLOR SPRINKLE..	105
ergotamine-caffeine	146	EVARREST.....	264	ezetimibe.....	108
eribulin	66	EVENCARE G2 ...	280, 345	ezetimibe-simvastatin...	108
ERIVEDGE	64	EVENCARE G3 TEST	280,	E-Z-HD BARIUM.....	197
ERLEADA	57	345		E-Z-PAQUE	197
erlotinib	54	EVENCARE MINI		E-Z-PASTE	197
ERMEZA.....	233	GLUCOSE TEST STR		F	
Errin	166	.....	280, 345	FABRAZYME	373
ERWINASE.....	60	EVENCARE PROVIEW		FACTIVE.....	46
Ery Pads	172	TEST STRIP.....	280, 345	Falmina (28).....	160
Ery-Tab	49	EVENCARE TEST	281, 345	famciclovir	48
ERYTHROCIN (AS		EVENITY.....	218	famotidine	237
STEARATE).....	49	everolimus (antineoplastic)		FANAPT.....	131
erythromycin	50, 394	.....	66	FANTASY CONDOM ..	298,
erythromycin ethylsuccinate		everolimus		346	
.....	49	(immunosuppressive)	272	FARXIGA	215
erythromycin with ethanol		EVERSENSE E3 SMART		FASENRA.....	402
.....	172	TRANSMITTER	292, 345	FASENRA PEN.....	402
erythromycin-benzoyl		EVICEL	264	FASTEP COVID-19 AG	
peroxide	173	EVKEEZA	103	HOME TEST.....	287, 346
escitalopram oxalate	126	EVOLUTION TEST		FC2 FEMALE CONDOM	
esomeprazole magnesium		STRIPS	281, 345	.....	289, 346
.....	237, 238	EVOMELA.....	55	febuxostat	254
ESPEROCT	259	EVOTAZ.....	43, 51	FEIBA NF.....	256
Estarylla.....	160	EVRYSDI.....	277	felbamate	119

felodipine	110	FLOSEAL.....	264	FLUOXIA.....	188
FEM PH	411	FLOW-EZE VENTED		fluphenazine hcl	133
FEMCAP	286, 346	NEEDLE	310, 346	flurandrenolide	187
FEMRING	412	FLOWFLEX COVID-19 AG		flurazepam	139, 150
fenofibrate	104	HOME TEST	287, 347	flurbiprofen	29
fenofibrate micronized..	104	floxuridine.....	59	flurbiprofen sodium.....	388
fenofibrate nanocrystallized		FLUAD QUAD 2023-		fluticasone propionate .	187,
.....	104	24(65Y UP)(PF).....	95	401, 402, 409	
fenofibric acid.....	104	FLUARIX QUAD 2023-		fluticasone propion-	
fenofibric acid (choline)	104	2024 (PF)	95	salmeterol.....	406
FENSOLVI	230	FLUBLOK QUAD 2023-		fluvastatin.....	105
fantanyl	13	2024 (PF)	95	fluvoxamine.....	126
fantanyl citrate.....	13	FLUCELVAX QUAD 2023-		FLUZONE HIGHDOSE	
fantanyl citrate (pf) ...	13, 31	2024	96	QUAD 23-24 PF	96
fantanyl citrate (pf)-		FLUCELVAX QUAD 2023-		FLUZONE QUAD 2023-	
0.9%nacl.....	13	2024 (PF)	95	2024	96
FERRIPROX.....	33	fluconazole.....	37	FLUZONE QUAD 2023-	
fesoterodine	253	flucytosine	36	2024 (PF)	96
FETZIMA	126, 127	fludarabine	58	FML FORTE.....	387
FIASP FLEXTOUCH U-100		fludrocortisone	231	FOLET ONE.....	206, 207
INSULIN	228	FLULAVAL QUAD 2023-		folic acid	209
FIASP PENFILL U-100		2024 (PF)	96	FOLLISTIM AQ	222
INSULIN	228	FLUMIST QUAD 2023-		FOLOTYN	58
FIASP PUMPCART	228	2024	87, 96	fondaparinux	266
FIASP U-100 INSULIN.	228	flunisolide.....	409	FORA 6 CONNECT	
FIBRYGA	263	fluocinolone.....	186	GLUCOSE STRIP ...	281,
FILSPARI.....	99	fluocinolone acetonide oil		347	
filter needles.....	310, 346	.....	398	FORA 6CONN-GTEL-TN'G	
FINACEA	172, 193	fluocinolone and shower		ADV STRIP.....	281, 347
finasteride	250	cap.....	186	FORA D15G STRIPS..	281,
FINGERSTIX LANCETS		fluocinonide.....	186, 187	347	
.....	292, 346	Fluocinonide-E	187	FORA D20	281, 347
fingolimod	382	fluocinonide-emollient ..	187	FORA D40-G31 TEST	
FINTEPLA.....	124	fluorescein-benoxinate	389,	STRIPS	281, 347
Finzala	160	390		FORA G20	281, 347
Fioricet.....	19	fluorescein-proparacaine		FORA G30-PREMIUM V10	
FIRDAPSE	274	.....	389	TEST STRP.....	281, 347
FLAREX.....	386	fluoride (sodium) ..	377, 378	FORA GD50 TEST	
flavoxate	253	FLUORIDEX DAILY		STRIPS	281, 347
FLEBOGAMMA DIF.....	84	DEFENSE	378	FORA GTEL GLUCOSE	
flecainide.....	103	FLUORIDEX SENSITIVITY		TEST STRIP.....	281, 347
FLEXICHAMBER. 321, 346		RELIEF.....	378	FORA TEST STRIP	281,
FLEXICHAMBER-LG		FLUORIMAX 5000	378	347	
CHILD MASK ...	322, 346	FLUORIMAX 5000		FORA TN'G ADVAN PRO	
FLEXICHAMBER-SM		SENSITIVE.....	378	TEST STRIP.....	281, 347
ADULT MASK ..	322, 346	fluorometholone	386	FORA TN'G VOICE TEST	
FLEXICHAMBER-SM		FLUOROPLEX.....	181	STRIPS	281, 347
CHILD MASK ...	322, 346	fluorouracil	181	FORA V10.....	281, 347
FLOLIPID	105	fluoxetine.....	126		

FORA V10-V12-D10-D20 STRIPS	281, 347	FREESTYLE TEST	282, 349	GELFOAM JMI POWDER	263
FORA V12 GLUCOSE	282, 347	FREESTYLE UNISTIK 2	292, 349	GELFOAM JMI SPONGE	263
FORA V20	282, 347	frovatriptan	146	GELFOAM SPONGE SIZE 200	263
FORA V30A	282, 347	FRUZAQLA	69	GELNIQUE	253
FORACARE GD20282,	348	FULPHILA	261	GEL-ONE	275
FORACARE GD40 TEST STRIPS	282, 348	fulvestrant	70	GELSYN-3	275
FORACARE LANCETS	292, 348	FUROSCIX	113	GELX	379
formoterol fumarate.....	404	furosemide	113	gemcitabine.....	59
FOSAMAX PLUS D	218	FUZEON	39	gemfibrozil.....	104
fosamprenavir	51	FYARRO	66	Gemmily	160
fosfomycin tromethamine	36, 251	Fyavolv.....	220	GEMTESA	249
fosinopril	100	FYCOMPA	118	GENABIO COVID-19 RAPID AT-HOME	287, 349
fosinopril-hydrochlorothiazide	99	FYLNETRA	261	GENADUR (WITH LEXINAL)	196
FOSRENOL	250	Fyremadel	230	Gengraf	25, 271
FOTIVDA	69	G		GENOTROPIN	224
FRAGMIN	266	gabapentin	120	GENOTROPIN MINIQUICK	224
FRAICHE 5000 PREVI	378	GALAFOLD	377	gentamicin.....	178, 393
FREEFLEX PLUS TRANSFER ADAPTER	319, 348	galantamine	155	GENULTIMATE TEST STRIP	282, 349
FREESTYLE INSULINX	282, 348	GALZIN	33	GENVISC 850	275
FREESTYLE INSULINX TEST STRIPS ..	282, 348	GAMASTAN	84	GENVOYA	43
FREESTYLE LANCETS	292, 348	GAMIFANT	271	GILENYA	382
FREESTYLE LIBRE 14 DAY READER ..	292, 348	GAMMAGARD LIQUID ..	84	GILOTRIF	54
FREESTYLE LIBRE 14 DAY SENSOR..	292, 348	GAMMAGARD S-D (IGA < 1 MCG/ML).....	84	GIMOTI	238
FREESTYLE LIBRE 2 READER	292, 348	GAMMAKED	84	GLASSIA.....	408
FREESTYLE LIBRE 2 SENSOR	292, 348	GAMMAPLEX	85	glatiramer	381
FREESTYLE LIBRE 3 READER	292, 348	GAMMAPLEX (WITH SORBITOL).....	84	Glatopa	381
FREESTYLE LIBRE 3 SENSOR	292, 348	GAMUNEX-C	85	GLEOLAN	200
FREESTYLE LITE STRIPS	282, 349	ganirelix.....	230	GLEOSTINE.....	56
FREESTYLE PRECISION NEO STRIPS....	282, 349	GARDASIL 9 (PF).....	95	GLIADEL WAFER.....	56
		GASTROMARK	198	glimepiride.....	216
		gatifloxacin	393	glipizide	216
		GATTEX 30-VIAL.....	247	glipizide-metformin	216
		GATTEX ONE-VIAL.....	247	GLOPERBA	254
		GAVILYTE-C.....	246	GLOSTRIPS.....	389
		Gavilyte-G	246	GLUCAGON (HCL) EMERGENCY KIT	210
		Gavilyte-N	246	Glucagon Emergency Kit (Human)	211
		GAVRETO	71	GLUCO NAVII TEST STRIP	282, 349
		GAZYVA	62		
		GE100 BLOOD GLUCOSE TEST STRIP.....	282, 349		
		GE333 BLOOD GLUCOSE TEST STRIP.....	282, 349		
		gefitinib.....	54		
		GELFILM.....	392		
		GELFOAM	263		

