

**Kaiser Permanente Insurance Company
(KPIC)
PPO and Out-of- Area Indemnity (OOA) Drug
Formulary with Specialty Drug Tier**

This Drug Formulary was updated: July 1, 2020

NOTE: This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

This document contains information regarding the drugs that are covered when you participate in the California Nongrandfathered PPO and Out-of- Area Indemnity (OOA) Health Insurance Plans with specialty drug tier offered by Kaiser Permanente Insurance Company (KPIC) and fill your prescription at a MedImpact network pharmacy.

Access to the most current version of the Formulary can be obtained by visiting kp.org/kpic-ca-rx-ppo-ngf.

For help understanding your KPIC insurance plan benefits, including cost sharing for drugs under the prescription drug benefit and under the medical benefit, please call **1-800-788-0710 or 711 (TTY)** Monday through Friday, 7a.m. to 7p.m.

For help with this Formulary, including the processes for submitting an exception request and requesting prior authorization and step therapy exceptions, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949 or 711 (TTY)**.

For cost sharing information for the outpatient prescription drug benefits in your specific plan, please visit: kp.org/kpic-ca-rx-ppo-ngf.

For help in your preferred language, please see the Kaiser Permanente Insurance Company Notice of Language Assistance in this document.

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FORMULARY INFORMATION

Notice: The Formulary is updated with changes on a monthly basis. Updates will be effective on the first day of the month. During the policy year, the following types of changes may be made:

- Removal of a drug or dosage form of a drug from the Formulary;
- A change in tier placement of a drug that results in an increase or decrease in cost sharing; and
- Adding or changing utilization management procedures applicable to a drug.

How to Use This Document

This Formulary provides a list of the approved prescription medications covered under the Outpatient Prescription Drug benefit of your KPIC Nongrandfathered PPO or OOA health insurance plan including both generic and brand name drugs. This document applies only to prescribed outpatient prescription drugs obtained through a retail pharmacy within the MedImpact pharmacy network. This document does not apply to medications administered in the doctor's office or in the hospital which are covered under your medical benefit. For information on drugs covered under your medical benefit, please see the General Benefits section of your *Certificate of Insurance*.

The Formulary may be accessed using either the categorical list of drugs or the alphabetical index. The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB), a widely-accepted independent drug classification system.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index. A drug is listed alphabetically by the brand and generic name in the therapeutic category and class to which it belongs. The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters. If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

EXAMPLE of how drugs are listed on the Formulary:

Brand name drug. The brand name antibiotic drug "Moxatag" would be listed as follows:

Under the Prescription Drug Name Column, therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription brand name drug is listed in all capital letters, "MOXATAG" followed by the generic equivalent of the drug shown in parenthesis, all lower case italicized "(*amoxicillin*)".

ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS	
AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	2

Generic drug. The generic antibiotic drug "amoxicillin" would be listed as follows:

Under the therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription generic drug is listed in lower case italics "*amoxicillin*".

ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS	
AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1

Drug Tiers

Tier Benefit Design

The Formulary applies to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (lower copay), and branded drugs listed on the Formulary will be covered under a higher tier (higher copay). Specialty drugs will be covered under the highest tier (coinsurance with prescription maximum). Federal Affordable Care Act (ACA) preventative medications will be eligible for coverage without cost sharing (zero copay or zero coinsurance).

If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name copay plus the difference in cost between the generic drug and the brand-name drug. Please see your *Certificate of Insurance* for details.

For all drugs within the Drug Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to table below*).

Tier Definition:

Symbol	Guideline	Description
T0	Tier 0	Preventive Drugs required under the Affordable Care Act (ACA) at no cost
T1	Tier 1	Generic Drugs
T2	Tier 2	Brand Name Drugs
T3	Tier 3	Specialty Drugs
DME	Other pharmacy items	Other pharmacy items and certain DME, such as test strips and lancets, available at the pharmacy and through your medical benefit.

Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy and competitive prices for commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

The Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug selection process to ensure continuing patient access to rational drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary drugs of similar use, and to minimize therapeutic duplication where possible
- Lower costs relative to comparable therapies

What medications are covered?

Your prescription drug benefit will generally cover prescribed generic and brand-name drugs listed on the Formulary if the drug is medically necessary, the prescription is filled by a MedImpact network pharmacy provider, and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered, however, certain preventive OTC medications are covered when prescribed by a physician, such as aspirin, iron supplementation and smoking cessation drugs. Durable medical equipment, prescribed by a physician to treat diabetes or to assist with inhalation devices, is also covered.

The Formulary lists the pharmacy benefits covered under your outpatient prescription drug benefit and obtained from a MedImpact network participating retail pharmacy. This Formulary does not apply to drugs and devices that are obtained through the medical benefit portion of your coverage, for example, medications provided or administered in the doctor's office or in the hospital or, unless specifically stated otherwise, devices covered under the Durable Medical Equipment benefit that are obtained at the doctor's office or through a Durable Medical Equipment vendor.

Diabetes medication and equipment. Your outpatient prescription drug coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

Other pharmacy items. Some Durable Medical Equipment that is covered through your medical benefit is also available at the pharmacy: disposable blood glucose and ketone urine test strips; blood glucose monitors; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; visual aids excluding eyewear to assist in insulin dosing; and peak flow meters.

Contraceptives. Your outpatient prescription drug coverage includes all prescribed FDA-approved contraceptive drugs, including over the counter FDA-approved female contraceptive methods at no cost-share when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

ACA Preventive drugs at no cost. All medications, even over-the-counter (OTC) drugs, included under the federal Patient Affordable Care Act (ACA) as preventive medications are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor. However, some medications are only covered at no cost for patients who meet the criteria listed in the Formulary.

Weight loss drugs and sexual dysfunction drugs (Small Group PPO plans only). On our Small Group PPO plans, weight loss drugs and sexual dysfunction drugs are also covered. They are not covered on our Large Group PPO or Out-of-Area plans. These drugs are identified on the Formulary with the symbol "SG".

Note: The presence of a prescription drug on the Formulary does not guarantee that you will be prescribed that prescription drug by your prescribing provider for a particular medical condition.

Note: The copayment or coinsurance for a covered outpatient prescription drug for an individual prescription shall not exceed \$250 (or \$500 for the Bronze PPO plan) for a 30-day supply after satisfaction of the deductible, if any.

Note: The cost share for covered prescribed orally administered anti-cancer drugs shall not exceed \$200 for a 30-day supply.

What drugs are not covered?

General Exclusions

- Over the Counter (OTC) medications or their equivalents, except for those OTC medications included in this Formulary.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner. Refer to your *Certificate of Insurance* for additional information.
- Replacement of lost or stolen medication.
- Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- Weight loss drugs (covered under Small Group PPO plans only)
- Sexual dysfunction drugs (covered under Small Group PPO plans only)

Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

How do I request an exception for a drug not on to the Formulary?

You can request an exception to obtain coverage of a drug that is not on the Formulary by calling MedImpact at **1-800-788-2949**. Upon receipt of your exception request, MedImpact will notify you within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist, of the request approval or other outcome. (Urgent circumstances exist when an insured is suffering from a health condition that may seriously jeopardize the insured's life, health or ability to regain maximum function or when you are using a drug while undergoing a current course of treatment.) If a standard exception request is granted, coverage of the non-formulary drug will be granted for the duration of the prescription, including refills. If an exception based on urgent circumstances is granted, coverage of the non-formulary drug will be granted for the duration of the urgency.

Are there any restrictions on the drugs covered on the KPIC Formulary?

Yes, for certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

Note: Pursuant to Health and Safety Code section 1367.22, as then constituted and later amended, coverage for a prescription drug shall not be limited or excluded if the drug was previously approved for coverage for you under your plan for a medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and is considered safe and effective for treating the medical condition.

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. <i>See "What is a Prior Authorization?" below for additional</i>
QL	Quantity Limit	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. <i>See "What is Step Therapy?" below for additional information.</i>
SG	Small Group PPO only	Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

What is a Prior Authorization?

A prior authorization ("PA") is a technique that is used to encourage safe and competitively priced medication use. Many drugs have multiple indications, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

How does the program work?

Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for that particular drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive pre-approval of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Refer to Prior Authorization / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist from receipt of a request form from a licensed prescribing provider; the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

What are Quantity Limits?

Coverage for certain drugs may be limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the quantity limit guideline.

What is Step Therapy?

Selected prescription drugs require step therapy. The step therapy program encourages safe and competitively priced medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, lower cost medication before using a more costly treatment.

How does the program work? The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as keeping costs down. A second-line medication is a less-preferred or sometimes more costly treatment option. Refer to Step Therapy Edits in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and their criteria.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

Note: If you have transitioned from a prior health insurance coverage to a new KPIC health insurance policy, any prescription drug that is currently being prescribed and considered safe and effective to treat a medical condition may not be subject to step therapy if, under your prior coverage:

- 1) The drug was not previously subject to step therapy; or
- 2) Step therapy was already obtained.

This does not apply if MedImpact’s P&T Committee and/or your provider determines that such drug is no longer safe or effective to treat your medical condition. Prior authorization may be required for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed under your prior coverage, and the prescribing provider is not precluded from prescribing another drug covered by the new policy that is medically appropriate for your condition.

The Pharmacy Network

This drug Formulary only applies to prescribed drugs, medicines and supplies purchased from a MedImpact network retail pharmacy. To fill your covered prescriptions, please visit a MedImpact network pharmacy. When visiting a MedImpact network pharmacy, please give the pharmacist your KPIC ID card with the MedImpact logo. The network of MedImpact pharmacies includes over 60,000 chain and independent pharmacies nationwide. To find a MedImpact network pharmacy near you, call **1-800-788-2949**.

What drugs are eligible to be mailed from the mail-order pharmacy?

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. You can order refills through our mail-order service online at walgreens.com/mailservice or by phone, **1-866-525-1590** or **1-877-924-7889 (TTY)**. There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply.

Please refer to your *Certificate of Insurance* for complete details of your prescription drug benefit or call KPIC Customer Service at **1-800-788-0710**.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations you may be subject to. Specific benefit inclusions, exclusions, and cost shares are not reflected in the Formulary.

Definition of Terms

The following terms apply to your prescription drug coverage and the drug Formulary.

“Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this Formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this Formulary in italicized lowercase letters.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

“Non-formulary drug” means a prescription drug that is not listed on this Formulary.

“Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Over-the-counter (OTC) drugs” are medicines sold directly to a consumer without requiring a prescription from a healthcare professional. For purposes of this Formulary, OTC drugs that are covered under your outpatient prescription drug benefit require a prescription from your doctor.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this Formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

“Step therapy” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this Formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

“Specialty drug” means high-cost prescription medications that are used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

The Formulary applies only to outpatient drugs provided to you and does not apply to medications used in an inpatient setting. For specific questions regarding your coverage, please call KPIC Customer Service at **1-800-788-0710**.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins And Minerals		
Alternative Therapy - Antiarthritics - Vitamins And Minerals		
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG (glucosamine HCl/methylsulfonylmethane/Boswellia/herbal 182)	Tier 2	
<i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>	Tier 1	
<i>glucosamine sulfat oral capsule 500 mg</i>	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
Alternative Therapy - Antioxidant - Vitamins And Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 2	
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
EYE HEALTH PLUS LUTEIN ORAL TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
NUMAQUA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (multivitamin with minerals/folic acid/lutein/zeaxanthin)	Tier 2	
Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals		
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet 3 mg</i>	Tier 1	

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME &

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight

Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Unclassified - Vitamins And Minerals		
<i>balsam peru (bulk) liquid</i>	Tier 2	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 2	
<i>ginkgo biloba leaf extract oral capsule 120 mg</i>	Tier 2	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
<i>peppermint oil oil</i>	Tier 1	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 2	PA
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG (morphine sulfate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<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)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG (tramadol HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME &

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight

Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG (tramadol HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)	Tier 2	
DEMEROL INJECTION SOLUTION 100 MG/ML, 50 MG/ML (meperidine HCl)	Tier 2	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 2	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone HCl)	Tier 2	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone HCl)	Tier 2	
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone HCl)	Tier 2	QL (1 EA per 1 day)
DOLOPHINE ORAL TABLET 10 MG (methadone HCl)	Tier 2	QL (4 EA per 1 day)
DOLOPHINE ORAL TABLET 5 MG (methadone HCl)	Tier 2	QL (8 EA per 1 day)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)	Tier 2	
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR (fentanyl)	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<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 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME &

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate buccal tablet, effervescent 100 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: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 2	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 20 MG, 40 MG, 50 MG, 60 MG, 80 MG (morphine sulfate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG (morphine sulfate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY (fentanyl citrate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	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)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)	Tier 2	QL (4 ML per 1 day)
methadone HCl (Methadose Oral Tablet, Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	

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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 in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol HCl)	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG (oxycodone HCl)	Tier 2	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (oxycodone HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY (fentanyl)	Tier 2	PA
<i>tramadol oral capsule, er biphase 24 hr 17-83 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphase 24 hr 25-75 150 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
ULTRAM ORAL TABLET 50 MG (tramadol HCl)	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	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)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital/acetaminophen/caffeine/codeine phosphate)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
FIORINAL-CODEINE #3 ORAL CAPSULE 30-50-325-40 MG (codeine phosphate/butalbital/aspirin/caffeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
acetaminophen with codeine phosphate (Tylenol-Codeine #3 Oral Tablet 300-30 Mg)	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen/caffeine/dihydrocodeine bitartrate (Dvorah Oral Tablet 325-30-16 Mg)	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen/caffeine/dihydrocodeine bitartrate (Trezix Oral Capsule 320.5-30-16 Mg)	Tier 2	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine - Arthritis And Pain Drugs		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen/caffeine/dihydrocodeine bitartrate (Dvorah Oral Tablet 325-30-16 Mg)	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen/caffeine/dihydrocodeine bitartrate (Trezix Oral Capsule 320.5-30-16 Mg)	Tier 2	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone HCl/acetaminophen)	Tier 2	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminophen) tablet in 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminophen) tablet in 120 days; QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Hycet Oral Solution 7.5-325 Mg/15 MI)	Tier 2	QL (184 ML per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (hydrocodone bitartrate/acetaminophen)	Tier 2	QL (200 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bitartrate/acetaminophen (Norco Oral Tablet 5-325 Mg, 7.5-325 Mg)	Tier 2	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
Analgesic Opioid Hydrocodone And Nsaid Combinations - Arthritis And Pain Drugs		
hydrocodone/ibuprofen (Ibudone Oral Tablet 10-200 Mg)	Tier 2	
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		
hydrocodone bitartrate/acetaminophen (Hycet Oral Solution 7.5-325 Mg/15 MI)	Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML 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)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
hydrocodone/ibuprofen (Ibudone Oral Tablet 10-200 Mg)	Tier 2	
hydrocodone bitartrate/acetaminophen (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (hydrocodone bitartrate/acetaminophen)	Tier 2	QL (200 ML per 1 day)
hydrocodone bitartrate/acetaminophen (Norco Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 2	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 2	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone HCl/acetaminophen)	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone HCl/acetaminophen)	Tier 2	QL (13 EA per 1 day)
Analgesic Opioid Oxycodone And Nsaid Combinations - Arthritis And Pain Drugs		
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
Analgesic Opioid Oxycodone And Salicylate Combinations - Arthritis And Pain Drugs		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (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>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 2	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone HCl/acetaminophen)	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone HCl/acetaminophen)	Tier 2	QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	QL (13 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (buprenorphine HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<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		
ULTRACET ORAL TABLET 37.5-325 MG (tramadol HCl/acetaminophen)	Tier 2	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)
ULTRACET ORAL TABLET 37.5-325 MG (tramadol HCl/acetaminophen)	Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital/acetaminophen (Allzital Oral Tablet 25-325 Mg)	Tier 2	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (12 EA per 1 day)
butalbital/acetaminophen (Bupap Oral Tablet 50-300 Mg)	Tier 2	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	Tier 1	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (12 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
butalbital/acetaminophen/caffeine (Esgic Oral Capsule 50-325-40 Mg)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital/acetaminophen/caffeine (Esgic Oral Tablet 50-325-40 Mg)	Tier 2	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
butalbital/acetaminophen/caffeine (Vanatol Lq Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/caffeine (Vanatol S Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/caffeine (Vtol Lq Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/caffeine (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 3	
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 2	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 3	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (etanercept)	Tier 3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 3	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 3	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA
Dmard - Antimalarials - Arthritis And Pain Drugs		
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
Dmard - Antimetabolites - Arthritis And Pain Drugs		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
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 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)	Tier 2	ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days if 12 years of age and older; QL (120 ML per 60 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib. - Arthritis And Pain Drugs		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 3	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 3	PA
Dmard - Gold Compounds - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 3	
Dmard - Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 3	PA
Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 3	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 3	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG (baricitinib)	Tier 3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (upadacitinib)	Tier 3	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 3	PA
Dmard - Other - Arthritis And Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 3	PA
MINOCIN ORAL CAPSULE 50 MG (minocycline HCl)	Tier 2	
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 3	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) (apremilast)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 3	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 3	PA
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs		
DUEXIS ORAL TABLET 800-26.6 MG (ibuprofen/famotidine)	Tier 2	ST: Must meet the following requirement: generic ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayered rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		

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<i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg, 500-20 mg</i>	Tier 1	ST: Must meet any of the following requirements: Naprelan, Naproxen, or Naproxen Sodium in 120 days
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG (naproxen/esomeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Naprelan, Naproxen, or Naproxen Sodium in 120 days
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs		
COMFORT PAC-IBUPROFEN KIT 800 MG (ibuprofen/irritants counter-irritants combination no.2)	Tier 2	
COMFORT PAC-MELOXICAM KIT 15 MG (meloxicam/irritants counter-irritants combination no.2)	Tier 2	
COMFORT PAC-NAPROXEN KIT 500 MG (naproxen/irritant counter-irritant combination no.2)	Tier 2	
FLEXIPAK KIT 75 MG- 0.025 % (diclofenac sodium/capsaicin)	Tier 2	
INFLAMMACIN KIT 75 MG- 0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor)	Tier 2	
NUDICLO TABPAK KIT 75 MG- 0.025 % (diclofenac sodium/capsaicin)	Tier 2	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 % (etodolac/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 % (ibuprofen/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 % (nabumetone/capsaicin/methyl salicylate/menthol)	Tier 2	
XENAFLAMM KIT 75 MG- 0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
Nsaid Analgesic And Topical Local Anesthetic Amides Combinations - Arthritis And Pain Drugs		
LIDOVIX COMBO PACK 75 MG- 5 % (diclofenac sodium/lidocaine)	Tier 2	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 % (celecoxib/capsaicin/methyl salicylate/menthol)	Tier 2	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	

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<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<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 cartridge 60 mg/2 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	
RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)	Tier 2	ST: Must meet the following requirement: Nabumetone in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac tromethamine)	Tier 2	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory drug in 120 days; QL (5 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	

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Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
FELDENE ORAL CAPSULE 10 MG, 20 MG (piroxicam)	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG (meloxicam)	Tier 2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (meloxicam, submicronized)	Tier 2	ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
CAMBIA ORAL POWDER IN PACKET 50 MG (diclofenac potassium)	Tier 2	PA
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG (diclofenac sodium)	Tier 2	

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ZIPSOR ORAL CAPSULE 25 MG (diclofenac potassium)	Tier 2	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds in 120 days; QL (4 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)	Tier 2	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds in 120 days; QL (3 EA per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Tier 2	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Tier 2	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
FENORTHO ORAL CAPSULE 200 MG (fenoprofen calcium)	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	

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<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	
NALFON ORAL CAPSULE 400 MG (fenoprofen calcium)	Tier 2	
NALFON ORAL TABLET 600 MG (fenoprofen calcium)	Tier 2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (naproxen sodium)	Tier 2	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (naproxen)	Tier 2	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 2	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 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	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Tier 2	

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INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 2	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin submicronized oral capsule 20 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Indomethacin capsules in 120 days; QL (3 EA per 1 day)
TIVORBEX ORAL CAPSULE 20 MG (indomethacin, submicronized)	Tier 2	ST: Must meet the following requirement: Generic Indomethacin capsules in 120 days; QL (3 EA per 1 day)
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	
FIORINAL ORAL CAPSULE 50-325-40 MG (butalbital/aspirin/caffeine)	Tier 2	
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 (aspirin)	Tier 0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	

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ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
<i>aspirin oral tablet 325 mg</i>	Tier 0	
<i>aspirin oral tablet,chewable 81 mg</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 2	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LITE COAT ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
Anesthetics - Drugs For Pain And Fever		

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Anesthetic - Non-Parenteral - Drugs For Sedation		
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs For Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 2	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
ULTANE INHALATION LIQUID (sevoflurane)	Tier 2	
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		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
lidocaine HCl (Lta Pre-Attached Laryngotracheal Solution 4 %)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	

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P-CARE MG (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
<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	
hydrocortisone acetate (Proctocort Rectal Suppository 30 Mg)	Tier 2	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine HCl/aloe vera)	Tier 1	
hydrocortisone acetate/pramoxine HCl (Analpram-Hc Rectal Cream 1-1 %)	Tier 2	
ANALPRAM-HC RECTAL CREAM 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
<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 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
hydrocortisone acetate/pramoxine HCl (Proctofoam Hc Rectal Foam 1-1 %)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 2	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 2	

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Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 2	
Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
trientine HCl (Clovique Oral Capsule 250 Mg)	Tier 3	PA
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 3	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
SYPRINE ORAL CAPSULE 250 MG (trientine HCl)	Tier 3	PA
<i>trientine oral capsule 250 mg</i>	Tier 3	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 3	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
DESFERAL INJECTION RECON SOLN 2 GRAM, 500 MG (deferoxamine mesylate)	Tier 2	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 3	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 3	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 3	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 3	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 3	PA
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 2	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 2	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 2	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 2	PA; QL (0.4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 2	ST: Must meet the following requirement: Movantik in 120 days; QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning		
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML (naloxone HCl)	Tier 2	QL (0.8 ML per 365 days)
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	Tier 1	QL (0.8 ML per 365 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 3	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 2	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	ST: Must meet the following requirement: Amoxicillin/Potassium Clavulanate in 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin/potassium clavulanate)	Tier 2	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	

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ALBENZA ORAL TABLET 200 MG (albendazole)	Tier 2	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 2	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
STROMEKTOL ORAL TABLET 3 MG (ivermectin)	Tier 2	
Anthelmintic Agents Other - Drugs For Parasites		
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 2	
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
STROMEKTOL ORAL TABLET 3 MG (ivermectin)	Tier 2	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole/trimethoprim)	Tier 2	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole/trimethoprim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	

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Antibacterial Nitrofuran Derivatives - Antibiotics		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 2	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocrystals)	Tier 2	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG (nitrofurantoin macrocrystal)	Tier 2	
MACRODANTIN ORAL CAPSULE 25 MG (nitrofurantoin macrocrystal)	Tier 2	QL (4 EA per 1 day)
Antibacterial Other - Antibiotics		
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 2	
Antifungal - Allylamines - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 2	
Antifungal - Imidazoles - Drugs For Fungus		
<i>ketconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)	Tier 2	
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	Tier 2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML (fluconazole)	Tier 2	

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DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (fluconazole)	Tier 2	
<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 SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 2	
ONMEL ORAL TABLET 200 MG (itraconazole)	Tier 2	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 2	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 2	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 2	
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	Tier 2	
<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		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 2	

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<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b, recomb.)	Tier 3	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	Tier 2	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day)
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 (artemether/lumefantrine)	Tier 2	
MALARONE ORAL TABLET 250-100 MG (atovaquone/proguanil HCl)	Tier 2	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone/proguanil HCl)	Tier 2	
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 2	
<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)
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 3	PA