GLUCOCARD 01 SENSOR PLUS.....	282, 349	GUARDIAN 4 TRANSMITTER	293, 350	HEMA-COMBISTIX.....	198, 350
GLUCOCARD EXPRESSION..	282, 349	GUARDIAN CONNECT TRANSMITTER	293, 350	HEMANGEOL	109
GLUCOCARD SHINE TEST STRIPS ..	282, 349	GUARDIAN LINK 3 TRANSMITTER	293, 350	HEMLIBRA.....	261
GLUCOCARD VITAL SENSOR.....	282, 349	GUARDIAN SENSOR 3.....	293, 350	HEMOFIL M HIGH	259
GLUCOCARD VITAL TEST STRIPS	283, 349	GVOKE	211	HEMOFIL M LOW	259
GLUCOCOM GLUCOSE	283, 349	GVOKE HYOPEN 1-PACK.....	211	HEMOFIL M MID.....	259
GLUCOCOM LANCETS	292, 349	GVOKE HYOPEN 2-PACK.....	211	HEMOFIL M SUPER HIGH	259
glyburide	216	GVOKE PFS 1-PACK SYRINGE	211	HEP FLUSH-10 (PF)...	264, 265
glyburide micronized	216	GVOKE PFS 2-PACK SYRINGE	211	HEPAGAM B.....	86
glyburide-metformin	216	GYNAZOLE-1	411	heparin (porcine).....	265
glycine urologic solution	248	H		heparin (porcine) in 0.9% nacl.....	264, 265
glycopyrrolate.....	239, 380	HAEGARDA.....	256	heparin (porcine) in 5 % dex.....	265
glycopyrrolate (pf)	239	Hailey	161	heparin lock flush (porcine)	265
Glydo	194	Hailey 24 Fe.....	161	HEPARIN LOCKFLUSH(PORCINE) (PF)	265
GLYRX-PF	239	Hailey Fe 1.5/30 (28)....	161	heparin, porcine (pf)....	265, 266
GLYXAMBI.....	215	Hailey Fe 1/20 (28).....	161	HEPLISAV-B (PF).....	83
GM100.....	283, 349	HALAVEN	66	HER STYLE	170
GOJJI BLOOD GLUCOSE TEST STRIP.....	283, 349	halcinonide.....	187	HERCEPTIN	76
GOJJI LANCETS .	292, 349	HALO CLOSED VIAL ADAPTOR.....	319, 350	HERCEPTIN HYLECTA.	76
GONAL-F.....	222	halobetasol propionate.	187	HERZUMA	76
GONAL-F RFF	222	Haloette.....	169	HETLIOZ LQ	144
GONAL-F RFF REDI-JECT	222	HALOG	187	HEXIOUNYL	179
GOODLIFE AC-302 TEST STRIP.....	283, 350	haloperidol	132	HIBERIX (PF).....	91
GOTOKNOW COVID-19 AG HOME TEST	287, 350	haloperidol lactate	132	HICON	70
GRAFIX CORE	195	HARMONY GLUCOSE TEST STRIP.....	283, 350	HIXDEFRIMA.....	180
GRAFIX PRIME	195	HARVONI.....	48	HIZENTRA	85
GRAFIX XC.....	195	HAVRIX (PF).....	81	HOMATROPAIRE	386
granisetron hcl	235	HAXDRAX.....	180	huber safety needles (disp.)	310, 350
GRANIX.....	261	HEALON ENDOCOAT .	392	HUMALOG KWIKPEN INSULIN	229
GRASTEK.....	80	HEALON GV PRO	392	HUMALOG MIX 50-50 INSULN U-100.....	227
GREEN GLO.....	389	HEALON PRO	392	HUMALOG MIX 50-50 KWIKPEN.....	227
griseofulvin microsize.....	37	HEALON5 PRO	392	HUMALOG MIX 75-25(U-100)INSULN	227
griseofulvin ultramicrosize	37	HEALTHPRO TEST STRIPS	283, 350	HUMALOG U-100 INSULIN	229
guanfacine	112, 135	HEALTHY ACCENTS UNILET LANCET.....	293, 350	HEATHER	166
GUARDIAN 4 GLUCOSE SENSOR.....	293, 350				

HUMATROPE.....	224	hydrocortisone valerate	187	HYRIMOZ(CF) PEDI	
HUMIRA.....	20, 22, 244	hydrocortisone-acetic acid	398	CROHN STARTER....	21, 23, 245
HUMIRA PEN ..	20, 22, 244	hydrocortisone-iodoquinol	180	HYRIMOZ(CF) PEN	21, 23, 245
HUMIRA(CF)....	20, 23, 244	hydrocortisone-iodoquinol- aloe.....	178	HYSINGLA ER.....	14
HUMIRA(CF) PEDI		hydrocortisone-pramoxine	32, 187, 189	I	
CROHNS STARTER..	20, 22, 244	Hydromet	410	ibandronate	218
HUMIRA(CF) PEN ..	20, 23, 244	hydromorphone.....	14	IBRANCE	62
HUMIRA(CF) PEN		hydromorphone (pf).....	14	IBSRELA.....	241
CROHNS-UC-HS	20, 22, 244	hydromorphone (pf)-0.9 % nacl.....	14	Ibu	29
HUMIRA(CF) PEN		hydroquinone	183	ibuprofen	29
PEDIATRIC UC ...	20, 22, 244	hydroxocobalamin	209	icatibant.....	109
HUMIRA(CF) PEN PSOR-		hydroxychloroquine .	23, 24, 38	Iclevia.....	161
UV-ADOL HS	20, 23, 244	hydroxyurea	59	ICLUSIG.....	67
HUMULIN 70/30 U-100		hydroxyzine hcl	117	IDARAN	193
INSULIN	226	hydroxyzine pamoate ...	117	idarubicin.....	73
HUMULIN 70/30 U-100		HYFTOR	192	IDELVION	258
KWIKPEN.....	226	HYMOVIS	275	IDHIFA	67
HUMULIN N NPH INSULIN		hyoscyamine sulfate....	239, 252, 253	IDOSE TR	394
KWIKPEN.....	226	HYOSYNE	239, 253	IDYYXIATAR.....	175
HUMULIN N NPH U-100		HYPERHEP B.....	86	IFE-BIMIX 30/1.....	201
INSULIN	226	HYPERHEP B NEONATAL	86	ifosfamide.....	55
HUMULIN R REGULAR U-		.....	86	IGALMI.....	151
100 INSULN	226	HYPERRHO S/D.....	86	IGLUCOSE TEST STRIP	
HUMULIN R U-500		HYPER-SAL.....	154	.....	283, 350
(CONC) INSULIN	226	HYPOCYN ANTIPRURITIC	79, 196	IHEALTH COVID-19 AG	
HUMULIN R U-500		.....	310, 350	HOME TEST....	287, 350
(CONC) KWIKPEN...	227	HYQVIA	85	IHEEZO (PF).....	390
HYALGAN.....	275	HYQVIA HY COMPONENT	233	ILARIS (PF).....	19
HYCAMTIN	72	.....	85	ILEVRO	388
hydralazine.....	112	HYPODERMIC NEEDLES		ILUMYA.....	176
HYDRO 35.....	190	.....	310, 350	ILUVIEN	387
hydrochlorothiazide....	113, 114	HYRIMOZ PEN CROHN'S-		imatinib.....	69
hydrocodone bitartrate ...	14	UC STARTER	21, 23, 244	IMBRUVICA	61, 69
hydrocodone-		HYRIMOZ PEN		IMCIVREE.....	202
acetaminophen.....	17	PSORIASIS STARTER		IMFINZI	73
hydrocodone-		.....	21, 23, 245	imipenem-cilastatin	45
chlorpheniramine.....	410	HYRIMOZ(CF) .	21, 23, 245	imipramine hcl	128
hydrocodone-homatropine				imipramine pamoate....	128
.....	410			imiquimod.....	189
hydrocodone-ibuprofen..	17			IMJUDO	63
hydrocortisone	31, 187, 223, 242			IMPAVIDO	38
hydrocortisone acetate...	31			IMVEXXY MAINTENANCE	
hydrocortisone butyrate	187			PACK.....	231
				IMVEXXY STARTER	
				PACK.....	231
				INBRIJA	129
				Incassia.....	166

INCONTROL ALCOHOL PADS 78	INVACARE LANCETS 293, 351	JANUVIA..... 213
INCONTROL SUPER THIN LANCETS..... 293, 350	INVEGA HAFYERA..... 131	JARDIANCE..... 216
INCONTROL ULTRA THIN LANCETS..... 293, 350	INVEGA SUSTENNA... 131	Jasmiel (28) 161
INCRELEX..... 229	INVEGA TRINZA 131	JATENZO..... 212
INCRUSE ELLIPTA 403	INVELTYS..... 387	Javygtor 377
indapamide 114	INVOKAMET 215	JAYPIRCA 61, 69
INDICAID COVID-19 AG HOME TEST 287, 350	INVOKAMET XR..... 215	JEMPERLI 74
indium-111 chloride..... 200	INVOKANA 216	Jencycla 166
indomethacin..... 29	INZDEAXIAVAR..... 174	JENTADUETO 217
INFANRIX (DTAP) (PF) . 89	IODOFLEX..... 79	JENTADUETO XR 217
INFASURF 408	IODOSORB..... 79	JESDUVROQ..... 254
INFINITY TEST STRIPS 283, 351	IOPIDINE 394	JEVTANA..... 71
INFLECTRA..... 21, 23, 245	IPOL..... 97	Jinteli..... 220
infiximab 21, 23, 245	ipratropium bromide ... 404, 408	JIVI..... 260
INFUGEM 59	ipratropium-albuterol ... 405	JOENJA 376
INGREZZA..... 147, 148	irbesartan 102	JOLESSA..... 161
INGREZZA INITIATION PK(TARDIV)..... 147, 148	irbesartan- hydrochlorothiazide .. 101	JORNAY PM 137
INGREZZA SPRINKLE 147, 148	irinotecan 72	Joyeaux..... 161
INJECT EASE LANCETS 293, 351	IRRIGATION SYRINGE 310, 351	Juleber 161
INJECTAFER..... 205	ISENTRESS..... 40	JULIE 170
INLYTA 69	ISENTRESS HD 40	JULUCA 40
INPEFA..... 210	Isibloom..... 161	Junel 1.5/30 (21)..... 161
INQOVI 75	isoflurane 31	Junel 1/20 (21)..... 161
INREBIC 65	isoniazid 44	Junel Fe 1.5/30 (28)..... 161
insulin asp prt-insulin aspart 227	isosorbide dinitrate 102	Junel Fe 1/20 (28)..... 161
insulin aspart u-100..... 229	isosorbide mononitrate. 102	Junel Fe 24 161
insulin lispro 229	isosorbide-hydralazine . 117	JUST RIGHT 5000 378
insulin lispro protamin- lispro..... 227	isotretinoin..... 171	JUXTAPID..... 108
INTEGRA PRECISIONGLIDE NEEDLE..... 310, 351	isradipine..... 110	JYLAMVO 24, 58
INTEGRA SYRINGE... 310, 351	ISTODAX 64	JYNARQUE 250
INTELENCE..... 41	ISTURISA 210	K
INTELISWAB COVID-19 HOME TEST 287, 351	itraconazole..... 37	KADCYLA 57, 75
INTERLINK SYRINGE AND CANNULA 310, 351	IV PREP WIPES 78	Kaitlib Fe 162
INTRAROSA..... 231	ivermectin..... 35	KALBITOR 115
	IWILFIN..... 53	Kalliga 162
	IXEMPRA..... 63	KALYDECO 407
	IXINITY 258	KANJINTI 76
	IYUZEH (PF)..... 394	KANUMA..... 374
	IZERVAY (PF)..... 383, 391	KAPSPARGO SPRINKLE 108
	J	KARBINAL ER 399, 400
	Jaimiess..... 157	Kariva (28) 157
	JAKAFI..... 65	KATARAXAP..... 184
	Jantoven 255	KATARVIA 184
	JANUMET 217	KCENTRA..... 257
	JANUMET XR..... 217	Kelnor 1/35 (28) 162
		Kelnor 1-50 (28)..... 162
		KEMOPLAT 68
		KEPIVANCE..... 245

KERALYT SCALP	Klor-Con M10.....	206	LANCETS, SUPER THIN
COMPLETE.....	Klor-Con M15.....	206	.....
KERASTAT.....	Klor-Con M20.....	206	..... 293, 351
KERENDIA.....	KLOXXADO.....	34	LANCETS, THIN ... 293, 351
KESIMPTA PEN.....	KOATE.....	260	LANCETS, ULTRA THIN
ketoconazole.....	KOGENATE FS.....	260	..... 293, 352
KETODAN KIT.....	KORLYM.....	214	LANOXIN.....
KETO-DIASTIX....	KOSELUGO.....	66	..... 112
KETONE CARE ...	KOTARAXAP.....	184	lanreotide.....
KETONE URINE TEST	KOVALTRY.....	260	..... 232
351	KOVANAZE.....	378	lansoprazole.....
ketoprofen.....	K-PHOS NO 2.....	251	..... 238
ketorolac.....	K-PHOS ORIGINAL....	251	lanthanum.....
..... 28, 388	KRAZATI.....	65	..... 250
KETOSTIX.....	KRINTAFEL.....	38	lapatinib.....
KEVARAXAP.....	KRYSTEXXA.....	254	..... 54
KEVARTIA.....	Kurvelo (28).....	162	Larin 1.5/30 (21).....
KEVEYIS.....	KUTAR.....	184	..... 162
KEVZARA.....	KUTARVIA.....	184	Larin 1/20 (21).....
KEYTRUDA.....	KYLEENA.....	157	..... 162
KHAPZORY.....	KYPROLIS.....	69	Larin 24 Fe.....
KIMMTRAK.....	KYZATREX.....	212	..... 162
KIMONO	L		Larin Fe 1.5/30 (28).....
CONDOMS(NON-	I norgest/e.estradiol-		..... 162
LUBRICATED) .	e.estrad.....	158, 167	Larin Fe 1/20 (28).....
..... 298, 351	L.E.T. (LIDO-EPINEPH-		..... 162
KIMONO LUBRICATED	TETRA).....	194	latanoprost.....
CONDOMS.....	L.E.T.(LIDO-EPINEPH BIT-		..... 395
..... 298, 351	TETRA).....	194	LAYOLIS FE.....
KIMONO MICROTHIN	labetalol.....	100	..... 162
AQUA LUBE CON... 298,	LABSTIX REAGENT ...	198,	LEENA 28.....
351	351		..... 167
KIMONO MICROTHIN	lacosamide.....	120	leflunomide.....
CONDOMS.....	LACRISERT.....	383	..... 27
..... 298, 351	lactated ringers.....	205	LEMTRADA.....
KIMONO MICROTHIN	lactulose.....	236, 245	..... 380
LARGE CONDOMS	LAGEVRIO (EUA).....	52	lenalidomide.....
298,	LAMICTAL XR STARTER		..... 72
351	(BLUE).....	122	LENVIMA.....
KIMONO TEXTURED	LAMICTAL XR STARTER		..... 69
CONDOMS.....	(GREEN).....	123	LEQEMBI.....
..... 298, 351	LAMICTAL XR STARTER		..... 155
KINERET.....	(ORANGE).....	123	Lessina.....
..... 26	lamivudine.....	42, 47	..... 162
KINRIX (PF).....	lamivudine-zidovudine....	44	letrozole.....
..... 90	.....	123, 141	..... 60
Kionex (With Sorbitol) ..	LAMPIT.....	38	leucovorin calcium.....
..... 204	LAMZEDE.....	373	..... 77
Kiprofen.....	lancets.....	293, 351	LEUKERAN.....
..... 29			..... 55
KISQALI.....			LEUKINE.....
..... 62			..... 262
KISQALI FEMARA CO-			leuprolide.....
PACK.....			..... 65
..... 65			leuprolide (3 month).....
kit for tc 99m-sod			..... 65
thiosulfate.....			levalbuterol hcl.....
..... 200			..... 405
KLARITY (CHONDROITIN)			levalbuterol tartrate.....
(PF).....			..... 405
..... 383			levamlodipine.....
Klayesta.....			..... 110
..... 179			LEVEMIR FLEXPEN ...
KLISYRI.....			..... 227
..... 181			LEVEMIR U-100 INSULIN
			..... 227
			..... 227
			levetiracetam.....
			..... 124
			levobunolol.....
			..... 390
			levocarnitine.....
			..... 203, 375
			levocarnitine (with sugar)
			..... 375
			levocetirizine.....
			..... 400
			levofloxacin.....
			..... 46, 393
			levoleucovorin calcium... 77
			Levonest (28).....
			..... 167
			levonorgest-eth.estradiol-
			iron.....
			..... 162
			levonorgestrel.....
			..... 170

levonorgestrel-ethinyl estradiol	162	LITETOUCH-SMALL MASK	322, 352	LUER-LOK TIP.....	311, 352
levonorg-eth estradiol triphasic	167	LITFULO	171	LUGOLS	79
Levora-28.....	162	lithium carbonate.....	142	luticonazole	180
levorphanol tartrate	14	lithium citrate.....	142	LUMAKRAS	65
levothyroxine.....	233	LITHOSTAT	251	LUMIGAN.....	395
LEVULAN	192	LIVALO	106	LUMIZYME	375
LIBERVANT	119, 139	LIVMARLI.....	270	LUMRYZ	148
LIBTAYO.....	74	LIVTENCITY	46	LUNSUMIO	53
LICART	192	L-MESITRAN SOFT.....	196	LUPKYNIS	271
LIDO BDK	325	LO LOESTRIN FE.....	158	LUPRON DEPOT... 66, 230	
lidocaine.....	31, 194	Loestrin 1.5/30 (21).....	163	LUPRON DEPOT (3 MONTH).....	65, 230
lidocaine hcl... 31, 194, 379		Loestrin 1/20 (21).....	163	LUPRON DEPOT (4 MONTH).....	65
lidocaine hcl-hydrocortison ac	32, 189	Loestrin Fe 1.5/30 (28-Day)	163	LUPRON DEPOT (6 MONTH).....	66
Lidocaine Viscous.....	379	Loestrin Fe 1/20 (28-Day)	163	LUPRON DEPOT-PED	230
lidocaine-hydrocortison- aloe	32	Lojaimiess	158	LUPRON DEPOT-PED (3 MONTH).....	230
lidocaine-prilocaine	191	LOKELMA	204	lurasidone	130
lidocaine-racepinep- tetracaine.....	194	LOMAIRA.....	202	LUTATHERA.....	67, 70
Lidocan lii.....	194	LONSURF.....	59	Lutera (28)	163
Lidocan Iv	194	loperamide	234	LYBALVI	134, 135, 142
Lidocan V.....	194	lopinavir-ritonavir.....	43	Lyleq	166
LIDOPIN	194	LOQTORZI.....	74	Lyllana.....	221
LIDTOPIC MAX.....	195	lorazepam	118, 139	LYNPARZA	68
LIFESHIELD BLUNT CANNULA	310, 352	Lorazepam Intensol.....	118, 139	LYSODREN	56
LIKMEZ	39	LORBRENA	56	LYTGOBI	63
LILETTA.....	157	Loryna (28).....	163	LYUMJEV KWIKPEN U- 100 INSULIN	229
linezolid.....	50	losartan	102	LYUMJEV KWIKPEN U- 200 INSULIN	229
LINZESS	236, 241	losartan- hydrochlorothiazide ..	101	LYUMJEV U-100 INSULIN	229
liothyronine.....	233	LOTEMAX.....	387	Lyza	166
LIQREV.....	116	LOTEMAX SM	387	M	
LIQUID E-Z PAQUE.....	197	loteprednol etabonate ..	387	mafenide acetate.....	183
LIQUID POLIBAR PLUS	197	LOTREXONE.....	13	MAGELLAN SAFETY NEEDLE	311, 352
lisdexamfetamine	137	lovastatin.....	106	MAGELLAN SAFETY SYRINGE	311, 352
lisinopril.....	100	Low-Ogestrel (28)	163	MAGELLAN SYRINGE	311, 352
lisinopril- hydrochlorothiazide ..	100	loxapine succinate	133	MAGELLAN TUBERCULIN SAFETY SYR... 311, 352	
LITE TOUCH-MEDIUM MASK	322, 352	Lo-Zumandimine (28)...	163	malathion	196
LITEAIRE MDI CHAMBER	322, 352	lubiprostone	240, 245	maraviroc	39
LITETOUCH-LARGE MASK	322, 352	LUCEMYRA	151	MARGENZA.....	76
		LUCENTIS	391, 395	Marlissa (28)	163
		LUCIRA CHECK-IT COVID HOME TST.....	287, 352		
		LUER LOCK SYRINGE	310, 352		
		LUER SLIP TIP SYRINGE TRAY	310, 352		

MARPLAN.....	125	melphalan hcl.....	55	methylphenidate hcl	137, 149
MARVONA SUIK (PF) ...	31	memantine	155, 156	methylprednisolone	223
MATULANE	55	MENEST	221	methyltestosterone.....	212
Matzim La	110	MENOPUR.....	222	metoclopramide hcl.....	238
MAVENCLAD (10 TABLET PACK)	382	MENOSTAR.....	221	metolazone	114
MAVENCLAD (4 TABLET PACK)	382	MENQUADFI (PF).....	91	METOPIRONE	199
MAVENCLAD (5 TABLET PACK)	382	MENTAX.....	179	metoprolol succinate ...	108
MAVENCLAD (6 TABLET PACK)	382	MENVEO A-C-Y-W-135- DIP (PF)	92	metoprolol ta- hydrochlorothiaz	111
MAVENCLAD (7 TABLET PACK)	382	meperidine	14	metoprolol tartrate	108, 109
MAVENCLAD (8 TABLET PACK)	382	meperidine (pf).....	14	metronidazole.	39, 193, 411
MAVENCLAD (9 TABLET PACK)	382	meprobamate.....	118	metyrosine	115
MAVYRET.....	47	MEPSEVII.....	374	mexiletine.....	103
MAXIDEX.....	387	mercaptapurine	58	Mibelas 24 Fe.....	163
MAYZENT.....	382	Merzee	163	miconazole nitrate-zinc ox- pet	180
MAYZENT STARTER(FOR 1MG MAINT)	382	mesalamine.....	242	MICONAZOLE-3	411
MAYZENT STARTER(FOR 2MG MAINT)	382	mesalamine with cleansing wipe	242	MICRHOGAM ULTRA- FILTERED PLUS.....	86
MB HYDROGEL	184	MESNEX.....	78	MICRO BLOOD GLUCOSE	283, 353
Md-Gastroview.....	198	Metadate Er	137	MICRO THIN LANCETS	293, 353
meclizine	234	metaxalone	276	MICROCHAMBER322, 353	
meclofenamate	28	metformin	229	MICRODOT BLOOD GLUCOSE SYSTEM283, 353	
mecobalamin (vitamin b12)	209	methacholine chloride ..	199	MICRODOT LANCET .	293, 353
MEDISENSE THIN LANCETS.....	293, 352	methadone	14	MICRODOT XTRA BLOOD GLUCOSE	283, 353
MEDLANCE PLUS LANCETS.....	293, 352	Methadone Intensol.....	14	Microgestin 1.5/30 (21)	163
MEDLANCE PLUS SPECIAL BLADE	293, 353	Methadose	14	Microgestin 1/20 (21) ...	163
MEDROL	223	methamphetamine	137, 143	Microgestin 24 Fe.....	163
MEDROLOAN II SUIK .	223	methazolamide.....	113	Microgestin Fe 1.5/30 (28)	163
MEDROLOAN SUIK	223	methenamine hippurate	50, 251	Microgestin Fe 1/20 (28)	164
medroxyprogesterone .	156, 231	methenamine mandelate	50, 251	MICROLET LANCET ..	293, 353
mefenamic acid.....	28	methen-sod phos-meth blue-hyos.....	50, 252	microplegic solution no.1	396
mefloquine	38	methimazole.....	218	microplegic solution no.1- cp2d.....	396
megestrol	68, 203	METHITEST.....	212	MICROSPACER ..	322, 353
MEKINIST	66	methocarbamol	276, 277	midazolam.....	31, 139, 140, 150
MEKTOVI.....	66	methotrexate sodium	24, 58	midazolam (pf)	31, 139
meloxicam.....	28	methotrexate sodium (pf)	24, 58		
		methoxsalen.....	181		
		methscopolamine	239		
		methsuximide.....	124		
		methylidopa	112		
		methylidopa- hydrochlorothiazide ..	112		
		methylergonovine.....	231		
		methylphenidate.....	138		