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<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 3	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
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		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Tier 2	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAGYL ORAL TABLET 250 MG, 500 MG (metronidazole)	Tier 2	
<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 (secnidazole)	Tier 2	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole in 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (maraviroc)	Tier 2	
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 2	
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections		
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	Tier 2	
ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir potassium)	Tier 2	

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ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	Tier 2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir potassium)	Tier 2	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (dolutegravir sodium)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
DOVATO ORAL TABLET 50-300 MG (dolutegravir sodium/lamivudine)	Tier 2	
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections		
EDURANT ORAL TABLET 25 MG (rilpivirine HCl)	Tier 2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (etravirine)	Tier 2	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Tier 1	
PIFELTRO ORAL TABLET 100 MG (doravirine)	Tier 2	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Tier 2	

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SUSTIVA ORAL TABLET 600 MG (efavirenz)	Tier 2	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML (nevirapine)	Tier 2	
VIRAMUNE ORAL TABLET 200 MG (nevirapine)	Tier 2	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (nevirapine)	Tier 2	
Antiretroviral - Nucleoside And Nucleotide Analog Rti's Combinations - Drugs For Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 2	
DESCOVY ORAL TABLET 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)	Tier 2	
TEMIXYS ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	
TRUVADA ORAL TABLET 200-300 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	\$0 COPAY FOR PrEP THERAPY; 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	
<i>abacavir oral tablet 300 mg</i>	Tier 1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	\$0 COPAY FOR PrEP THERAPY; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	

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EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 2	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 2	
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	Tier 2	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY FOR PrEP THERAPY; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir/ritonavir)	Tier 2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir/ritonavir)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors - Drugs For Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	
Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb - Drugs For Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar)	Tier 2	
GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	
STRIBILD ORAL TABLET 150-150-200-300 MG (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)	Tier 2	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	
EPZICOM ORAL TABLET 600-300 MG (abacavir sulfate/lamivudine)	Tier 2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz/emtricitabine/tenofovir disoproxil fumarate)	Tier 2	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)	Tier 2	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
SYMFI ORAL TABLET 600-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 2	
Antitubercular - D-Alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG (bedaquiline fumarate)	Tier 3	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		

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<i>pretomanid oral tablet 200 mg</i>	Tier 2	QL (1 EA per 1 day)
Antitubercular - Rifamycin And Derivatives - Antibiotics		
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	Tier 2	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
rifampin (Rifadin Oral Capsule 150 Mg)	Tier 2	
RIFADIN ORAL CAPSULE 300 MG (rifampin)	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 400 MG (ethambutol HCl)	Tier 2	
TRECTOR ORAL TABLET 250 MG (ethionamide)	Tier 2	
Antitubercular Combinations - Antibiotics		
RIFAMATE ORAL CAPSULE 300-150 MG (rifampin/isoniazid)	Tier 2	
RIFATER ORAL TABLET 50-120-300 MG (rifampin/isoniazid/pyrazinamide)	Tier 2	
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	

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KEFLEX ORAL CAPSULE 250 MG, 750 MG (cephalexin)	Tier 2	
cephalexin (Keflex Oral Capsule 500 Mg)	Tier 2	
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>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<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	
SPECTRACEF ORAL TABLET 400 MG (cefditoren pivoxil)	Tier 2	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML (cefixime)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (cefixime)	Tier 2	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir HCl)	Tier 2	
VALCYTE ORAL TABLET 450 MG (valganciclovir HCl)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 2	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	Tier 2	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
<i>ciprofloxacin HCl (Cipro Oral Tablet 250 Mg)</i>	Tier 2	
CIPRO ORAL TABLET 500 MG (ciprofloxacin HCl)	Tier 2	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (ciprofloxacin/ciprofloxacin HCl)	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 (gemifloxacin mesylate)	Tier 2	
LEVAQUIN ORAL TABLET 500 MG, 750 MG (levofloxacin)	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	

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<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)	Tier 2	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin HCl)	Tier 2	QL (600 ML per 1 FILL)
VANCOGIN ORAL CAPSULE 125 MG (vancomycin HCl)	Tier 2	QL (56 EA per 1 FILL)
VANCOGIN ORAL CAPSULE 250 MG (vancomycin HCl)	Tier 2	QL (112 EA per 1 FILL)
<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 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Tier 2	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (lamivudine)	Tier 2	QL (720 ML per 30 days)
EPIVIR HBV ORAL TABLET 100 MG (lamivudine)	Tier 2	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 1	QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir dipivoxil)	Tier 2	QL (1 EA per 1 day)

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VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide)	Tier 2	ST: Must meet the following requirement: Tenofovir 300mg in 120 days; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Hepatitis C - Interferons - Drugs For Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)	Tier 2	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (peginterferon alfa-2b)	Tier 2	PA
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 3	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 3	PA
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)	Tier 3	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		

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EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir/velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir/sofosbuvir)	Tier 2	PA
Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (sofosbuvir)	Tier 3	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	Tier 3	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	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb - Drugs For Viral Infections		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (ombitasvir/paritaprevir/ritonavir/dasabuvir sodium)	Tier 3	PA
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	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (acyclovir)	Tier 2	QL (4 EA per 365 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	

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VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir HCl)	Tier 2	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 2	
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 (zanamivir)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG (oseltamivir phosphate)	Tier 2	QL (20 EA per 180 days)
oseltamivir phosphate (Tamiflu Oral Capsule 75 Mg)	Tier 2	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir phosphate)	Tier 2	QL (360 ML per 180 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil)	Tier 2	QL (4 EA per 180 days)
Influenza-A Antiviral Agents - Drugs For Viral Infections		
FLUMADINE ORAL TABLET 100 MG (rimantadine HCl)	Tier 2	
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin HCl)	Tier 2	

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clindamycin palmitate HCl (Cleocin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 2	
<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	
clindamycin palmitate HCl (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 TABLET 200 MG (fidaxomicin)	Tier 2	ST: Must meet the following requirement: Vancomycin HCL in 120 days; QL (20 EA per 30 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	

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ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 333 Mg)	Tier 2	
erythromycin stearate (Erythrocin (As Stearate) Oral Tablet 250 Mg)	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	
<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	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 2	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 2	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 2	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 2	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Tier 2	
Misc Anti-Infective - Drugs For Infections		
HIPREX ORAL TABLET 1 GRAM (methenamine hippurate)	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	

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<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Misc Anti-Infective Combinations - Drugs For Infections		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	

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URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
VILEVEV MB ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
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	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Tier 2	
ZYVOX ORAL TABLET 600 MG (linezolid)	Tier 2	
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 2	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML (tipranavir/vitamin E TPGS)	Tier 2	
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir ethanolate)	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (darunavir ethanolate)	Tier 2	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (indinavir sulfate)	Tier 2	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	
INVIRASE ORAL TABLET 500 MG (saquinavir mesylate)	Tier 2	
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir calcium)	Tier 2	
LEXIVA ORAL TABLET 700 MG (fosamprenavir calcium)	Tier 2	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	Tier 2	
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 2	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (atazanavir sulfate)	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 2	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Tier 2	
Rifamycins And Related Derivative Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (rifamycin sodium)	Tier 2	ST: Must meet any of the following requirements: Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin in 120 days; QL (12 EA per 1 FILL)
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	Tier 2	
rifampin (Rifadin Oral Capsule 150 Mg)	Tier 2	
RIFADIN ORAL CAPSULE 300 MG (rifampin)	Tier 2	
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	Tier 2	PA
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

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BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
Tetracycline Antibiotics - Antibiotics		
ACTICLATE ORAL TABLET 150 MG (doxycycline hyclate)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
ACTICLATE ORAL TABLET 75 MG (doxycycline hyclate)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	Tier 2	QL (2 EA per 1 day)
minocycline HCl (Coremino Oral Tablet Extended Release 24 Hr 135 Mg, 45 Mg, 90 Mg)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 120 MG (doxycycline hyclate)	Tier 2	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)

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DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG (doxycycline hyclate)	Tier 2	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 50 MG (doxycycline hyclate)	Tier 2	ST: Must meet the following requirement: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<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</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
MINOCIN ORAL CAPSULE 50 MG (minocycline HCl)	Tier 2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxylene NI Oral Capsule 75 Mg)	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONODOX ORAL CAPSULE 100 MG, 50 MG (doxycycline monohydrate)	Tier 2	QL (2 EA per 1 day)
MONODOX ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)	Tier 2	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	PA
doxycycline monohydrate (Oracea Oral Capsule, Ir - Delay Rel, Biphase 40 Mg)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	Tier 2	ST: Must meet the following requirement: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	Tier 2	QL (2 EA per 1 day)
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML (doxycycline monohydrate)	Tier 2	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML (doxycycline calcium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Antineoplastics		
Antineoplastic - Selective Ret Kinase Inhibitor		
RETEVMO ORAL CAPSULE 40 MG, 80 MG (selpercatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastics - Drugs For Cancer		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer		
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>melphalan oral tablet 2 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Alkylating Agent - Triazines - Drugs For Cancer		
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (temozolomide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg</i>	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ERLEADA ORAL TABLET 60 MG (apalutamide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>flutamide oral capsule 125 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>nilutamide oral tablet 150 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Must meet the following requirement: Mercaptopurine in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 2	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	Tier 0	
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Tier 0	
AROMASIN ORAL TABLET 25 MG (exemestane)	Tier 0	
<i>exemestane oral tablet 25 mg</i>	Tier 0	
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (encorafenib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (8 EA per 1 day)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat lactate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Interferons - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (interferon alfa-2b, recomb.)	Tier 2	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (interferon alfa-2b, recomb.)	Tier 2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG (peginterferon alfa-2b)	Tier 2	
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
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 (ribociclib succinate/letrozole)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 3	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 3	QL (2 EA per 365 days)
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn sodium)	Tier 2	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate/vitamin E TPGS)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
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) (cabozantinib s-malate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG (ponatinib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (3 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (talazoparib tosylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ZEJULA ORAL CAPSULE 100 MG (niraparib tosylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Progestins - Drugs For Cancer		

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<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (avapritinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
BOSULIF ORAL TABLET 100 MG (bosutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day)

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CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (1 EA per 1 day)
GLEEVEC ORAL TABLET 100 MG (imatinib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (3 EA per 1 day)
GLEEVEC ORAL TABLET 400 MG (imatinib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day)
<i>imatinib oral tablet 100 mg</i>	Tier 1	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i>	Tier 1	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
INLYTA ORAL TABLET 1 MG (axitinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (6 EA per 1 day)

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INLYTA ORAL TABLET 5 MG (axitinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
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) (lenvatinib mesylate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 3	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG (pexidartinib hydrochloride)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day)
Antineoplastic - Radiopharmaceuticals - Drugs For Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (sodium iodide-131)	Tier 2	
Antineoplastic - Retinoids - Drugs For Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
FARESTON ORAL TABLET 60 MG (toremifene citrate)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
SOLTAMOX ORAL SOLUTION 10 MG/5 ML (tamoxifen citrate)	Tier 2	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 0	
<i>toremifene oral tablet 60 mg</i>	Tier 1	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4) (selinexor)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 3	PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY

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Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG (mitomycin)	Tier 3	
Antineoplastic -Cephalotaxines - Drugs For Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (omacetaxine mepesuccinate)	Tier 3	PA
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 3	COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (24 EA per 14 days)
Methotrexate Rescue Agents - Drugs For Cancer		
<i>leucovorin calcium oral tablet 15 mg</i>	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec. water)	Tier 2	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 2	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 2	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
<i>glutaraldehyde solution 25 %</i>	Tier 2	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 2	
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
<i>phenol liquid</i>	Tier 2	
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (allergenic extract, grass pollen-timothy, standard)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 100 IR (3) /300 IR (6), 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronysinus,standard)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (allergenic extract-weed pollen-short ragweed)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (centruroides (scorpion) polyvalent antivenom)	Tier 2	
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF)	Tier 0	QL (4 ML per 365 days); Age (Min 18 Years)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	Tier 0	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma(IgG)-hipp human/maltose)	Tier 3	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 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 3	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 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 3	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 3	PA