midodrine	111	MONOJECT ALLERGY		MONOJECT SAFETY	
MIEBO (PF)	383	TRAY	311, 353	SYRINGES	313, 314,
MIFEPREX.....	210	MONOJECT ALLERGY		356, 357	
mifepristone	210, 214	TRAY DETACH	311, 353	MONOJECT SMARTIP	
miglitol.....	213	MONOJECT BLOOD		CANNULA	314, 357
miglustat	375	COLLECTION ..	278, 353	MONOJECT SYRINGE	314,
Mili	164	MONOJECT CONTROL		315, 357, 358	
Mimvey	220	SYRINGE LUER	311, 353	MONOJECT SYRINGE	
MINIMED 630G INSULIN		MONOJECT DISPOSABLE		ECCENTRI LUER....	314,
PUMP	325, 353	SYRINGE	311, 354	357	
MINIMED 780G INSULIN		MONOJECT ECCENTRIC		MONOJECT SYRINGE	
PUMP	325, 353	NON-STERILE .	311, 354	LUER LOK.....	314, 357
minocycline	27, 52	MONOJECT ENFIT		MONOJECT SYRINGE	
minoxidil.....	112	STERILE SYRINGE	289,	REGULAR LUER.....	314,
MIRENA.....	157	354		357	
MIRO3D	196	MONOJECT ENFIT		MONOJECT SYRINGE	
MIRODERM		SYRINGE	289, 354	TOOMEY TYPE	315, 358
FENESTRATED	196	MONOJECT ENFIT		MONOJECT TB ...	315, 358
MIRODERM		SYRINGE CAP .	289, 354	MONOJECT TB LUER	
FENESTRATED PLUS		MONOJECT FILTER		LOK	315, 358
.....	196	ASPIRATOR.....	311, 354	MONOJECT TB REGULAR	
mirtazapine	125	MONOJECT FILTER		LUER TIP	315, 358
misoprostol.....	238	NEEDLE	311, 354	MONOJECT TB SAFETY	
mitomycin.....	73	MONOJECT		SYRINGE	315, 358
mitomycin (pf) in water .	386	HYPODERMIC		MONOJECT TUBERCULIN	
MITOSOL.....	386	NEEDLES.....	312, 355	SYRINGE	315, 358
mitoxantrone	73	MONOJECT		MONOLET LANCETS .	293,
MKO (MIDAZOLAM-		HYPODERMIC		358	
KETAMINE-ONDAN)..	30	POLYPROPYL .	312, 355	MONOLET THIN	
M-M-R II (PF)87, 96, 97, 98		MONOJECT LUER-LOCK		LANCETS	293, 358
MOBILE LANCETS.....	293,	TIP	312, 355	Mono-Linyah	164
353		MONOJECT MAGELLAN		MONOVISC	275
modafinil	149	SYRINGE	312, 355	MONSEL'S.....	263
MODERNA COVID 23-		MONOJECT MEDICATION		montelukast.....	403
24(6M-11Y)PF.....	94	TRANSF NDL... 312, 355		morphine	15
moexipril	100	MONOJECT PHARMACY		morphine (pf).....	14
molindone	133	TRAY LUER	312, 313,	morphine concentrate	14
mometasone	187, 188, 409	355, 356		morphine in 0.9 % sodium	
Mondoxyne NI.....	52, 53	MONOJECT PHARMACY		chlor.....	15
MONJUVI.....	61	TRAY REG TIP	313, 356	MOTTEGRITY	238
MONOJECT 140CC		MONOJECT REG TIP		MOTPOLY XR.....	120
PISTON SYRINGE..	311,	NON-STERILE .	313, 356	MOUNJARO.....	214
353		MONOJECT REGULAR		MOVANTIK	34
MONOJECT 35CC		LUER.....	313, 356	MOXATAG	35
SYRINGE CATH TIP	311,	MONOJECT SAFETY		moxifloxacin	46, 393
353		LUER LOCK TIP.....	313,	MULPLETA	270
MONOJECT 3CC SYR		356		MULTAQ	103
25GX1	311, 353			MULTI-DRAW NEEDLE	
				.....	278, 358

MULTISTIX.....	199, 359	NAMZARIC	156	NEUTEK 2TEK TEST
MULTISTIX 10 SG	199, 358	naproxen	29	STRIPS
MULTISTIX 5	199, 358	naproxen sodium	29	283, 359
MULTISTIX 7	199, 358	naratriptan	146	NEVANAC.....
MULTISTIX 8 SG.	199, 358	NATACYN.....	394	388
MULTISTIX 9	199, 358	NATAZIA.....	167	nevirapine
MULTISTIX 9 SG.	199, 358	nateglinide.....	214	41
mupirocin	178	NATESTO	212	NEW DAY
mupirocin calcium	178	NAYZILAM.....	119, 140	170, 171
MUSCUSOLICE.....	192	nebivolol.....	109	NEXA PLUS.....
Mutamycin.....	73	NEBUSAL	154	207
MVASI.....	54	Necon 0.5/35 (28)	164	NEXAVIR
MY CHOICE.....	170	needle (disp) 16 g	315, 359	191
MY WAY	170	needle (disp) 18 g	315, 359	NEXIUM PACKET.....
MYALEPT	230	needle (disp) 19 g	315, 359	238
MYCAPSSA.....	232	needle (disp) 23 gauge	315,	NEXLETOL
mycophenolate mofetil ..	26,	359		103
272		needles, huber disposable		NEXLIZET
mycophenolate mofetil (hcl)		.....	315, 359	108
.....	26, 272	nefazodone	126	NEXOBRID
mycophenolate sodium	272	nelarabine	58	183
MYDRIATIC4(TROP-		NENDRUX	190	NEXOBRID POWDER
PROP-PE-KTRLC)...	392	neomycin.....	34	COMPONENT
MYFEMBREE	230	neomycin-bacitracin-poly-		183
MYGLUCOHEALTH....	283,	hc.....	384	NEXPLANON.....
359		neomycin-bacitracin-		156
MYGLUCOHEALTH		polymyxin	393	NEXTSTELLIS
LANCETS.....	293, 359	neomycin-polymyxin b gu		164
MYHIBBIN.....	272	.....	248	NEXVIAZYME
MYLERAN.....	55	neomycin-polymyxin b-		375
MYLOTARG.....	57, 74	dexameth.....	384	NGENLA
MYNATAL	207	neomycin-polymyxin-		225
MYNATAL ADVANCE..	207	gramicidin	393	niacin.....
MYNATE 90 PLUS.....	207	neomycin-polymyxin-hc		107
MYOBLOC.....	276	.....	385, 398	Niacor.....
MYRBETRIQ.....	249	Neo-Polycin.....	393	107
MYTESI	234	Neo-Polycin Hc	385	nicardipine.....
MYXREDLIN	227	NEORAL	26, 271	110
N		NEO-SYNALAR	178	nicotine.....
NABI-HB	86	NEO-SYNALAR KIT....	178	153
nabumetone	28	NERLYNX	55	nicotine (polacrilex)
nadolol	109	Neuac.....	173	152,
naftifine	179	NEULASTA	261	153
NAGLAZYME.....	374	NEULASTA ONPRO ...	261	NICOTROL NS.....
nalbuphine	18	NEULUMEX	197	153
naloxone	34	NEUPOGEN	261, 262	nifedipine.....
NALTREX	13	NEUPRO.....	130	110, 111
naltrexone	152	NEURAPTINE	192	Nikki (28).....
NAMENDA XR	156			164

NORA-BE	166	NOVOLIN R FLEXPEN	227	OBSTETRIX DHA	207
NORDITROPIN FLEXPRO		NOVOLIN R REGULAR		OBSTETRIX EC.....	207
.....	225	U100 INSULIN.....	227	OBSTETRIX ONE	206, 207
norelgestromin-		NOVOSEVEN RT	258	OICALIVA	270
ethin.estradiol	169	NOXAFIL.....	37	OCELLA.....	165
noreth-ethinyl estradiol-iron		NP THYROID.....	233	OCREVUS	380
.....	164	NPLATE.....	270	OCTAGAM.....	85
norethindrone		NUBEQA.....	57	octreotide acetate.	232, 248
(contraceptive).....	167	NUCALA	402	ODACTRA	80
norethindrone acetate ..	231	NUCORT.....	188	ODEFSEY.....	44
norethindrone ac-eth		NUCYNTA.....	15	ODOMZO.....	64
estradiol.....	164, 220	NUCYNTA ER.....	15	OFEV	69, 411
norethindrone-e.estradiol-		NUEDEXTA	150	ofloxacin.....	46, 393, 398
iron	164, 168	NUJO	183	OGIVRI	76
norgestimate-ethinyl		NULIBRY	374	OGSIVEO	53
estradiol.....	164, 168	NULOJIX.....	273	OHC COVID-19 ANTIGEN	
NORMAL SALINE FLUSH		NUMBONEX	195	HOME TEST.....	287, 359
.....	208	NUMOISYN.....	13, 379	OJEMDA	61
NORM-JECT.....	315, 359	NUPLAZID	134	OJJAARA.....	53
NORM-JECT		NURTEC ODT	145	olanzapine.....	134, 142
TUBERKULIN... 316, 359		NUTROPIN AQ NUSPIN		olanzapine-fluoxetine ..	127,
NORMLGEL AG.....	178	.....	225	134, 142	
NORPACE CR.....	103	NUVARING	169	olmesartan	102
Nortrel 0.5/35 (28).....	164	NUVESSA.....	411	olmesartan-amlodipin-	
NORTREL 1/35 (21)	164	NUWIQ.....	260	hcthiazyd	101
Nortrel 1/35 (28).....	164	NUZYRA	35, 53	olmesartan-	
Nortrel 7/7/7 (28).....	168	Nyamyc.....	179	hydrochlorothiazide ..	101
nortriptyline	128	Nylia 1/35 (28).....	164	olopatadine	386, 409
NORVIR.....	51	Nylia 7/7/7 (28).....	168	OLPRUVA.....	376
NO-STICK GLUCOSE	325,	NYMALIZE	110	OLUMIANT	26, 171
359		Nymyo.....	164	OMECLAMOX-PAK	240
NOURIANZ.....	129	NYNUTEY.....	195	omega-3 acid ethyl esters	
NOVA MAX GLUCOSE		nystatin.....	36, 179, 378	.....	107
TEST.....	283, 359	nystatin-triamcinolone ..	181	omeprazole	238
NOVA SAFETY LANCETS		Nystop.....	179	omeprazole-sodium	
.....	294, 359	NYVEPRIA.....	262	bicarbonate.....	238
NOVA SUREFLEX		O		OMEZA	196
LANCETS.....	294, 359	OBAGI ELASTIDERM..	183	OMNARIS	409
NOVAREL.....	225	OBAGI NU-DERM		OMNIFLEX DIAPHRAGM	
NOVAVAX COVID 2023-		BLENDER	183	.....	288, 359
24(PF)(EUA).....	94	OBAGI NU-DERM CLEAR		OMNIPAQUE	198
NOVOEIGHT	260	.....	184	OMNIPOD 5 G6 INTRO	
NOVOLIN 70/30 U-100		OBAGI NU-DERM		KIT (GEN 5).....	323, 359
INSULIN	226	SUNFADER.....	184	OMNIPOD 5 G6 PODS	
NOVOLIN 70-30 FLEXPEN		OBAGI-C CLARIFYING		(GEN 5).....	323, 359
U-100	226	SERUM	184	OMNIPOD 5 G6-G7 INTRO	
NOVOLIN N FLEXPEN	226	OBAGI-C THERAPY		KT(GEN5).....	323, 360
NOVOLIN N NPH U-100		NIGHT	184	OMNIPOD 5 G6-G7 PODS	
INSULIN	226	OBIZUR	260	(GEN 5)	324, 360

OMNIPOD CLASSIC	ONGENTYS..... 129	ORENITRAM..... 115
PODS (GEN 3). 324, 360	ON-GO COVID-19 AG AT	ORENITRAM MONTH 1
OMNIPOD DASH INTRO	HOME TEST 288, 361	TITRATION KT 115
KIT (GEN 4)..... 324, 360	ONIVYDE..... 72	ORENITRAM MONTH 2
OMNIPOD DASH PDM KIT	ONPATTRO 212	TITRATION KT 115
(GEN 4)..... 298, 360	ON-THE-GO LANCETS	ORENITRAM MONTH 3
OMNIPOD DASH PODS	..... 294, 361	TITRATION KT 115
(GEN 4)..... 324, 360	ONTRUZANT 76	ORFADIN..... 376
OMNIPOD GO PODS . 324,	ONUREG 59	ORGOVYX..... 66
360	ONZDEAXIADEMTAR . 174	ORIAHNN 230
OMNIPOD GO PODS 10	ONZDEAXIADEMTAR. 174	ORLISSA 231
UNITS/DAY 324, 360	ONZDEAXIAZAR 174	ORKAMBI 407
OMNIPOD GO PODS 15	OPCICON ONE-STEP 170,	ORLADEYO 115
UNITS/DAY 324, 360	171	orlistat 202
OMNIPOD GO PODS 20	OPDIVO 74	Ormalvi..... 273
UNITS/DAY 324, 360	OPDUALAG 59	orphenadrine citrate 277
OMNIPOD GO PODS 25	OPFOLDA..... 375	orphenadrine-asa-caffeine
UNITS/DAY 324, 360	OPILL..... 167	..... 276
OMNIPOD GO PODS 30	opium tincture 234	ORSERDU 71
UNITS/DAY 324, 360	OPSUMIT..... 116	ORTHO MICRONOR ... 167
OMNIPOD GO PODS 40	OPSYNVI..... 99	ORTHO TRI-CYCLEN (28)
UNITS/DAY 324, 360	OPTICHAMBER ADULT	..... 168
OMNITROPE 225	MASK-LARGE.. 322, 361	ORTHO-NOVUM 7/7/7 (28)
OMVOH 241	OPTICHAMBER DIAMOND	..... 168
OMVOH PEN..... 241	LG MASK 322, 361	ORTHOVISC..... 275
ON CALL EXPRESS TEST	OPTICHAMBER DIAMOND	OSCIMIN..... 239, 253
STRIP..... 283, 361	VHC..... 322, 361	OSCIMIN SL 239, 253
ON CALL LANCET 294,	OPTICHAMBER	oseltamivir 48
361	DIAMOND-MED MSK	OSPHENA 231
ON CALL PLUS LANCET	..... 322, 361	OTEZLA 27, 182
..... 294, 361	OPTICHAMBER	OTEZLA STARTER 27, 182
ON CALL PLUS TEST	DIAMOND-SML MASK	OTREXUP (PF)..... 24
STRIP..... 283, 361	..... 322, 361	OVACE PLUS 182
ON CALL VIVID TEST	OPTION-2 170, 171	OVACE PLUS SHAMPOO
STRIP..... 283, 361	OPTIUM EZ 284, 361	..... 182
ONCASPAR..... 60	OPTIUM TEST 284, 361	OVIDREL 225
ondansetron..... 235	OPTUMRX 284, 362	oxaliplatin 68
ondansetron hcl 235	OPVEE..... 34	oxaprozin 29
ONETOUCH DELICA	OPZELURA..... 177	oxazepam 118, 140
PLUS LANCET. 294, 361	ORACIT 251	OXBRYTA..... 269
ONETOUCH DELICA	ORALAIR 80	oxcarbazepine..... 122
SAFETY LANCET ... 294,	Oralone 379	OXERVATE 389
361	ORAMAGICRX 379	OXAICE 172
ONETOUCH ULTRA TEST	ORAQIX..... 378	OXIAVAR 175
..... 284, 361	ORAVIG..... 36	OXIAVARY..... 175
ONETOUCH ULTRASOFT	ORENCIA..... 25	oxiconazole 180
2 LANCET 294, 361	ORENCIA (WITH	OXISTAT..... 180
ONETOUCH VERIO TEST	MALTOSE)..... 25	OXLUMO 249
STRIPS 284, 361	ORENCIA CLICKJECT .. 25	OXTELLAR XR 122

oxybutynin chloride	253	PASER.....	44	phenelzine.....	125
oxycodone	15	PAXLOVID	52	phenobarbital	118, 150
oxycodone-acetaminophen		pazopanib	69	phenoxybenzamine	114
.....	17, 18	PEDIARIX (PF)	82, 90	phentermine	202
OXYCONTIN.....	15, 16	PEDMARK	78	phenylephrine hcl.....	389
oxymorphone	16	PEDVAX HIB (PF).....	91	phenyleph-tropicamide in	
OXYTROL.....	253	peg 3350-electrolytes...	246	water.....	384
OZEMPIC	214	peg3350-sod sul-nacl-kcl-		Phenytek	121
OZURDEX	387	asb-c.....	246	phenytoin	121
P		PEGASYS.....	47	phenytoin sodium extended	
Pacerone	103	peg-electrolyte soln.....	246	.....	121
paclitaxel.....	71	PEMAZYRE	64	PHESGO.....	77
paclitaxel protein-bound.	71	pemetrexed	58	PHEXXI.....	156
PACNEX HP	174	pemetrexed disodium....	58	Philith	165
PACNEX LP.....	174	PEMFEXY.....	58	PHOSPHOLINE IODIDE	
PADCEV	57, 75	PEMGARDA (EUA).....	81	.....	383
PALFORZIA (LEVEL 1)	88	PEMRYDI RTU	58	PHOTREXA	384
PALFORZIA (LEVEL 2)	88	PENBRAYA (PF)	92	PHOTREXA CROSS-	
PALFORZIA (LEVEL 3)	88	penicillamine	27, 33	LINKING KIT.....	384
PALFORZIA (LEVEL 4)	88	penicillin v potassium50,	51	PHOTREXA VISCOUS	384
PALFORZIA (LEVEL 5)	88	PENTACEL (PF).....	90	PHYSIOLYTE.....	205
PALFORZIA (LEVEL 6)	88	pentamidine	50	PHYSIOSOL IRRIGATION	
PALFORZIA (LEVEL 7)	88	PENTASA	242	.....	205
PALFORZIA (LEVEL 8)	88	pentazocine-naloxone....	18	phytonadione (vitamin k1)	
PALFORZIA (LEVEL 9)	88	pentoxifylline	262	.....	209
PALFORZIA (LEVEL 10)	88	Percocet.....	18	PIFELTRO	41
PALFORZIA (LEVEL 11		perindopril erbumine ...	100	pilocarpine hcl	380, 383
UP-DOSE).....	88	Periogard	379	PILOT COVID-19 AT-	
PALFORZIA INITIAL DOSE		PERJETA.....	76	HOME TEST.....	288, 362
.....	89	permethrin.....	196	pimecrolimus	183
PALFORZIA LEVEL 11		perphenazine	133	pimozide.....	133
MAINTENANCE	89	perphenazine-amitriptyline		Pimtrea (28)	158
paliperidone	131	.....	127	pindolol.....	109
PALYNZIQ	377	PERSERIS.....	131	pioglitazone.....	229
PANCREAZE	236	PERTZYE	236	pioglitazone-glimepiride	216
PANDEL	188	PFIZER COVID 2023-		pioglitazone-metformin.	216
PANHEMATIN	256	24(5Y-11Y)PF	94	PIP BLOOD GLUCOSE	
PANRETIN.....	181	PFIZER COVID 2023-		TEST STRIP.....	284, 362
pantoprazole	238	24(6MO-4Y)PF	94	PIP LANCET	294, 362
PANZYGA.....	85	PFLEX INSPIRATORY		PIQRAY	68
papaverine	115	TRAINER.....	322, 362	pirfenidone	410
PARAGARD T 380A ...	156	PHARMACIST CHOICE		piroxicam.....	28
paricalcitol.....	375	.....	284, 362	PISTON SYRINGE WITH	
paromomycin	34	PHASEAL PROTECTOR		ENFIT	289, 362
paroxetine hcl.....	126	.....	319, 362	PLAN B ONE-STEP	170,
paroxetine		PHEDRAX.....	179	171	
mesylate(menop.sym)		phenazopyridine.....	251	PLATINUM TEST STRIP	
.....	231	phendimetrazine tartrate		.....	284, 362
PARSABIV	219	.....	202	PLEGRIDY.....	381

PLENITY	202	PRECISION PCX TEST	284, 362	PRENATAL 19 (WITH	
PLENITY (WELCOME KIT)		PRECISION POINT OF		DOCUSATE)	208
.....	201	CARE TEST	284, 362	PREPIDIL	210
PLENVU	246	PRECISION Q-I-D TEST	284, 362	PRESERA	185
plerixafor	256	PRECISION XTRA TEST	284, 362	PRESSURE ACTIVATED	
PLUVICTO	67, 70	PRED MILD	387	LANCETS	294, 363
PNEUMOVAX-23	92	prednicarbate	188	pretomanid	44
PNV-DHA + DOCUSATE		prednisoln sp-moxiflox-		Prevalite	104
.....	207	bromfen	385	PREVNAR 20 (PF)	93
POCKET CHAMBER ..	322,	prednisolone	223	PREVYMIS	46
362		prednisolone acetate....	387	PREZCOBIX	43, 51
PODOCON	190	prednisolone acetate (pf)	387	PREZISTA	51
podofilox	190	.....	387	PRIALT	13
POLIBAR ACB	197	prednisolone acetate-		PRIFTIN	45, 51
POLIVY	57, 75	bromfenac	389	PRILOSEC	238
POLY HUB NEEDLE ..	316,	prednisolone acetate-		primaquine	38
362		nepafenac.....	389	PRIMEAIRE	322, 363
Polycin	393	prednisolone sod ph-bromf		primidone	118
polymyxin b sulf-		(pf)	389	PRIMSOL	36
trimethoprim	393	prednisolone sod ph-		PRIORIX (PF) ...	87, 96, 97,
POMALYST	72	moxiflox	385	98, 99	
POMBILITI	375	prednisolone sodium		PRIVIGEN	85
PONVORY	382	phosphate.....	223, 387	PRO COMFORT	
PONVORY 14-DAY		prednisolone-moxiflo-		ALCOHOL PADS.....	78
STARTER PACK.....	382	nepafenac.....	385	PRO COMFORT LANCET	
Portia 28	165	prednisolone-moxiflo-		.....	294, 363
PORTRAZZA	76	hcl.....	385	PRO COMFORT SAFETY	
posaconazole.....	37	prednisolone-moxiflox-		LANCET	294, 363
potassium chloride	206	bromfen	385	PRO DNA COLLECTION	
potassium citrate.....	251	prednisolon-moxiflox-		.....	379
potassium iodide	205	bromf(pf).....	385	PRO VOICE V8-V9 TEST	
POTELIGEO	61	prednisone	223, 224	STRIP	284, 363
povidone-iodine.....	394	PREDNISON INTENSOL	223	probenecid	254
PR BENZOYL PEROXIDE		.....	223	PROCARE SPACER WITH	
.....	174	pregabalin	120, 144	ADULT MASK... 322, 363	
PR CREAM	192	PREGNYL	225	PROCARE SPACER WITH	
PRADAXA.....	269	PREHEVBRIO (PF).....	83	CHILD MASK.... 322, 363	
PRAKETAMIDE	195	PREMARIN	221, 412	PROCHAMBER ... 322, 363	
pralatrexate	58	PREMIER TEST STRIP	284, 362	prochlorperazine	235
pralidoxime.....	32	.....	284, 362	prochlorperazine maleate	
PRALUENT PEN	107	PREMIUM V10.....	284, 363	.....	133, 235
pramipexole	130	PREMPHASE	220	PROCORT	32
PRAMOSONE.....	189	PREMPRO	220	PROCRIT	257
prasugrel	268	PRENAISSANCE	208	PROCTOFOAM HC	32
pravastatin	106	PRENAISSANCE PLUS	208	Procto-Med Hc	31, 188
praziquantel	35	.....	208	Proctosol Hc.....	31, 188
prazosin	114	PRECISION PCX PLUS	284, 362	Proctozone-Hc	31, 188
PRECISION PCX PLUS		TEST	284, 362	PROCYSBI	248
TEST	284, 362				