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HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 3	PA
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 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	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 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)	Tier 3	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)-klhw human)	Tier 3	PA
Live Vaccine And Live Virus Formulations - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	

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

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PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 3	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adult)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)

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TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 18 Years)
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (typhoid vacc, live, attenuated)	Tier 2	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135, diphtheria toxoid conj/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135, diphtheria toxoid conj/PF)	Tier 0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	Tier 0	QL (0.5 ML per 365 days); Age (Min 65 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	Tier 0	QL (0.5 ML per 365 days); Age (Min 65 Years)
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	Tier 0	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipidated fHBP recombinant)	Tier 0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	
Vaccine Viral - Adenovirus - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	Tier 2	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	Tier 2	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2019-20 (36 mos up)/PF)	Tier 0	QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine quadrivalent 2019-20 (6 mos-35 mos)/PF)	Tier 0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2019-20 (6 mos and up))	Tier 0	QL (0.5 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2019-20 (65 yr up)/adjuvant MF59C.1/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2019-2020(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (influenza virus vaccine qv 2019-20(18 yrs and older)rcmb/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quad 2019-2020(4 years and older)cell derived/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quadriv 2019-2020(4 years and older)cell derived)	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2019-2020(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2019-20 (6 mos and up))	Tier 0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2019-2020 (2 yrs-49 yrs))	Tier 0	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (influenza virus vaccine trival split 2019-2020(65 yr up)/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2019-2020(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)

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FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2019-2020(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2019-20 (6 mos and up))	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine quadrivalent 2019-20 (6 mos-35 mos)/PF)	Tier 0	QL (0.25 ML per 180 days)
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (varicella-zoster virus glycoprotein E,rec,component 2 of 2)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	Tier 0	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (zoster vaccine live/PF)	Tier 0	QL (1 EA per 365 days); Age (Min 60 Years)
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	Tier 0	QL (2 EA per 365 days); Age (Min 18 Years)
Cardiovascular Therapy Agents		
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	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	
amlodipine besylate/benazepril HCl (Lotrel Oral Capsule 10-20 Mg, 5-10 Mg)	Tier 2	
LOTREL ORAL CAPSULE 10-40 MG, 5-20 MG, 5-40 MG (amlodipine besylate/benazepril HCl)	Tier 2	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 2	ST: Must meet 2 of the following requirements: Amlodipine Besylate, Amlodipine Besylate/benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Epaned, Fosinopril Sodium, Lisinopril, Moexipril HCL, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG (trandolapril/verapamil HCl)	Tier 2	
<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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril HCl/hydrochlorothiazide)	Tier 2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril HCl/hydrochlorothiazide)	Tier 2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
VASERETIC ORAL TABLET 10-25 MG (enalapril maleate/hydrochlorothiazide)	Tier 2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril/hydrochlorothiazide)	Tier 2	
Ace Inhibitors - Drugs For High Blood Pressure		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril HCl)	Tier 2	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 2	ST: Must meet the following requirement: Enalapril Maleate in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<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	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril HCl)	Tier 2	
<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	
PRINIVIL ORAL TABLET 10 MG, 20 MG (lisinopril)	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	Tier 2	ST: Must meet the following requirement: Lisinopril in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 2	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 2	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
<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	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 2	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 2	
<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	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine besylate/olmesartan medoxomil)	Tier 2	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate/valsartan)	Tier 2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (telmisartan/amlodipine besylate)	Tier 2	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine besylate/valsartan/hydrochlorothiazide)	Tier 2	
<i>olmesartan-amlodipin-hcthiiazid 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	
TRIBENZOR 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 (olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide)	Tier 2	
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations - Drugs For High Blood Pressure		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan cilexetil/hydrochlorothiazide)	Tier 2	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan/hydrochlorothiazide)	Tier 2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil/hydrochlorothiazide)	Tier 2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan/hydrochlorothiazide)	Tier 2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)	Tier 2	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium/hydrochlorothiazide)	Tier 2	

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<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	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan/hydrochlorothiazide)	Tier 2	
<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-Neprilysin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril/valsartan)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan cilexetil)	Tier 2	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 2	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)	Tier 2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)	Tier 2	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 2	

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EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	Tier 2	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 2	
<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	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG (isosorbide dinitrate)	Tier 2	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (nitroglycerin)	Tier 2	ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
isosorbide dinitrate (Isochron Oral Tablet Extended Release 40 Mg)	Tier 2	
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Tier 2	
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	

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<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	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	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Tier 2	
nitroglycerin (Nitro-Time Oral Capsule, Extended Release 2.5 Mg, 6.5 Mg, 9 Mg)	Tier 1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG (ranolazine)	Tier 2	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG (ranolazine)	Tier 2	QL (120 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	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	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG (propafenone HCl)	Tier 2	
Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)	Tier 2	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)	Tier 2	
sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol HCL in 120 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 (dronedarone HCl)	Tier 2	
amiodarone HCl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 2	
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Atp-Citrate Lyase (Acl) Inhibitor - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	Tier 2	PA
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GRAM (colestipol HCl)	Tier 2	

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COLESTID FLAVORED ORAL PACKET 7.5 GRAM (colestipol HCl)	Tier 2	
COLESTID ORAL GRANULES 5 GRAM (colestipol HCl)	Tier 2	
COLESTID ORAL PACKET 5 GRAM (colestipol HCl)	Tier 2	
COLESTID ORAL TABLET 1 GRAM (colestipol HCl)	Tier 2	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine/aspartame (Questran Light Oral Powder 4 Gram)	Tier 2	
cholestyramine (with sugar) (Questran Oral Powder 4 Gram)	Tier 2	
cholestyramine (with sugar) (Questran Oral Powder In Packet 4 Gram)	Tier 2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam HCl)	Tier 2	
WELCHOL ORAL TABLET 625 MG (colesevelam HCl)	Tier 2	
Antihyperlipidemic - Fibrin Acid Derivatives - Drugs For Cholesterol		
ANTARA ORAL CAPSULE 30 MG, 90 MG (fenofibrate,micronized)	Tier 2	ST: Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in 120 days

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<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Tier 2	ST: Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 2	ST: Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days
LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 2	
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Tier 2	

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TRIGLIDE ORAL TABLET 160 MG (fenofibrate nanocrystallized)	Tier 2	ST: Must meet any of the following requirements: Antara, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 135 MG, 45 MG (fenofibric acid (choline))	Tier 2	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 2	ST: Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 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)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 2	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 2	ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (simvastatin)	Tier 2	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
LESCOL ORAL CAPSULE 20 MG, 40 MG (fluvastatin sodium)	Tier 2	ST: Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (fluvastatin sodium)	Tier 2	ST: Must meet 2 of the following requirements: Altoprev, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium)	Tier 2	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 2	\$0 COPAY IF 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>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG (pravastatin sodium)	Tier 2	QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF 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	ST: Must meet the following requirement: Ezetimibe/simvastatin in 365 days; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 2	QL (1 EA per 1 day)
ZOCOR ORAL TABLET 80 MG (simvastatin)	Tier 2	ST: Must meet the following requirement: Ezetimibe/simvastatin in 365 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	Tier 2	ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG (niacin)	Tier 2	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Tier 2	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Tier 2	QL (4 EA per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol		
FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methionine/inositol/choline/folic acid)	Tier 2	
LUVIRA ORAL CAPSULE 840 MG (375 MG- 465MG)-1,220 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine besylate/atorvastatin calcium)	Tier 2	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	ST: Must meet the following requirement: Simvastatin in 365 days; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe/simvastatin)	Tier 2	ST: Must meet the following requirement: Simvastatin in 365 days; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib - Drugs For Cholesterol		

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JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (lomitapide mesylate)	Tier 3	PA
Anti-Pcsk9 Monoclonal Antibodies - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 2	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 2	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	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol HCl)	Tier 2	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
atenolol (Tenormin Oral Tablet 100 Mg, 50 Mg)	Tier 2	
TENORMIN ORAL TABLET 25 MG (atenolol)	Tier 2	

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TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	
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		
LEVATOL ORAL TABLET 20 MG (penbutolol sulfate)	Tier 2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)	Tier 2	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)	Tier 2	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol HCl)	Tier 2	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days

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<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>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant acetate)	Tier 3	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 3	PA
Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination - Drugs For High Blood Pressure		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate/celecoxib)	Tier 2	PA
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem HCl)	Tier 2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl)	Tier 2	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem HCl)	Tier 2	
diltiazem HCl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem HCl)	Tier 1	
diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem HCl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
diltiazem HCl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl)	Tier 2	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 3	PA
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG (nifedipine)	Tier 2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	Tier 2	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	Tier 2	
PROCARDIA ORAL CAPSULE 10 MG (nifedipine)	Tier 2	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Tier 2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 2	
Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (verapamil HCl)	Tier 2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	

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VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG (verapamil HCl)	Tier 2	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil HCl)	Tier 2	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG (metoprolol succinate/hydrochlorothiazide)	Tier 2	QL (2 EA per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG (metoprolol succinate/hydrochlorothiazide)	Tier 2	QL (1 EA per 1 day)
LOPRESSOR HCT ORAL TABLET 50-25 MG (metoprolol tartrate/hydrochlorothiazide)	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol/chlorthalidone)	Tier 2	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol/chlorthalidone)	Tier 2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol fumarate/hydrochlorothiazide)	Tier 2	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (2 EA per 365 days)

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<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)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 3	PA
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (clonidine HCl)	Tier 2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Tier 2	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 2	
<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>methyl dopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<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	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 187.5 MCG (0.1875 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (digoxin)	Tier 2	
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		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)	Tier 2	ST: Must meet the following requirement: Spironolactone in 120 days; QL (600 ML per 30 days)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 2	
<i>toremide 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	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	Tier 2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (spironolactone/hydrochlorothiazide)	Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
DYAZIDE ORAL CAPSULE 37.5-25 MG (triamterene/hydrochlorothiazide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXZIDE ORAL TABLET 75-50 MG (triamterene/hydrochlorothiazide)	Tier 2	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG (triamterene/hydrochlorothiazide)	Tier 2	
<i>spironolacton-hydrochlorothiazid 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		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 3	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) (tolvaptan)	Tier 3	PA
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	QL (60 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 3	QL (60 EA per 365 days)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (chlorothiazide)	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ganglionic Blocking, Non-Depolarizing - Drugs For High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (mecamylamine HCl)	Tier 2	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (ivabradine HCl)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine HCl)	Tier 2	ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs For The Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (ethyl alcohol)	Tier 2	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)	Tier 2	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	
<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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 3	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 3	PA
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine HCl)	Tier 3	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin HCl)	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 3	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	
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
DEMSER ORAL CAPSULE 250 MG (metyrosine)	Tier 2	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 3	PA

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Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	Tier 3	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 3	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 3	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	Tier 3	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 3	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 (riociguat)	Tier 3	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 3	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 3	PA

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LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 3	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 3	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 3	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 3	PA
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
ADCIRCA ORAL TABLET 20 MG (tadalafil)	Tier 3	PA
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 3	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil citrate)	Tier 3	PA
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 3	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 3	PA; SG
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren hemifumarate)	Tier 2	
Renin Inhibitor, Direct And Diuretic Combinations - Drugs For High Blood Pressure		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren hemifumarate/hydrochlorothiazide)	Tier 2	
Vasodilator Combinations - Drugs For High Blood Pressure		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIDIL ORAL TABLET 20-37.5 MG (isosorbide dinitrate/hydralazine HCl)	Tier 2	
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) (galcanezumab-gnlm)	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	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	Tier 2	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	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	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	
<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	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
lorazepam (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	
TRANXENE T-TAB ORAL TABLET 7.5 MG (clorazepate dipotassium)	Tier 2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
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		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	QL (1 EA per 1 FILL)
KLONOPIN ORAL TABLET 2 MG (clonazepam)	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	
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) (diazepam)	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 3	PA
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML (felbamate)	Tier 2	QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG (felbamate)	Tier 2	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 2	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 (divalproex sodium)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (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 (as sodium salt) oral solution 500 mg/10 ml (10 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		
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (lacosamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (gabapentin/lidocaine HCl/menthol)	Tier 2	
GABACAINE KIT 300 MG-5 % (gabapentin/lidocaine)	Tier 2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Tier 2	
<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		
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG (tiagabine HCl)	Tier 2	QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG (tiagabine HCl)	Tier 2	QL (3 EA per 1 day)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 3	QL (6 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 3	QL (6 EA per 1 day)
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 3	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 3	QL (6 EA per 1 day)
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 3	QL (6 EA per 1 day)
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
PEGANONE ORAL TABLET 250 MG (ethotoin)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (carbamazepine)	Tier 2	
carbamazepine (Eitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<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 (oxcarbazepine)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG (topiramate)	Tier 2	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (1 EA per 1 day)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG (topiramate)	Tier 2	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (2 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Tier 2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG (topiramate)	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (topiramate)	Tier 2	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)	Tier 2	QL (4 EA per 1 day)
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 2	
<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	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (600 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 2	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (2 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
levetiracetam (Roweepra Oral Tablet 1,000 Mg, 500 Mg, 750 Mg)	Tier 2	
levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG (levetiracetam)	Tier 2	ST: Must meet the following requirement: Levetiracetam in 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	ST: Must meet the following requirement: Levetiracetam in 120 days; QL (4 EA per 1 day)
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 2	
ethosuximide (Zarontin Oral Solution 250 Mg/5 Ml)	Tier 2	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 2	ST: Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal Xr, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal Xr, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 2	ST: Must meet any of the following requirements: Divalproex Sodium, Lamictal, Lamictal Xr, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 3	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 3	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (cenobamate)	Tier 2	PA
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) (cenobamate)	Tier 2	PA
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 2	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 2	
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 (selegiline)	Tier 2	ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 2	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	Tier 2	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	Tier 2	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist - Drugs For Depression		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)	Tier 3	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram hydrobromide)	Tier 2	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release (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	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine HCl)	Tier 2	
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine HCl)	Tier 2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine mesylate)	Tier 2	ST: Must meet the following requirement: Paroxetine HCL or Paxil in 120 days; QL (1 EA per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine HCl)	Tier 2	
SARAFEM ORAL TABLET 10 MG, 20 MG (fluoxetine HCl)	Tier 2	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline HCl)	Tier 2	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline HCl)	Tier 2	
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		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	ST: Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG (duloxetine HCl)	Tier 2	ST: Must meet the following requirement: Generic Duloxetine in 120 days; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG (duloxetine HCl)	Tier 2	ST: Must meet the following requirement: Generic Duloxetine in 120 days; QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Duloxetine two 20mg capsules in 120 days; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	Tier 2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone HCl)	Tier 2	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (vilazodone HCl)	Tier 2	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hydrobromide)	Tier 2	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (olanzapine/fluoxetine HCl)	Tier 2	QL (1 EA per 1 day)
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)	Tier 2	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (bupropion HCl)	Tier 2	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion HCl)	Tier 2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion HCl)	Tier 2	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine HCl)	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine HCl)	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline HCl)	Tier 2	
<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	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa/levodopa/entacapone)	Tier 2	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 3	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa)	Tier 2	ST: Must meet the following requirement: Carbidopa/levodopa in 120 days; QL (10 EA per 1 day)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (carbidopa/levodopa)	Tier 2	
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	Tier 2	PA
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 2	ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
COMTAN ORAL TABLET 200 MG (entacapone)	Tier 2	
<i>entacapone oral tablet 200 mg</i>	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 2	
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 (levodopa)	Tier 3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 3	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	
PARLODEL ORAL CAPSULE 5 MG (bromocriptine mesylate)	Tier 2	
PARLODEL ORAL TABLET 2.5 MG (bromocriptine mesylate)	Tier 2	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)	Tier 2	QL (1 EA per 1 day)
ELDEPRYL ORAL CAPSULE 5 MG (selegiline HCl)	Tier 2	
<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	

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XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	Tier 2	ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (selegiline HCl)	Tier 2	ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; 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	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine HCl)	Tier 3	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 3	PA
MIRAPEX ER 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 (pramipexole di-HCl)	Tier 2	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (pramipexole di-HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (rotigotine)	Tier 2	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) (amantadine HCl)	Tier 2	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG (ropinirole HCl)	Tier 2	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 6 MG (ropinirole HCl)	Tier 2	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders		
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)	Tier 2	ST: Must meet 2 of the following requirements: Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	QL (2 EA per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone HCl)	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone HCl)	Tier 2	QL (60 EA per 30 days)
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 (iloperidone)	Tier 2	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG (paliperidone)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 2	QL (2 EA per 1 day)
<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)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 2	QL (8 ML per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 2	QL (2 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 42 MG (lumateperone tosylate)	Tier 2	ST: Must meet 2 of the following requirements: Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; 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	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	Tier 2	ST: Must meet 2 of the following requirements: Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; 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	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 3	
<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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
<i>fluphenazine hcl oral 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		
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (quetiapine fumarate)	Tier 2	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (olanzapine/fluoxetine HCl)	Tier 2	QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 3	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 3	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	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 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 2	QL (7 EA per 28 days)
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	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)

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INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine HCl)	Tier 2	QL (1 EA per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG (clonidine HCl)	Tier 2	QL (120 EA per 30 days)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 1	QL (2 EA per 1 day)
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (methylphenidate HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (450 ML per 30 days)
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 (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (1 EA per 1 day)

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<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (450 ML per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 1	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (methylphenidate)	Tier 2	ST: Must meet any of the following requirements: Methylphenidate HCL, Quillivant XR, or Ritalin LA in 120 days; QL (1 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)

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<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)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (240 ML per 30 days)
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	PA
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate HCl)	Tier 2	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 (methylphenidate HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)	Tier 2	
<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 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 72 mg</i>	Tier 1	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 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)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (methylphenidate HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (methylphenidate HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (2 EA per 1 day)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	120mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (300 ML per 30 days)
methylphenidate HCl (Relexxii Oral Tablet Extended Release 24Hr 72 Mg)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)	Tier 2	QL (90 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (3 EA per 1 day)

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ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 1	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, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine HCl)	Tier 2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (atomoxetine HCl)	Tier 2	QL (30 EA per 30 days)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
ATIVAN ORAL TABLET 0.5 MG, 2 MG (lorazepam)	Tier 2	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</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	QL (1 EA per 1 FILL)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 2 MG (clonazepam)	Tier 2	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)	Tier 2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
<i>oxazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG (temazepam)	Tier 2	
TRANXENE T-TAB ORAL TABLET 7.5 MG (clorazepate dipotassium)	Tier 2	
VALIUM ORAL TABLET 2 MG (diazepam)	Tier 2	
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) (diazepam)	Tier 2	QL (10 EA per 30 days)
XANAX ORAL TABLET 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
carbamazepine (Eptol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (carbamazepine)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	Tier 1	

Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders

ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	QL (1 EA per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	QL (2 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<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	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 2	QL (8 ML per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 2	QL (2 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (olanzapine/fluoxetine HCl)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 2	QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)

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ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Tier 2	QL (1 EA per 1 day)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (olanzapine)	Tier 2	QL (1 EA per 1 day)
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 2	
Cannabis And Cannabinoid Receptor Agonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
CESAMET ORAL CAPSULE 1 MG (nabilone)	Tier 2	ST: Must meet the following requirement: Ondansetron or Ondansetron HCL in 120 days; QL (6 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 1	QL (2 EA per 1 day)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (450 ML per 30 days)
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 (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (450 ML 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)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (240 ML per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG (dextroamphetamine sulfate)	Tier 2	QL (60 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG (amphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG (amphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG (amphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine/amphetamine in 120 days; QL (8 EA per 1 day)
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5 MI)	Tier 2	QL (1800 ML per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Cns Stimulant - Analeptics - Drugs For Attention Deficit Disorder		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA ORAL CAPSULE 200 MG, 225 MG, 25 MG, 300 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (duloxetine HCl)	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG (duloxetine HCl)	Tier 2	ST: Must meet the following requirement: Generic Duloxetine in 120 days; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG (duloxetine HCl)	Tier 2	ST: Must meet the following requirement: Generic Duloxetine in 120 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	
Hypnotics - Melatonin - Single Agents - Drugs For Insomnia		
<i>melatonin oral capsule 10 mg</i>	Tier 2	
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet 12 mg</i>	Tier 1	
<i>melatonin oral tablet 5 mg</i>	Tier 2	
<i>melatonin oral tablet,disintegrating 5 mg</i>	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 3	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (ramelteon)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 2	PA
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 2	PA
Migraine Therapy - Cgrp Receptor Blockers (Gepants) - Drugs For Migraine Headaches		
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 2	PA
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 2	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
D.H.E.45 INJECTION SOLUTION 1 MG/ML (dihydroergotamine mesylate)	Tier 2	QL (15 ML per 14 days)
<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: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)	Tier 2	QL (10 EA per 7 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (8 ML per 28 days)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
ergotamine tartrate/caffeine (Cafergot Oral Tablet 1-100 Mg)	Tier 2	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	QL (5 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (naratriptan HCl)	Tier 2	QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
FROVA ORAL TABLET 2.5 MG (frovatriptan succinate)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (18 EA per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION (sumatriptan)	Tier 2	QL (6 EA per 15 days)
IMITREX ORAL TABLET 100 MG (sumatriptan succinate)	Tier 2	QL (9 EA per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG (sumatriptan succinate)	Tier 2	QL (3 EA per 5 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (4 ML per 28 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (5 ML per 28 days)
MAXALT ORAL TABLET 10 MG (rizatriptan benzoate)	Tier 2	QL (18 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan benzoate)	Tier 2	QL (18 EA per 30 days)
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 % (sumatriptan succinate/menthol/camphor)	Tier 2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan succinate)	Tier 2	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 120 days; QL (16 EA per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan hydrobromide)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (sumatriptan)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (sumatriptan succinate)	Tier 2	ST: Must meet the following requirement: Sumatriptan Succinate in 120 days; QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG (zolmitriptan)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG (zolmitriptan)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (6 EA per 15 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
ZOMIG ZMT ORAL TABLET, DISINTEGRATING 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 2	PA
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 1	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/Naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Treximet, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig in 180 days; QL (9 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG (sumatriptan succinate/naproxen sodium)	Tier 2	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/Naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Treximet, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig in 180 days; QL (9 EA per 30 days)