PRODIGY LANCETS.. 294, 363	pyrimethamine 38	RAPID SARS-COV-2 AG HOME TEST..... 288, 363
PRODIGY NO CODING 284, 363	PYTEST 198	rasagiline..... 129
PRODIGY TWIST TOP	PYTEST KIT 198	RASUVO (PF)..... 24
LANCET 294, 363	Q	RAVICTI..... 376
PROFILNINE 258	QALSODY..... 273	RAYALDEE..... 375
progesterone..... 231	QBRELIS 100	READI-CAT 2..... 197
progesterone micronized 231	QBREXZA..... 179	REBIF (WITH ALBUMIN) 381
PROGRAF 271	QELBREE 138	REBIF REBIDOSE 381
PROLASTIN-C..... 408	QINLOCK..... 70	REBIF TITRATION PACK 381
PROLEUKIN 64	QNASL..... 409	REBINYN 258
PROLIA..... 231	QSYMIA..... 201	REBLOZYL 262, 270
PROMACTA..... 270	QTERN 215	REBYOTA..... 234
promethazine 235, 399, 400	QUADRACEL (PF)..... 90	RECEDO..... 192
Promethazine Vc..... 399	QUARTETTE 167	Reclipsen (28)..... 165
promethazine-codeine . 410	quazepam 140, 150	RECOMBINATE..... 260
promethazine-dm 410	quetiapine 133, 134, 142	RECOMBIVAX HB (PF) 83, 84
Promethegan 235, 399, 400	QUICKVUE AT-HOME COVID-19 TEST288, 363	RECORLEV 210
PRONAL 190	QUIDROXZAR 190	RECOTHROM..... 264
propafenone..... 103	QUILLICHEW ER..... 138	RECOTHROM SPRAY KIT 263
proparacaine 390	QUILLIVANT XR 138	RECTIV 31
propranolol..... 109	quinapril 100	REFUAH PLUS 285, 364
propranolol- hydrochlorothiazid 114	quinapril- hydrochlorothiazide .. 100	REGENECARE 195
propylthiouracil..... 218	quinidine gluconate 103	REGIOCIT (EUA)..... 255
PROQUAD (PF) 87, 96, 97, 98, 99	quinidine sulfate 103	REGRANEX..... 197
protriptyline 128	quinine sulfate..... 38	RELAGARD 411
PROVISC..... 392	QUINTET AC 285, 363	RELENZA DISKHALER . 48
PROVOCHOLINE 199	QUINTET GLUCOSE TEST STRIPS .. 285, 363	RELEUKO 262
PTS PANELS EGLU TEST STRIP..... 284, 363	QUIT 2 153	RELIAMED LANCET... 294, 364
PULMICORT FLEXHALER 402	QUIT 4 153, 154	RELIAMED SAFETY SEAL LANCETS 294, 364
PULMOZYME 408	QULIPTA..... 145	RELIAMED TWIST AND CAP LANCET... 294, 364
PURE COMFORT	QUTENZA..... 195	RELION CONFIRM-MICRO 285, 364
ALCOHOL PADS 79	QUVIVIQ..... 150	RELION PRIME TEST STRIPS 285, 364
PURE COMFORT	QVAR REDIHALER 402	RELION ULTIMA.. 285, 364
LANCETS..... 294, 363	R	RELISTOR..... 34
PURE COMFORT SAFETY LANCETS..... 294, 363	rabeprazole 238	RENACIDIN 248
PURIXAN..... 59	RADICAVA..... 273	RENFLEXIS 21, 23, 245
PUSH BUTTON SAFETY	RADICAVA ORS 273	repaglinide 214
LANCETS..... 294, 363	RADICAVA ORS STARTER KIT SUSP 273	REPATHA PUSHTRONEX 107
pyrazinamide..... 44	RADIOGARDASE 33	
pyridostigmine bromide 274	RAGWITEK..... 80	
pyridoxine (vitamin b6). 209	raloxifene 232	
	ramipril 100	
	ranolazine 102	
	RAPAMUNE..... 272	

REPATHA SURECLICK 107	rimantadine 49	SAFETY LANCETS..... 294, 365
REPATHA SYRINGE.. 107, 108	ringer's 205	safety needles..... 316, 365
RESPA-AR..... 399	RINVOQ..... 26, 177, 243	SAFETY SEAL LANCETS 295, 365
RESTASIS 388	RIOMET ER..... 229	SAFETY-LET LANCETS 295, 365
RESTASIS MULTIDOSE 388	risedronate 218, 219	SAFYRAL..... 165
RETACRIT 257	risperidone 132, 142	SAIZEN SAIZENPREP 225
RETEVMO 71	risperidone microspheres 131	Sajazir 109
RETIN-A MICRO PUMP 175	RITEFLO AEROCHAMBER 323, 364	salicylic acid 190
RETISERT 387	ritonavir 51	SALIMEZ FORTE..... 190
RETROVIR 42	RITUXAN 25, 62	salsalate 30
REVCovi..... 375	RITUXAN HYCELA..... 62	SALVAX 190
REVEAL TEST STRIP 285, 364	rivastigmine 155	SALVAX DUO PLUS... 190
REXULTI..... 135	rivastigmine tartrate..... 155	SANCUSO 235
REYATAZ 51	RIVELSA..... 167	SANDIMMUNE..... 26, 271
REYVOW 147	RIVFLOZA 249	SANDOSTATIN LAR DEPOT 232, 248
REZDIFFRA..... 270	RIXUBIS..... 258	SANTYL 185
REZLIDHIA 67	rizatriptan 146	SAPHNELO 271
REZUROCK..... 27	ROCKLATAN 392	sapropterin 377
RHOGAM ULTRA- FILTERED PLUS..... 86	roflumilast..... 403	SARCLISA 62
RHOPHYLAC..... 86	ROLVEDON..... 262	SAVAYSA 257
RHOPRESSA 395	romidepsin 64	SAVELLA 127, 144
RIABNI..... 25, 62	ropinirole 130	saxagliptin 213
RIASTAP 263	Rosadan..... 193	saxagliptin-metformin ... 217
ribavirin 48, 51	ROSULA 173	SAXENDA..... 202
RIDAURA..... 25	ROSULA CLEANSING CLOTHS..... 173	SCALACORT DK 188
rifabutin 45, 52	rosuvastatin..... 106	SCEMBLIX..... 70
rifampin 45, 52	ROTARIX..... 87, 97	SCLEROSOL INTRAPLEURAL 410
RIGHTEST GL300 LANCETS..... 294, 364	ROTATEQ VACCINE87, 97	scopolamine base 234
RIGHTEST GS250S TEST STRIPS 285, 364	ROXYBOND 16	SECUADO 130
RIGHTEST GS260 TEST STRIPS 285, 364	ROZLYTREK 70	SEGLUROMET 215
RIGHTEST GS550 TEST STRIPS 285, 364	RUBRACA 68	selegiline hcl 129
RIGHTEST GS700 TEST STRIP..... 285, 364	RUCONEST 256	selenium sulfide 183
RIGHTEST GT333 TEST STRIP..... 285, 364	rufinamide 124	SELZENTRY 39
RIGHTEST MAX TEST STRIP..... 285, 364	RUKOBIA..... 39	SEMGLEE(INSULIN GLARGINE-YFGN)... 227
rilpivirine..... 41	RUXIENCE 25, 62	SEMGLEE(INSULIN GLARG-YFGN)PEN . 228
riluzole 273	RYBELSUS 214	SEREVENT DISKUS ... 404
	RYBREVANT 54	SERNIVO..... 188
	RYDAPT 70	SEROQUEL XR 134
	RYLAZE 60	SEROSTIM 225
	RYPLAZIM 267	sertraline 126
	RYSTIGGO 274	Setlakin 165
	RYTARY 129	sevelamer carbonate... 250
	S	
	SABRIL 120	
	SAFESNAP SYRINGE 316, 364, 365	

sevelamer hcl.....	250	sodium chlor 0.9%		sorbitol	248
SEVENFACT	258	bacteriostat.....	204, 208	sorbitol-mannitol.....	249
sevoflurane	31	sodium chloride... 154,	192,	SORILUX	182
SF	378	204, 205		sotalol.....	103, 109
SF 5000 PLUS	378	sodium chloride 0.45 %	208	Sotalol Af.....	103, 109
Sharobel	167	sodium chloride 0.9 %.	204,	SOTYKTU	176
SHINGRIX (PF).....	98	208		SOTYLIZE.....	103, 109
SIGNIFOR.....	232	sodium chloride 0.9 %		SOVALDI	48
SIGNIFOR LAR.....	232	(flush)	208	SOVUNA.....	24, 38
SIKLOS	269	sodium citrate.....	255	SPACE CHAMBER.....	323,
sildenafil.....	201	sodium citrate in 0.9 % nacl		366	
sildenafil		.....	255	SPACE CHAMBER WITH	
(pulm.hypertension)..	117	sodium citrate-citric acid		LARGE MASK..	323, 366
SILICONE MASK - INFANT		.....	251	SPACE CHAMBER WITH	
.....	323, 365	SODIUM FLUORIDE 5000		MEDIUM MASK	323, 366
SILIQ.....	177	DRY MOUTH.....	378	SPACE CHAMBER WITH	
silodosin.....	250	SODIUM FLUORIDE 5000		SMALL MASK... 323,	366
SILVASORB.....	197	PLUS	378	SPEEDYSWAB COVID-19	
silver nitrate.....	178	sodium fluoride-pot nitrate		HOME TEST.....	288, 366
silver nitrate applicators	190	.....	378	SPIKEVAX 2023-2024(12Y	
silver sulfadiazine.....	183	sodium iodide-123.....	200	UP)(PF)	95
SIMBRINZA	384	sodium iodide-131.....	200	spinosad.....	196
Simliya (28).....	158	sodium oxybate.....	148	SPINRAZA (PF)	277
Simpesse	158	sodium phenylbutyrate .	376	SPIRIVA RESPIMAT....	404
SIMPONI.....	21, 23, 245	sodium polystyrene		SPIRIVA WITH	
SIMPONI ARIA	21, 23	sulfonate.....	204	HANDIHALER	404
SIMULECT.....	272	sodium,potassium,mag		spironolactone.....	100, 112
simvastatin.....	107	sulfates	247	spironolacton-	
SINGLE-LET	295, 365	SOFT TOUCH LANCETS		hydrochlorothiaz	113
sirolimus.....	272	.....	295, 365	SPRAVATO	125
SIRTURO.....	44	SOGROYA.....	225	SPRAY AND STRETCH	
sitagliptin	213	SOHONOS.....	273	.....	191
SITZMARKS	199	SOLESTA	325	Sprintec (28)	165
SITZMARKS FOR KIDS		solifenacin	252	SPRYCEL	70
.....	199	SOLQUA 100/33	217	Sps (With Sorbitol)	204
SIVEXTRO.....	50	SOLIRIS.....	255, 268	SPS (WITH SORBITOL)	
SKYCLARYS	273	SOLOSEC.....	39	.....	204
SKYLA	157	SOLTAMOX.....	71	Sronyx.....	165
SKYRIZI.....	176, 241, 242	SOLU-CORTEF	224	SSD.....	183
SKYTROFA.....	225	SOLU-CORTEF ACT-O-		SSKI.....	205
SLYND.....	167	VIAL (PF).....	224	SSS 10-5.....	173
SMART SENSE LANCETS		SOLUS V2 LANCETS .	295,	ST JOSEPH ASPIRIN... 30,	
.....	295, 365	366		268	
SMART SENSE TEST		SOLUS V2 TEST STRIPS		ST. JOSEPH ASPIRIN.. 30,	
STRIPS	285, 365	.....	285, 366	268	
SMARTEST LANCET .	295,	SOMATULINE DEPOT	232	stavudine.....	42
365		SOMAVERT	224	STEGLATRO	216
SMARTEST TEST	285, 365	SOOLANTRA.....	193	STEGLUJAN	215
		sorafenib	67	STELARA.....	176, 241