Movement Disorder Drug Therapy - Drugs For The Nervous System

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Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 3	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	Tier 3	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 3	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 3	PA
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 3	PA
Movement Disorder Therapy - Restless Legs Syndrome - Drugs For The Nervous System		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (gabapentin enacarbil)	Tier 2	ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (gabapentin enacarbil)	Tier 2	ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (2 EA per 1 day)
Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 3	PA
INGREZZA ORAL CAPSULE 80 MG (valbenazine tosylate)	Tier 3	PA
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 3	PA
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCl)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCl)	Tier 3	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 2	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 2	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 2	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs For Sleep Disorder		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)	Tier 2	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)	Tier 2	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	PA
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)	Tier 2	ST: Must meet the following requirement: Dextroamphetamine Sulfate in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Neuropathic Pain Therapy - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (gabapentin/lidocaine HCl/menthol)	Tier 2	
GABACAINE KIT 300 MG-5 % (gabapentin/lidocaine)	Tier 2	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69) (gabapentin)	Tier 2	ST: Must meet the following requirement: Gabapentin or Gralise in 120 days; QL (39 EA per 15 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (gabapentin)	Tier 2	ST: Must meet the following requirement: Gabapentin or Gralise in 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type - Drugs For Severe Mental Disorders		
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan Hbr/quinidine sulfate)	Tier 2	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG (secobarbital sodium)	Tier 2	
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem tartrate)	Tier 2	QL (1 EA per 1 day)
zolpidem tartrate (Ambien Oral Tablet 10 Mg)	Tier 2	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 5 MG (zolpidem tartrate)	Tier 2	QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 2	ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG (zolpidem tartrate)	Tier 2	QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 2	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (zolpidem tartrate)	Tier 2	ST: Must meet the following requirement: Zolpidem Tartrate in 120 days; QL (7.7 ML per 30 days)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsules, Eszopiclone, Silenor, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin HCl)	Tier 2	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsules, Eszopiclone, Silenor, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic Combinations Other - Drugs For Insomnia		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCl/ondansetron HCl)	Tier 1	
Chemical Dependency, Agents To Treat - Drugs For Addiction		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs For Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine HCl)	Tier 2	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
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, 8.6-2.1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Deterrents - Drugs For Alcohol Addiction		
disulfiram (Antabuse Oral Tablet 250 Mg, 500 Mg)	Tier 2	
<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>	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (nicotine)	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICORELIEF BUCCAL GUM 2 MG (nicotine polacrilex)	Tier 0	QL (24 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (24 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 0	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG (nicotine)	Tier 0	Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (nicotine)	Tier 0	Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)	Tier 0	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine polacrilex)	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)	Tier 0	QL (24 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine polacrilex)	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (20 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>alum, ammonium (bulk) powder</i>	Tier 2	
<i>balsam peru (bulk) liquid</i>	Tier 2	
<i>benzoin (bulk) topical tincture</i>	Tier 2	
<i>citric acid (bulk) powder</i>	Tier 2	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 2	
<i>citric acid monohydrate (bulk) granules 100 %</i>	Tier 2	
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
<i>guaiacol liquid</i>	Tier 2	
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 2	
<i>hydroxyethyl methacrylate,bulk liquid 96 %</i>	Tier 2	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Chemicals - Acids		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochloric acid (bulk) liquid 10 %</i>	Tier 2	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (dimethyl sulfoxide)	Tier 2	
Chemicals - Essential Oils		
<i>anise oil</i>	Tier 2	
Chemicals - Solvents		
<i>acetone liquid</i>	Tier 2	
<i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>	Tier 2	
MURI-LUBE OIL (mineral oil, light sterile)	Tier 2	
<i>sodium succinate powder</i>	Tier 2	
Pharmaceutical Adjuvant - Anticorrosive Agents		
<i>butylated hydroxytoluene granules</i>	Tier 2	
<i>butylated hydroxytoluene powder</i>	Tier 2	
Pharmaceutical Adjuvant - Cream/Ointment Vehicles		
<i>petrolatum, yellow (bulk) gel 100 %</i>	Tier 2	
WHITE WAX (BEESWAX) WAX 100 %	Tier 2	
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate liquid</i>	Tier 2	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #1 ORAL CAPSULE (gelatin capsules (empty))	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (sodium chloride for inhalation)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 2	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride for inhalation)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Oral Thickening Agents		
THICK AND EASY ORAL POWDER (starch)	Tier 2	
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 2	
Pharmaceutical Adjuvant - Oral Vehicles		
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24)	Tier 2	
Pharmaceutical Adjuvant - Surfactants		
<i>glyceryl monostearate flakes</i>	Tier 2	
<i>polysorbate 80 solution</i>	Tier 2	
Pharmaceutical Adjuvant - Suspending Agents		
<i>hydroxypropyl cellulose powder</i>	Tier 2	
<i>hypromellose powder</i>	Tier 2	
METHOCEL E 4 M POWDER (hypromellose)	Tier 2	
Pharmaceutical Adjuvant - Tableting		
<i>cellulose (bulk) powder</i>	Tier 2	
<i>zinc stearate powder</i>	Tier 2	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (vaccine adjuvant system, AS01B/PF, component vial 1 of 2)	Tier 0	QL (1 ML per 365 days); Age (Min 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (cholera vaccine buffer component)	Tier 2	
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil HCl)	Tier 2	
<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	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR (rivastigmine)	Tier 2	QL (30 EA per 30 days)
<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)
RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG (galantamine HBr)	Tier 2	QL (30 EA per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (galantamine HBr)	Tier 2	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 hr, 9.5 mg/24 hr</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	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA ORAL TABLET 10 MG, 5 MG (memantine HCl)	Tier 2	QL (60 EA per 30 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine HCl)	Tier 2	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)	Tier 2	QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG (memantine HCl)	Tier 2	QL (30 EA per 30 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 (memantine HCl/donepezil HCl)	Tier 2	ST: Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine HCl/donepezil HCl)	Tier 2	ST: Must meet 2 of the following requirements: Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; 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 Implant - Progestin - Birth Control Pills		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	Tier 0	QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	Tier 0	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone acetate)	Tier 0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	Tier 0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 0	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 0	
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	Tier 0	
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (levonorgestrel)	Tier 0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG (levonorgestrel)	Tier 0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG (levonorgestrel)	Tier 0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (levonorgestrel)	Tier 0	
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Lo Oral Tablets, Dose Pack, 3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	Tier 0	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 0	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	Tier 0	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
desogestrel-ethinyl estradiol/ethinyl estradiol (Mircette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	Tier 0	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	Tier 0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG (21) (ethynodiol diacetate-ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	Tier 0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 0	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 0	
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	Tier 2	
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Larissia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	Tier 0	
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Lillow (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
norethindrone acetate-ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Melodetta 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
MINASTRIN 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 0	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	Tier 0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	Tier 0	
levonorgestrel/ethinyl estradiol (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone/ethinyl estradiol/levomefolate calcium)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 0	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 0	
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YASMIN (28) ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	Tier 2	
YAZ (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 2	
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	Tier 0	
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Errin Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Heather Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Incassia Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Lyza Oral Tablet 0.35 Mg)	Tier 0	
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	Tier 0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 0	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	Tier 0	
ORTHO MICRONOR ORAL TABLET 0.35 MG (norethindrone)	Tier 2	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	Tier 0	
SLYND ORAL TABLET 4 MG (28) (drospirenone)	Tier 0	
norethindrone (Tulana Oral Tablet 0.35 Mg)	Tier 0	
Contraceptive Oral - Quadruphasic - Birth Control Pills		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Fayosim Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	Tier 0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	Tier 0	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	Tier 0	
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (norethindrone-ethinyl estradiol)	Tier 2	ST: Must meet the following requirement: Generic contraceptive in 120 days
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 0	
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	

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norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 0	
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin/ethinyl estradiol)	Tier 0	
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 0	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)	Tier 0	QL (1 EA per 365 days)
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	Tier 0	
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ELLA ORAL TABLET 30 MG (ulipristal acetate)	Tier 0	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 0	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (nonoxynol 9)	Tier 0	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)	Tier 2	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (nonoxynol 9)	Tier 0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	Tier 0	
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin, micronized)	Tier 2	ST: Must meet the following requirement: Generic Isotretinoin in 120 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (isotretinoin)	Tier 2	ST: Must meet the following requirement: Generic Isotretinoin in 120 days
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
isotretinoin (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Systemic - Tetracycline Antibiotic - Drugs For The Skin		
minocycline HCl (Coremino Oral Tablet Extended Release 24 Hr 135 Mg, 45 Mg, 90 Mg)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
ACZONE TOPICAL GEL 5 % (dapsona)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsone)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
AMZEEQ TOPICAL FOAM 4 % (minocycline HCl)	Tier 2	ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide. Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>azelaic acid-niacinamide topical cream 15-4 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
CLEOCIN T TOPICAL GEL 1 % (clindamycin phosphate)	Tier 2	
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 2	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 2	QL (180 ML per 1 FILL)
clindamycin phosphate (Clindacin Etz Topical Swab 1 %)	Tier 2	
clindamycin phosphate (Clindacin P Topical Swab 1 %)	Tier 2	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 2	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>clindamycin-niacinamide topical gel 1-4 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
ERY PADS TOPICAL SWAB 2 % (erythromycin base in ethanol)	Tier 1	
erythromycin base in ethanol (Erygel Topical Gel 2 %)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 2	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
FINACEA TOPICAL GEL 15 % (azelaic acid)	Tier 2	
KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium)	Tier 2	
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 2	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Must meet the following requirement: Metronidazole in 120 days
NUCARACLINPAK TOPICAL KIT,GEL AND LOTION 1 %-SPF 50 (clindamycin/octinoxate/octyl salicyl/octocryl/oxybenz/titan)	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
<i>sulfacetamide-niacinamide topical cream 10-4 %</i>	Tier 1	
Acne Therapy Topical - Anti-Infective Combinations Other - Drugs For The Skin		
CLINDACIN ETZ TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
<i>clindamycin-niacinamide topical lotion 1-4 %</i>	Tier 1	
<i>dapsone-niacinamide topical gel 6-4 %, 8.5-4 %</i>	Tier 1	
<i>dapsone-spirolactone-niacin topical gel 6-5-2 %, 8.5-5-2 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: Clindamycin Phosphate/Benzoyl Peroxide gel in 120 days
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR LS TOPICAL FOAM 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR LS TOPICAL PADS, MEDICATED 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	QL (1419 GM per 1 FILL)
AVAR TOPICAL PADS, MEDICATED 9.5-5 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR-E LS TOPICAL CREAM 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
BENZAFLIN PUMP TOPICAL GEL WITH PUMP 1-5 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	
BENZAFLIN TOPICAL GEL 1-5 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin base/benzoyl peroxide)	Tier 2	
<i>benzoyl per-clindamycin-niacin topical gel 2.5-1-4 %, 5-1-4 %</i>	Tier 1	
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 2	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50 (clindamycin/benzoyl/octinox/octyl/octocryl/oxyben/titanium)	Tier 2	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: Clindamycin Phosphate/Benzoyl Peroxide gel in 120 days
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
PLEXION TOPICAL CREAM 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEXION TOPICAL LOTION 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (sulfacetamide sodium/sulfur)	Tier 2	
<i>salicylic acid-sulfacetamide topical suspension 2-8 %, 5-10 %</i>	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 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 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 2	

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SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium/sulfur)	Tier 2	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (sulfacetamide sodium/sulfur)	Tier 2	
SUMAXIN TS TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 2	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
<i>adapalene-benzoyl-clindamycin topical gel 0.3-2.5-1 %</i>	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	ST: Must meet the following requirement: Clindamycin gel or Tretinoin gel 0.025% in 120 days
<i>tretinoin-benzoyl-clinda-niac topical gel 0.025-2.5-1-2 %, 0.025-5-1-2 %, 0.05-5-1-2 %</i>	Tier 1	
<i>tretinoin-clindamycin-niacin topical cream 0.025-1-4 %</i>	Tier 1	
<i>tretinoin-clinda-spiron-niacin topical gel 0.025-1-2-4 %</i>	Tier 1	
VELTIN TOPICAL GEL 1.2-0.025 % (clindamycin phosphate/tretinoin)	Tier 2	ST: Must meet the following requirement: Clindamycin gel or Tretinoin gel 0.025% in 120 days
ZIANA TOPICAL GEL 1.2-0.025 % (clindamycin phosphate/tretinoin)	Tier 2	ST: Must meet the following requirement: Clindamycin gel or Tretinoin gel 0.025% in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i>	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
ENZOCLEAR TOPICAL FOAM 9.8 % (benzoyl peroxide)	Tier 2	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 % (benzoyl peroxide/vitamin E mixed)	Tier 2	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 2	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 2	
PACNEX TOPICAL CLEANSER 7 % (benzoyl peroxide)	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
Acne Therapy Topical - Keratolytic Combinations Other - Drugs For The Skin		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % (salicylic acid/benzoyl peroxide/vitamin E mixed)	Tier 2	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % (salicylic acid/benzoyl peroxide/vitamin E mixed)	Tier 2	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide/hydrocortisone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; Age (Max 25 Years)
<i>adapalene-benzoyl perox-niacin topical gel 0.3-2.5-4 %</i>	Tier 1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; Age (Max 25 Years)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; Age (Max 25 Years)
<i>tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical cream 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical gel 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-spironolact-niacin topical gel 0.025-5-2 %, 0.05-5-2 %</i>	Tier 1	
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %, 0.3 %</i>	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 2	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; Age (Max 25 Years)