STENDRA.....	201	SUNOSI	149	syringe (disposable)....	317, 367
STERILANCE TL ..	295, 366	SUPARTZ FX.....	275	SYRINGE 3CC/20GX1	317, 367
STERILE HYDROGEL		SUPER THIN LANCETS		SYRINGE 3CC/21GX1	317, 367
FOR JELMYTO	204	.....	295, 366	SYRINGE 3CC/21GX1-1/2	..... 317, 367
sterile talc.....	410	SUPPRELIN LA	230	SYRINGE 3CC/22GX1	317, 367
STERITALC	410	SURE COMFORT		SYRINGE 3CC/22GX3/4	..... 317, 367
STIMUFEND.....	262	ALCOHOL PREP PADS		SYRINGE 3CC/25GX1	317, 367
STIOLTO RESPIMAT ..	405	.....	79	SYRINGE AVITENE.....	264
STIVARGA.....	67	SURE COMFORT		syringe with needle	317, 367
STOP SMOKING AID ..	154	LANCETS.....	295, 366	syringe with needle, safety	..... 318, 367
STRAVIX	195	SURE-LANCE.....	295, 366	SYRINGE WITHOUT	
STRENSIQ.....	374	SURE-LANCE ULTRA		NEEDLE	318, 367
STRIBILD.....	43	THIN	295, 366	T	
STRIVERDI RESPIMAT		SURE-PREP ALCOHOL		T.R.U.E. TEST ALLERGEN	..... 81
.....	404	PREP PADS.....	79	TABLOID.....	59
STRONG IODINE ..	79, 205	SURE-TEST EASYPLUS		TABRECTA.....	70
SUBLOCADE.....	152	MINI.....	285, 366	TACHOSIL.....	264
Subvenite.....	123	SURE-TOUCH LANCET		tacrolimus.....	183, 272
Subvenite Starter (Blue) Kit		.....	295, 366	tadalafil.....	201, 250
.....	123, 141	SURGUARD2 SAFETY		tadalafil (pulm.	
Subvenite Starter (Green)		.....	317, 366, 367	hypertension).....	117
Kit.....	123, 141	SURVANTA	408	TAFINLAR.....	61
Subvenite Starter (Orange)		SUSVIMO	391, 395	tafluprost (pf).....	395
Kit.....	123, 141	SUSVIMO (INITIAL FILL)		TAGITOL V	197
SUCRAID.....	237	.....	391, 395	TAGRISSO	55
sucralfate	247	SUSVIMO IMPLANT AND		TAKE ACTION	170, 171
SUFLAVE	247	INS. TOOL.....	299, 367	TAKHZYRO	115
sulconazole.....	180	SUTAB.....	247	TALICIA	240
sulfacetamide sodium .	183, 394	Syeda.....	165	TALTZ AUTOINJECTOR	
sulfacetamide sodium		SYLVANT.....	64	.....	177
(acne).....	172	SYMAX DUOTAB	239, 253	TALTZ AUTOINJECTOR (2	
sulfacetamide sodium-		SYMDEKO	408	PACK)	177
sulfur	173	SYMJEPI.....	111	TALTZ AUTOINJECTOR (3	
sulfacetamide sod-sulfur-		SYMLINPEN 120	213	PACK)	177
urea	173, 193	SYMLINPEN 60	213	TALTZ SYRINGE.....	177
sulfacetamide-prednisolone		SYMPROIC.....	34	TALZENNA	68
.....	385	SYMTUZA.....	43	tamoxifen	71
sulfadiazine.....	52	SYNAGIS.....	81	tamsulosin.....	250
sulfamethoxazole-		SYNALAR CREAM KIT	189	Tarina 24 Fe.....	165
trimethoprim	35, 36	SYNALAR OINTMENT KIT			
SULFAMYLON.....	183	.....	189		
sulfasalazine	27, 242	SYNALAR TS.....	189		
SULFATRIM.....	36	SYNAREL	230		
sulindac.....	28	SYNDROS ...	142, 203, 235		
sumatriptan	146	SYNJARDY	215		
sumatriptan succinate ..	146	SYNJARDY XR.....	215		
sunitinib malate	70	SYNOJOYNT	275		
SUNLENCA	34	SYNVISC	275		
		SYNVISC-ONE	275		

Tarina Fe 1/20 (28)	165	TEPMETKO	70	timolol maleate	109, 390
Tarina Fe 1-20 Eq (28). 165		terazosin	114	timolol maleate (pf).....	390
TARON-PREX		terbinafine hcl.....	36	tinidazole	39
PRENATAL-DHA.....	206,	terbutaline	405	tiopronin	249
208		terconazole	411	TIROSINT	233
TARPEYO.....	224	teriflunomide	382	TIROSINT-SOL	233
TASCENSO ODT.....	382	teriparatide	218	TISSEEL VHSD	
TASIGNA	70	Terrell.....	31	(APROTININ, SYN) ..	193
tasimelteon.....	144	TERSİ FOAM	183	TIS-U-SOL PENTALYTE	
tavaborole	180	TERUMO ALLERGY		.....	205
TAVALISSE	256	SYRINGE	318, 368	TIVDAK	57, 75
TAVNEOS.....	19	TERUMO HYPODERMIC		TIVICAY	40
TAYTULLA.....	165	NEEDLE/SYRIN.....	318, 368	TIVICAY PD	40
tazarotene.....	182, 193	TERUMO SYRINGE ...	318,	tizanidine.....	277
TAZORAC.....	182	368		TLANDO	212
Taztia Xt.....	110	TEST N'GO TEST	286, 368	TOBI PODHALER.....	407
TAZVERIK	63	testosterone	212	TOBRADEX	385
TD GOLD TEST STRIP		testosterone cypionate .	212	TOBRADEX ST.....	385
.....	285, 367	testosterone enanthate	212	tobramycin	393, 407
TDVAX.....	90	tetrabenazine	147, 148	tobramycin in 0.225 % nacl	
TECENTRIQ	74	tetracaine hcl.....	390	.....	407
TECHLITE LANCETS .	295,	tetracaine hcl (pf)	390	tobramycin with nebulizer	
367		tetracycline	53	.....	407
TEGLUTIK	274	TEXACORT	188	tobramycin-dexamethasone	
TEGRETOL.....	122, 141	TEZSPIRE	403	.....	385
TEGRETOL XR... 122, 141		THALOMID	37, 72	tobramycin-vancomycin	
TEGSEDI	211	THEO-24.....	403	.....	385, 393
TELCARE LANCETS..	295,	theophylline.....	403	TOBREX	393
367		thiamine hcl (vitamin b1)		TOLAK	181
TELCARE TEST STRIPS		.....	208	tolcapone	129
.....	286, 368	THIN LANCETS ...	295, 368	tolmetin	28
telmisartan	102	THIOLA EC	249	tolterodine	253
telmisartan-amlodipine .	101	thioridazine.....	133	tolvaptan	113
telmisartan-		thiotepa	55	TOOMEY SYRINGE ...	318,
hydrochlorothiazid	101	thiothixene.....	133	368	
temazepam	140, 150	THRESHOLD IMT		TOPCARE UNIVERSAL1	
TEMBEXA.....	53	TRAINER.....	323, 368	LANCET	295, 368
TEMODAR.....	56	THRESHOLD PEP		topiramate	122
temozolomide.....	56	DEVICE	323, 368	topotecan	72
TEMPO REFILL KIT WITH		THROMBIN-JMI	264	toremifene	71
GAUZE	295, 368	THYMOGLOBULIN.....	86	TORONOVA II SUIK	28
temsirolimus.....	67	THYQUIDITY	233	TORONOVA SUIK	28
Tencon.....	19	THYROGEN.....	200	torseamide	113
teniposide	63	thyroid (pork).....	233	TOTALVISC.....	392
TENIVAC (PF)	90	Tiadylt Er.....	110	TOUJEO MAX U-300	
tenofovir disoproxil		tiagabine	120	SOLOSTAR.....	228
fumarate	42, 47	TIBSOVO.....	67	TOUJEO SOLOSTAR U-	
TEPADINA.....	55	TIGLUTIK.....	274	300 INSULIN	228
TEPEZZA.....	232	Tilia Fe	168		

TOXICOLOGY SALIVA	Tri-Legest Fe.....	168	TRUETEST TEST STRIPS
COLLECTION	Tri-Linyah	168	..... 286, 369
TPOXX (NATIONAL	TRILOAN II SUIK	224	TRUETRACK TEST
STOCKPILE).....	TRILOAN SUIK.....	224	369
TRACLEER.....	Tri-Lo-Estarylla.....	168	TRULANCE.....
116	Tri-Lo-Marzia.....	168	236, 241
TRADJENTA.....	Tri-Lo-Mili.....	168	TRULICITY
213	Tri-Lo-Sprintec	168	214
tramadol.....	TRI-LUMA	184	TRUMENBA.....
16	TRILURON.....	275	93
tramadol-acetaminophen	trimethobenzamide	235	TRUQAP
18	trimethoprim	36	53
trandolapril	Tri-Mili	168	TRUSKIN
100	trimipramine	128	195
trandolapril-verapamil	TRI-MIX (PAPAVRN-		TRUSTEX LATEX
99	PHNTLMN-PGE1)	201	CONDOM
tranexamic acid.....	TRIMO-SAN JELLY	411	299, 369
263	TRINTELLIX.....	127	TRUSTEX LUBRICATED
tranylcypromine.....	Tri-Nymyo	168	CONDOMS.....
125	TRIPTODUR	230	299, 369
TRANZAREL.....	TRISENOX.....	60	TRUSTEX NON-LUB
195	Tri-Sprintec (28).....	168	CONDOMS.....
travoprost.....	TRIUMEQ	43	299, 369
395	TRIUMEQ PD	43	TRUSTEX-RIA
TRAZIMERA	TRIVISC.....	275	LUB/SPERMICIDE ..
77	Trivora (28)	169	299,
trazodone	Tri-Vylibra.....	169	369
126	Tri-Vylibra Lo.....	169	TRUSTEX-RIA
TRECATOR	TRODELVY.....	75	LUBRICATED
45	TROGARZO.....	39	CONDOMS.....
TRELEGY ELLIPTA.....	tropicamide	386	299, 369
407	trospium	253	TRUSTEX-RIA NON-LUB
TRELSTAR	TRUDHESA	145	CONDOMS.....
66	TRUE COMFORT		299, 369
TREMFYA.....	ALCOHOL PADS.....	79	TRUXIMA.....
176	TRUE COMFORT LANCET		25, 62
treprostinil sodium.....	.....	295, 368	TUBERCULIN SYRINGE
115	TRUE COMFORT PRO		.....
TRESIBA FLEXTOUCH U-	ALCOHOL PADS.....	79	318, 369
100	TRUE COVER CONDOM		tuberculin-allergy syringes
228	.....	299, 368	.....
TRESIBA FLEXTOUCH U-	TRUE METRIX GLUCOSE		318, 369
200	TEST STRIP.....	286, 368	TUDORZA PRESSAIR. 404
228	TRUE METRIX PRO TEST		TUKYSA.....
TRESIBA U-100 INSULIN	STRIP.....	286, 368	63
.....	TRUEPLUS KETONE .	325,	Tulana
228	368		167
tretinoin	TRUEPLUS LANCETS	295,	TURALIO
175	368		70
tretinoin (antineoplastic). 70			Turqoz (28)
tretinoin microspheres.. 175			165
TRETTEN			TUXARIN ER
261			410
TREXALL.....			TWINRIX (PF).....
24, 58			81
triamcinolone acetonide			TWIRLA
.....			169
188, 379			TWIST LANCETS
triamterene.....			295, 369
113			TYBLUME
triamterene-			165
hydrochlorothiazid			TYBOST.....
113			377
triazolam			Tydemy
140, 150			165
TRI-CHLOR			TYMLOS
191			218
Tridacaine li			TYRVAYA
195			409
Triderm			TYSABRI.....
188			380
trientine			TYVASO
33			116
Tri-Estarylla.....			TYVASO DPI.....
168			116
TRIFERIC			TYVASO INSTITUTIONAL
205			START KIT
trifluoperazine			116
133			TYVASO REFILL KIT..
trifluridine			116
394			
trihexyphenidyl.....			
129			
TRIJARDY XR			
217			
TRIKAFTA.....			
408			