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<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day); Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 % (trifarotene)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 % (tretinoin)	Tier 2	Age (Max 25 Years)
ARAZLO TOPICAL LOTION 0.045 % (tazarotene)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Min 9 Years)
ATRALIN TOPICAL GEL 0.05 % (tretinoin)	Tier 2	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL GEL 0.1 %, 0.3 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
FABIOR TOPICAL FOAM 0.1 % (tazarotene)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres)	Tier 2	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (tretinoin microspheres)	Tier 2	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 25 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)	Tier 2	Age (Max 25 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)	Tier 2	Age (Max 25 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Tier 2	Age (Max 25 Years)
<i>tazarotene-niacinamide topical cream 0.05-4 %, 0.1-4 %</i>	Tier 1	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 % (tretinoin/emollient combination no.9/skin cleanser no.1)	Tier 2	Age (Max 25 Years)
TRETIN-X TOPICAL CREAM 0.075 % (tretinoin)	Tier 2	Age (Max 25 Years)
Acne Therapy Topical Combinations Other - Drugs For The Skin		
<i>spironolactone-niacinamide topical gel 5-4 %</i>	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
TACLONEX TOPICAL OINTMENT 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

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TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors, Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 3	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 3	PA
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody - Drugs For The Skin		
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML (risankizumab-rzaa)	Tier 3	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (risankizumab-rzaa)	Tier 3	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 3	PA
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody - Drugs For The Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA

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COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 3	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 3	PA
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (Il-4Ra) Antag.Mab - Drugs For The Skin		
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML (dupilumab)	Tier 3	PA
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin		
EUCRISA TOPICAL OINTMENT 2 % (crisaborole)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
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	
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 2	

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Dermatological - Antibacterial Other - Drugs For The Skin		
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)	Tier 2	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)	Tier 2	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM (silver)	Tier 2	
SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)	Tier 2	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs For The Skin		
ALTABAX TOPICAL OINTMENT 1 % (retapamulin)	Tier 2	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Dermatological - Antibacterial Quinolones - Drugs For The Skin		
XEPI TOPICAL CREAM 1 % (ozenoxacin)	Tier 2	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Dermatological - Antibacterial Sulfonamides - Drugs For The Skin		
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	
AVAR-E TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid - Drugs For The Skin		
ALA-QUIN TOPICAL CREAM 3-0.5 % (clioquinol/hydrocortisone)	Tier 2	
ALCORTIN A TOPICAL GEL 2-1-1 % (hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2)	Tier 2	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 % (hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
<i>ketoconazole-iodoquinol-hc topical cream 2-1-2.5 %</i>	Tier 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone acetate/iodoquinol/aloe vera)	Tier 2	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-% (neomycin sulfate/polymyxin B sulfate/hydrocortisone)	Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 % (neomycin/bacitracin/polymyxin B/hydrocortisone)	Tier 2	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide/emollient comb no.65)	Tier 2	ST: Must meet 2 of the following requirements: Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in 365 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide)	Tier 2	ST: Must meet 2 of the following requirements: Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in 365 days
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs For The Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (glycopyrronium tosylate)	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 1 %</i>	Tier 1	
NAFTIN TOPICAL CREAM 2 % (naftifine HCl)	Tier 2	QL (180 GM per 1 FILL)
NAFTIN TOPICAL GEL 1 %, 2 % (naftifine HCl)	Tier 2	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs For The Skin		
MENTAX TOPICAL CREAM 1 % (butenafine HCl)	Tier 2	
Dermatological - Antifungal Combinations Other - Drugs For The Skin		

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<i>econazole-niacinamide topical cream 1-4 %</i>	Tier 1	
EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)	Tier 1	
<i>flucona-ibuprof-itracon-terbin topical solution 4-2-1-4 %</i>	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.28)	Tier 2	
CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox/urea/camphor/menthol/eucalyptol)	Tier 2	QL (19.8 ML per 1 FILL)
ciclopirox olamine (Ciclodan Topical Cream 0.77 %)	Tier 2	QL (180 GM per 1 FILL)
ciclopirox (Ciclodan Topical Solution 8 %)	Tier 2	QL (19.8 ML per 1 FILL)
<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)
<i>ciclopirox-salicylic acid topical shampoo 0.77-2 %</i>	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox olamine)	Tier 2	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox olamine)	Tier 2	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPROX TOPICAL SHAMPOO 1 % (ciclopirox)	Tier 2	
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 % (econazole nitrate)	Tier 2	
ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)	Tier 2	
EXELDERM TOPICAL CREAM 1 % (sulconazole nitrate)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole nitrate)	Tier 2	
EXTINA TOPICAL FOAM 2 % (ketoconazole)	Tier 2	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28)	Tier 2	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>luliconazole topical cream 1 %</i>	Tier 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 2	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
NIZORAL TOPICAL SHAMPOO 2 % (ketoconazole)	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL CREAM 1 % (oxiconazole nitrate)	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 2	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 % (ketoconazole/miconazole nitrate)	Tier 2	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate/zinc oxide/petrolatum,white)	Tier 2	
XOLEGEL TOPICAL GEL 2 % (ketoconazole)	Tier 2	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 2	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
<i>ciclopirox-clobetasol topical shampoo 0.77-0.05 %</i>	Tier 1	
<i>ciclopirox-clobetasol-salicyl topical shampoo 0.77-0.05-3 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 2	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>ketconazole-hydrocortisone topical cream 2-2.5 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
Dermatological - Antifungals Other - Drugs For The Skin		
<i>triacetin liquid 100 %</i>	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)	Tier 3	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 2	PA
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 2	

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FLUOROPLEX TOPICAL CREAM 1 % (fluorouracil)	Tier 2	
<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 % (fluorouracil)	Tier 2	
Dermatological - Antineoplastic Or Premalig. Lesions -Diterpene Esters - Drugs For The Skin		
PICATO TOPICAL GEL 0.015 % (ingenol mebutate)	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 % (ingenol mebutate)	Tier 2	QL (2 EA per 28 days)
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)
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59" (diclofenac sodium/silicone, adhesive)	Tier 2	
SOLARAZE TOPICAL GEL 3 % (diclofenac sodium)	Tier 2	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 3	
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 3	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL 10 MG (methoxsalen)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG (acitretin)	Tier 3	
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (400 GM per 1 FILL)
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DOVONEX TOPICAL CREAM 0.005 % (calcipotriene)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Clobetasol Propionate, Clobetasol Propionate/emollient, or Halobetasol Propionate in 120 days; QL (100 GM per 1 FILL)
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	Tier 2	ST: Must meet any of the following requirements: Clobetasol Propionate, Clobetasol Propionate/emollient, or Halobetasol Propionate in 120 days; QL (100 GM per 1 FILL)
NUDERMRXPAK TOPICAL KIT 0.005-5 % (calcipotriene/dimethicone)	Tier 2	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 % (tazarotene)	Tier 2	
TAZORAC TOPICAL GEL 0.05 % (tazarotene)	Tier 2	
TAZORAC TOPICAL GEL 0.1 % (tazarotene)	Tier 2	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days

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ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) in 120 days; QL (100 ML per 1 FILL)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 3	PA
Dermatological - Antiseborrheic - Drugs For The Skin		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 % (hydrogen peroxide)	Tier 2	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	

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OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL FOAM 9.8 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)	Tier 2	ST: Must meet the following requirement: Ciclopirox or Ketoconazole in 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 2	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
<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 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)	Tier 2	
Dermatological - Antiviral, Herpes - Drugs For The Skin		
<i>acyclovir topical cream 5 %</i>	Tier 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i>	Tier 1	

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DENA VIR TOPICAL CREAM 1 % (penciclovir)	Tier 2	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
ZOVIRAX TOPICAL CREAM 5 % (acyclovir)	Tier 2	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 2	
Dermatological - Antiviral-Glucocorticoid Combinations - Drugs For The Skin		
XERESE TOPICAL CREAM 5-1 % (acyclovir/hydrocortisone)	Tier 2	ST: Must meet any of the following requirements: Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide acetate)	Tier 2	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 % (tacrolimus)	Tier 2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
<i>tacrolimus-hyaluronate-niacin topical cream 0.1-1-4 %</i>	Tier 1	
<i>tacrolimus-niacinamide topical ointment 0.1-4 %</i>	Tier 1	
<i>tacrolimus-vehicle base no.238 topical cream 0.1 %</i>	Tier 1	
Dermatological - Depigmenting Agents - Drugs For The Skin		
BLANCHE TOPICAL CREAM 4 % (hydroquinone)	Tier 2	
<i>hydroquinone microspheres topical cream, extended release 4 %</i>	Tier 1	
<i>hydroquinone topical cream 4 %</i>	Tier 1	
<i>hydroquinone topical emulsion 4 %, 6 %, 8 %</i>	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs For The Skin		
<i>hydroquinone-hyaluronate topical emulsion 6-1 %</i>	Tier 1	

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<i>hydroquinone-hydrocortisone topical emulsion 6-0.5 %</i>	Tier 1	
<i>hydroquin-tretinoin-hydrocort topical emulsion 4-0.025-0.5 % , 6-0.025-0.5 % , 6-0.05-0.5 % , 8-0.025-0.5 % , 8-0.05-0.5 % , 8-0.05-1 %</i>	Tier 1	
<i>lactic acid-niacinamide topical cream 10-4 %</i>	Tier 1	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (hydroquinone/sunscreens (oxybenzone/octinoxate))	Tier 2	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (hydroquinone/ascorbic acid)	Tier 2	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (hydroquinone/ascorbic acid/vitamin E acetate)	Tier 2	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (fluocinolone acetonide/tretinoin/hydroquinone)	Tier 2	
Dermatological - Emollient Combinations Other - Drugs For The Skin		
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/Na hypoCl)	Tier 1	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/Na hypoCl)	Tier 1	
Dermatological - Emollient Mixtures - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATOPADERM TOPICAL CREAM (emollient combination no.53)	Tier 2	
ATOPICLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (emollient combination no.47/emollient combination no.60)	Tier 2	
ATRAPRO HYDROGEL TOPICAL GEL (emollient combination no.60)	Tier 2	
AVO CREAM TOPICAL EMULSION (emollient combination no.10)	Tier 1	
BIAFINE EMULSION TOPICAL EMULSION (emollient combination no.10)	Tier 2	
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CERACADE TOPICAL EMULSION (emollient combination no.103)	Tier 2	
CERAMAX TOPICAL CREAM (emollient combination no.101)	Tier 2	
CERAMAX TOPICAL LOTION (emollient combination no.101)	Tier 2	
DEXERYL TOPICAL CREAM (emollient combination no.104)	Tier 2	
ELETONE TOPICAL CREAM (emollient combination no. 25)	Tier 2	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	