TYVASO STARTER KIT		ursodiol	237
.....	116	UZEDY	132
TZIELD	210	V	
U		VABYSMO	383
UBRELVY	145	VAGINAL	
UDENYCA	262	CONTRACEPTIVE FILM	
UDENYCA ONBODY ...	262	.....	171
ULESFIA	196	valacyclovir	48
ULTICARE	318, 369	VALCHLOR.....	181
ULTICARE LOW DEAD		valganciclovir.....	46
SPACE SYRINGE	318,	valproic acid	120, 141
369		valproic acid (as sodium	
ULTICARE SAFETY		salt).....	120, 141
SYRINGE	318, 369	valrubicin	73
ULTICARE TB SAFETY		valsartan	102
SYRINGE	319, 370	valsartan-	
ULTILET ALCOHOL SWAB		hydrochlorothiazide ..	101
.....	79	VALSTAR.....	73
ULTILET BASIC LANCETS		VALTOCO	119, 140
.....	295, 370	vancomycin	46
ULTILET CLASSIC		vancomycin in 0.9 %	
LANCETS.....	295, 370	sodium chl	385
ULTILET LANCETS	295,	VANFLYTA	64
370		VANISHPOINT SYRINGE	
ULTILET SAFETY		.....	319, 371
LANCETS.....	295, 370	VANISHPOINT	
ULTIMA TEST STRIPS286,		TUBERCULIN SYRINGE	
370		.....	319, 371
ULTOMIRIS	255, 269	VANOXIDE-HC	174
ULTRA FINE LANCETS		VAQTA (PF).....	81, 82
.....	296, 370	vardenafil	201
ULTRA THIN II LANCETS		varenicline.....	154
.....	296, 370	VARIBAR HONEY.....	197
ULTRA THIN LANCETS		VARIBAR NECTAR.....	197
.....	296, 370	VARIBAR PUDDING....	197
ULTRA THIN PLUS		VARIBAR THIN HONEY	
LANCETS.....	296, 370	.....	197
ULTRA TLC LANCETS296,		VARIBAR THIN LIQUID197	
370		VARIVAX (PF).....	87, 98
ULTRA-CARE LANCETS		VARIZIG.....	86
.....	296, 370	VARUBI.....	235
ULTRALANCE LANCETS		VASCEPA	107
.....	296, 370	VASELINE WHITE	
ULTRASAL-ER	191	PETROLEUM	192
ULTRA-THIN II LANCETS		VASHE	196
.....	296, 370	VAXCHORA ACTIVE	
ULTRATRAK.....	286, 370	COMPONENT	88, 93
ULTRATRAK ULTIMATE		VAXCHORA BUFFER	
.....	286, 370	COMPONENT	155
UNILET COMFORTOUCH			
LANCET	296, 370		
UNILET GP LANCET ..	296,		
370			
UNILET LANCET .	296, 370		
UNILET LANCETS296,	370		
UNILET SUPER THIN			
LANCETS.....	296, 370		
UNISTIK 3 COMFORT			
LANCET	296, 370		
UNISTIK 3 EXTRA			
LANCET	296, 370		
UNISTIK 3 GENTLE....	296,		
370			
UNISTIK 3 NORMAL			
LANCET	296, 370		
UNISTIK COMFORT			
LANCETS.....	296, 371		
UNISTIK CZT LANCET296,	371		
UNISTIK EXTRA			
LANCETS.....	296, 371		
UNISTIK NORMAL			
LANCETS.....	296, 371		
UNISTIK PRO LANCET			
.....	296, 371		
UNISTIK SAFETY 296, 371			
UNISTIK TOUCH			
LANCETS.....	296, 371		
UNISTRIP1 TEST STRIP			
.....	286, 371		
UNIVERSAL 1 LANCETS			
.....	296, 371		
UPLIZNA.....	272		
UPNEEQ (PF).....	384		
UPTRAVI	114		
URAMAXIN	191		
URAMAXIN GT	190		
urea.....	191		
UREA NAIL STICK.....	191		
URETRON D-S	50, 252		
URISTIX 4	199, 371		
URISTIX REAGENT....	199,		
371			
URO-458.....	50, 252		
UROGESIC-BLUE .	50, 252		
URO-MP	50, 252		
UROQID-ACID NO.2.....	50,		
251			

VAXCHORA VACCINE . 88, 93	VIMPAT..... 120	VP-CH-PNV 208
VAXELIS (PF).... 82, 91, 94	vinblastine..... 72	VPRIV 374
VAXNEUVANCE (PF).... 93	vinorelbine..... 72	VRAYLAR 135, 142
VCF CONTRACEPTIVE FILM..... 171	VIOKACE..... 236	VTAMA..... 182
VCF CONTRACEPTIVE GEL..... 171	Viorele (28) 158	VUEBLU..... 199
VECTIBIX 76	VIRACEPT 51	VUITY 384
VEGZELMA 54	VIREAD..... 43, 47	VUMERITY 381
VELETRI..... 116	VISCO-3..... 275	VYEPTI 145
Velivet Triphasic Regimen (28)..... 169	VISTASEAL-FIBRIN SEALANT 264	Vyfemla (28)..... 166
VELPHORO..... 250	VISUDYNE..... 392	VYLEESI 144
VELSIPITY..... 243	VITAFOL FE+ (WITH DOCUSATE) 208	Vylibra 166
VELTASSA 205	Vitamin D2 209	VYNDAMAX..... 211
VEMLIDY 47	VITAMIN K 209	VYNDAQEL 211
VENCLEXTA..... 60	Vitamin K1..... 209	VYONDYS-53 274
VENCLEXTA STARTING PACK 60	VITRAKVI..... 72	VYVANSE 138
venlafaxine..... 127	VIVAGUARD INO TEST STRIP 286, 372	VYVGART 274
VENTAVIS 116	VIVAGUARD LANCET 297, 372	VYVGART HYTRULO.. 274
VEOPOZ..... 234	VIVAGUARD SAFETY LANCET 297, 372	VYXEOS 57
VEOZAH 210	VIVIMUSTA..... 56	VYZULTA..... 395
verapamil 103, 111	VIVITROL..... 152	W
VERIFINE SAFETY LANCET MINI... 296, 372	VIVJOA 37	WAINUA..... 211
VERIFINE UNIVERSAL LANCET 296, 372	VIVOTIF 88, 91	WAKIX 149
VERQUVO 102	VIZIMPRO..... 55	warfarin 255
VERSACLOZ 132	VOCABRIA 40	water for injection, sterile 204
VERZENIO..... 62	Volnea (28) 158	water for irrigation, sterile 205
VESICARE LS 252	VONJO..... 65	WAVESENSE JAZZ.... 286, 372
Vestura (28)..... 166	VONVENDI 263	WAVESENSE PRESTO 286, 372
VEVYE..... 388	VOQUEZNA..... 234	WEBCOL 79
V-GO 20..... 324, 372	VOQUEZNA DUAL PAK 240	WEGOVY 202
V-GO 30..... 324, 372	VOQUEZNA TRIPLE PAK 240	WELIREG 64
V-GO 40..... 325, 372	VORAXAZE 77	Wera (28)..... 166
VIBERZI..... 241, 245	voriconazole..... 37	WIDE-SEAL DIAPHRAGM 60 288, 372
VICTOZA 2-PAK 214	VORTEX HOLDING CHAMBER 323, 372	WIDE-SEAL DIAPHRAGM 65 288, 372
VICTOZA 3-PAK 214	VORTEX VHC FROG MASK-CHILD .. 323, 372	WIDE-SEAL DIAPHRAGM 70 288, 372
Vienva..... 166	VORTEX VHC LADYBUG MASK-TODDLR 323, 372	WIDE-SEAL DIAPHRAGM 75 288, 372
vigabatrin 120	VOSEVI..... 47	WIDE-SEAL DIAPHRAGM 80 288, 372
Vigadrone 120	VOWST..... 234	WIDE-SEAL DIAPHRAGM 85 288, 372
Vigpoder 121	VOXZOGO..... 218	WIDE-SEAL DIAPHRAGM 90 288, 373
VIJOICE..... 376	VOYDEYA..... 254, 255	
vilazodone..... 127		
VILTEPSO 274		
VIMIZIM 374		

WIDE-SEAL DIAPHRAGM		Zenzedi	138, 144, 150
95	288, 373	ZEPATIER	47
WILATE	260	ZEPBOUND	201
WILZIN	33	ZEPOSIA	243, 382
WINLEVI	171	ZEPOSIA STARTER KIT	
WINREVAIR	99	(28-DAY)	243, 383
WINRHO SDF	86	ZEPOSIA STARTER PACK	
Wixela Inhub	406	(7-DAY)	243, 383
WOUNDGELHA MATRIX		ZEPZELCA	73
.....	192	ZETONNA	409
Wymzya Fe	166	zidovudine	42
WYNZORA	176	ZIEXTENZO	262
X		ZILBRYSQ	274
XADAGO	130	ZIMHI	34
XALIX	191	ziprasidone hcl	130, 142
XALKORI	56	ZIRABEV	54
XARELTO	257	ZIRGAN	394
XARELTO DVT-PE TREAT		ZITHRANOL	182
30D START	257	ZITUVIO	213
XATMEP	24, 58	ZOKINVY	377
XCLAIR	185	ZOLADEX	66
XCOPRI	124	zoledronic acid	219
XCOPRI MAINTENANCE		zoledronic acid-mannitol-	
PACK	124	water	219
XCOPRI TITRATION		zoledronic ac-mannitol-	
PACK	125	0.9nacl	219
XDEMVI	383	ZOLINZA	64
XELJANZ	27, 243	zolmitriptan	146
XELJANZ XR	27, 243	zolpidem	150
XELPROS	395	ZOMACTON	225
XELSTRYM	138, 144	Zomig	146
XEMBIFY	85	ZONISADE	124
XENLETA	51	zonisamide	124
XENON XE-133	200	ZONTIVITY	268
XENOVIEW PATIENT		ZORYVE	182, 183
DOSE	199	Zovia 1-35 (28)	166
XENOVIEW		ZTALMY	122
PREPARATION GAS		ZUBSOLV	152
BLEND	200	ZULRESSO	125
XENPOZYME	373	Zumandimine (28)	166
XEOMIN	276	ZURZUVAE	125
XEPI	178	ZYDELIG	67, 68
XGEVA	232	ZYKADIA	56
XHANCE	409	ZYLET	385
XIAFLEX	276	ZYNLONTA	61
XIFAXAN	52	ZYNYZ	74
XIGDUO XR	215	ZYPRAM	32
XIIDRA	388	ZYPREXA RELPREVV	134
XOFLUZA	49		
XOLAIR	401		
XOLREMDI	256		
XOSPATA	64		
XPHOZAH	203		
XPOVIO	63, 71		
XTAMPZA ER	16		
XTANDI	57		
Xulane	169		
XULTOPHY 100/3.6	217		
XURIDEN	376		
XYNTHA	261		
XYNTHA SOLOFUSE ..	261		
XYOSTED	212		
XYWAV	149		
Y			
YALE DISPOSABLE			
NEEDLES	319, 373		
Yargesa	375		
YASMIN (28)	166		
YAZ (28)	166		
YCANTH	191		
YERVOY	63		
YOKATAR	184		
YONDELIS	73		
YONSA	54, 57		
YUPELRI	404		
Yuvafem	412		
Z			
Zafemy	169		
zafirlukast	403		
zaleplon	150		
ZALTRAP	75		
ZANOSAR	73		
Zarah	166		
ZARXIO	262		
ZAVZPRET	145		
ZEGALOGUE			
AUTOINJECTOR	211		
ZEGALOGUE SYRINGE			
.....	211		
ZEJULA	68		
ZELAPAR	130		
ZELBORAF	61		
ZELNORM	241, 245		
ZEMAIRA	408		
Zenatane	171		
ZENPEP	237		