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EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)	Tier 2	PA
HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HPR PLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
HPR PLUS TOPICAL FOAM (emollient combination no.53)	Tier 2	
HPR TOPICAL FOAM (emollient combination no.44)	Tier 2	
HYLATOPIC TOPICAL FOAM (emollient combination no.44)	Tier 2	
HYLATOPICPLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
HYLATOPICPLUS TOPICAL FOAM (emollient combination no.53)	Tier 2	
HYLATOPICPLUS TOPICAL LOTION (emollient combination no.53)	Tier 2	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)	Tier 2	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
LOYON TOPICAL SPRAY, NON-AEROSOL (dicaprylyl carbonate/dimethicone)	Tier 2	
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 2	
MIMYX TOPICAL CREAM (emollient combination no.35)	Tier 2	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum, white/ceresin)	Tier 1	
NEOCERA TOPICAL CREAM (emollient combination no.109)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOSALUS TOPICAL CREAM (emollient combination no.47)	Tier 2	
NEOSALUS TOPICAL FOAM (emollient combination no.38)	Tier 2	
NEOSALUS TOPICAL LOTION (emollient combination no.47)	Tier 2	
NIVATOPIC PLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
NUTRASEB TOPICAL CREAM (emollient combination no.107)	Tier 2	
PENLEN TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	
PRESERA TOPICAL FOAM (emollient combination no.80)	Tier 2	
PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 1	
PRUMYX TOPICAL CREAM (emollient combination no.35)	Tier 1	
SEBUDERM TOPICAL GEL (emollient combination no.60)	Tier 2	
SONAFINE TOPICAL EMULSION (emollient combination no.10)	Tier 1	
XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/shear tree)	Tier 2	
Dermatological - Emollients - Drugs For The Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
<i>glycerin topical solution 99.5 %</i>	Tier 1	
KIVIK TOPICAL EMULSION (palm oil/benzoyl peroxide)	Tier 2	
LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHLAG SPRAY TOPICAL SPRAY, NON-AEROSOL (palm oil/eucalyptus oil)	Tier 2	
RADIAGEL TOPICAL GEL (emollient base)	Tier 2	
SYNERDERM TOPICAL SPRAY, NON-AEROSOL (palm oil)	Tier 2	
<i>urea topical cream 39 %</i>	Tier 1	
UREDEB TOPICAL CREAM 39 % (urea)	Tier 2	
XUREA TOPICAL CREAM 39 % (urea)	Tier 2	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	
Dermatological - Eyelid Cleansers - Drugs For The Skin		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 1	
HYPOCYN TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
Dermatological - Glucocorticoid - Drugs For The Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (hydrocortisone)	Tier 1	
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 2	
APEXICON E TOPICAL CREAM 0.05 % (diflorasone diacetate/emollient base)	Tier 2	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
fluticasone propionate (Beser Topical Lotion 0.05 %)	Tier 2	
<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	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (fluocinolone acetonide)	Tier 2	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
CLOBEX TOPICAL LOTION 0.05 % (clobetasol propionate)	Tier 2	
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol propionate)	Tier 2	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol propionate)	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	
clobetasol propionate (Clodan Topical Shampoo 0.05 %)	Tier 2	
CLODERM TOPICAL CREAM 0.1 % (clocortolone pivalate)	Tier 2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (flurandrenolide)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TOPICAL CREAM 0.025 % (flurandrenolide)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 2	
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 2	
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 2	
CUTIVATE TOPICAL CREAM 0.05 % (fluticasone propionate)	Tier 2	
CUTIVATE TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 2	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone acetonide)	Tier 2	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone acetonide/shower cap)	Tier 2	
DESONATE TOPICAL GEL 0.05 % (desonide)	Tier 2	
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
DESOWEN TOPICAL CREAM 0.05 % (desonide)	Tier 2	
desonide (Desowen Topical Lotion 0.05 %)	Tier 2	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days
<i>diflorasone topical cream 0.05 %</i>	Tier 1	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days
DIPROLENE TOPICAL OINTMENT 0.05 % (betamethasone dipropionate/propylene glycol)	Tier 2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	
<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: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 2	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 2	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 2	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<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	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 2	
LOCOID TOPICAL CREAM 0.1 % (hydrocortisone butyrate)	Tier 2	
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 2	
LOCOID TOPICAL SOLUTION 0.1 % (hydrocortisone butyrate)	Tier 2	
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 2	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
flurandrenolide (Nolix Topical Cream 0.05 %)	Tier 2	
flurandrenolide (Nolix Topical Lotion 0.05 %)	Tier 2	
OLUX TOPICAL FOAM 0.05 % (clobetasol propionate)	Tier 2	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol propionate/emollient base)	Tier 2	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 2	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no. 1)	Tier 2	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Triamcinolone Acetonide 0.147mg/G spray in 120 days
SILA III TOPICAL KIT 0.1 %- 4" X 4" (triamcinolone acetonide/gauze bandage/silicone, adhesive)	Tier 2	
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 % (triamcinolone acetonide/silicones)	Tier 2	
SILAZONE-II TOPICAL KIT 0.1 % (triamcinolone acetonide/silicones)	Tier 2	
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone acetonide)	Tier 2	
TEMOVATE TOPICAL CREAM 0.05 % (clobetasol propionate)	Tier 2	
TEMOVATE TOPICAL OINTMENT 0.05 % (clobetasol propionate)	Tier 2	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 2	
TOPICORT TOPICAL CREAM 0.05 % (desoximetasone)	Tier 2	
desoximetasone (Topicort Topical Cream 0.25 %)	Tier 2	
desoximetasone (Topicort Topical Gel 0.05 %)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICORT TOPICAL OINTMENT 0.05 % (desoximetasone)	Tier 2	
desoximetasone (Topicort Topical Ointment 0.25 %)	Tier 2	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Tier 2	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days
clobetasol propionate/emollient base (Tovet Emollient Topical Foam 0.05 %)	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Tier 1	
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %, 0.5 %)	Tier 1	
TRIDESILON TOPICAL CREAM 0.05 % (desonide)	Tier 2	
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 2	
VERDESO TOPICAL FOAM 0.05 % (desonide)	Tier 2	
Dermatological - Glucocorticoid Combinations Other - Drugs For The Skin		
<i>clobetasol-calcipotriene topical solution 0.05-0.005 %</i>	Tier 1	

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<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i>	Tier 1	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i>	Tier 1	
<i>fluocinolone-niacinamide topical cream 0.01-4 %, 0.025-4 %</i>	Tier 1	
<i>triamcinolone-niacinamide topical cream 0.1-4 %</i>	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 % (fluticasone propionate/emollient combination no.65)	Tier 2	
DERMACINRX SILAPAK TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)
DERMAWERX SDS TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)
ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 % (triamcinolone acetonide/dimethicone)	Tier 1	

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NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetonide/urea/silicone, adhesive)	Tier 2	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 2	
NUTRIARX TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)
QUINIXIL TOPICAL CREAM 0.1-5 % (mometasone furoate/dimethicone)	Tier 2	
SANADERMRX TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 1	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)

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SURE RESULT TAC PAK TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 2	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 2	
TOVET KIT TOPICAL COMBO PACK 0.05 % (clobetasol propionate/emollient combination no.65)	Tier 2	
TRIVIX TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	ST: Must meet 3 of the following requirements: Amerigel Barrier, Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide in 365 days; QL (1 EA per 30 days)
WHYTEDERM TDKIT TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser combination no.25)	Tier 2	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (clobetasol propionate/skin cleanser combination no.28)	Tier 2	
SYNALAR TS TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser comb no.28)	Tier 2	
XILAPAK TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser no.10/silicone, tape)	Tier 2	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEREGEN TOPICAL OINTMENT 15 % (sinecatechins)	Tier 2	ST: Must meet the following requirements: Imiquimod and Podofilox in 120 days
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
ALDARA TOPICAL CREAM IN PACKET 5 % (imiquimod)	Tier 2	QL (24 EA per 30 days)
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 1	ST: Must meet any of the following requirements: Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% in 120 days; QL (7.5 GM per 28 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (24 EA per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 % (imiquimod)	Tier 2	ST: Must meet any of the following requirements: Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% in 120 days; QL (7.5 GM per 28 days)
ZYCLARA TOPICAL CREAM IN PACKET 3.75 % (imiquimod)	Tier 2	ST: Must meet any of the following requirements: Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% in 120 days; QL (1 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 3	
Dermatological - Immunomodulator Combinations - Drugs For The Skin		
<i>imiquimod-levocetirizin-niacin topical gel 5-1-2 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imiquimod-tretinoin-levocetir topical gel 5-0.05-1 %</i>	Tier 1	
Dermatological - Keratolytic Combinations Other - Drugs For The Skin		
<i>salicylic-cimetidine-lidocaine topical cream 40-10-5 %</i>	Tier 1	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (urea/emollient combination no.65)	Tier 2	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
SALKERA TOPICAL FOAM 6 % (salicylic acid/ammonium lactate/aloe vera)	Tier 2	
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (salicylic acid/urea)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
BENSAL HP TOPICAL OINTMENT 3 % (salicylic acid)	Tier 2	
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Tier 2	ST: Must meet the following requirement: Podofilox in 120 days
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 2	
HYDRO 40 TOPICAL FOAM 40 % (urea)	Tier 2	
KERAFOAM TOPICAL FOAM 30 %, 42 % (urea)	Tier 2	
KERALAC TOPICAL CREAM 47 % (urea)	Tier 2	
KERALYT RX TOPICAL GEL 6 % (salicylic acid)	Tier 2	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % (salicylic acid)	Tier 2	
PODOCON TOPICAL LIQUID 25 % (podophyllum resin)	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYNODERM TOPICAL CREAM 37.5 % (urea)	Tier 2	
SALEX TOPICAL COMBO PACK 6 % (salicylic acid/ceramides 1,3,6-11)	Tier 2	
SALEX TOPICAL KIT,CLEANSER AND CREAM ER 6 % (salicylic acid/ceramides 1,3,6-11)	Tier 2	
SALEX TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 2	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i>	Tier 1	
<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 gel 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)	Tier 2	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 2	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)	Tier 2	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 2	

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ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 2	
UMECTA TOPICAL FOAM 40 % (urea)	Tier 1	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 2	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 2	
URAMAXIN TOPICAL FOAM 20 % (urea)	Tier 2	
URAMAXIN TOPICAL GEL 45 % (urea)	Tier 2	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 2	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 40 %, 41 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
URE-K TOPICAL CREAM 50 % (urea)	Tier 2	
UREVAZ TOPICAL CREAM 44 % (urea)	Tier 2	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 2	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)	Tier 2	
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
<i>coal tar topical solution 20 %</i>	Tier 2	
Dermatological - Liver Derivative Complex - Drugs For The Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (liver extract (beef-pork))	Tier 2	
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADAZIN TOPICAL CREAM 2-2-10-0.035 % (lidocaine HCl/benzocaine/methyl salicylate/capsaicin)	Tier 2	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine)	Tier 1	
ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (tetracaine/benzocaine/butamben)	Tier 2	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine/benzocaine/butamben)	Tier 2	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
ILIDERM TOPICAL SPRAY, NON-AEROSOL (lidocaine HCl/palm oil)	Tier 2	
KAMDOY TOPICAL SPRAY, NON-AEROSOL (lidocaine HCl/palm oil)	Tier 2	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	
LIDORXKIT TOPICAL COMBO PACK, OINTMENT AND CREAM 5 % (lidocaine/skin cleanser combination no.37)	Tier 2	
LMR PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	
MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 % (lidocaine/menthol)	Tier 2	
MICROVIX LP TOPICAL KIT 2.5 -2.5 -0.13 % (lidocaine/prilocaine/benzalkonium chloride/dressing)	Tier 2	
NUVAKAAN TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine/silicone, adhesive)	Tier 1	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (lidocaine/prilocaine/methyl salicylate/menthol)	Tier 2	

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PRIZOTRAL TOPICAL CREAM 2.5-2.5-3.88 % (lidocaine/prilocaine/lidocaine HCl)	Tier 2	
SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 % (lidocaine/methyl salicylate/menthol)	Tier 2	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 % (lidocaine HCl/methyl salicylate/menthol)	Tier 2	
Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
Dermatological - Miscellaneous Single Agents - Drugs For The Skin		
NEURAPTINE TOPICAL CREAM IN PACKET 10 % (gabapentin)	Tier 2	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (gabapentin)	Tier 2	
Dermatological - Nsaid And Local Anesthetic Combination - Drugs For The Skin		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 % (diclofenac sodium/lidocaine/methyl salicylate/camphor)	Tier 2	

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TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 % (diclofenac sodium/lidocaine HCl/kinesiology tape)	Tier 2	
Dermatological - Nsaid Combinations - Drugs For The Skin		
diclofenac sodium/capsaicin (Capsfenac Pak Topical Kit, Cream And Solution 1.5-0.025 %)	Tier 2	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
<i>diclofenac-hyaluronate-niacin topical gel 3-2-4 %</i>	Tier 1	
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOVIX M TOPICAL KIT 1.5-8 % (diclofenac sodium/menthol/kinesiology tape)	Tier 2	
DIMENTHO TOPICAL KIT 1.5-10 % (diclofenac sodium/menthol/kinesiology tape)	Tier 2	
DITHOL TOPICAL COMBO PACK 1.5-10 % (diclofenac sodium/menthol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (diclofenac sodium/methyl salicylate/menthol/camphor)	Tier 2	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
XELITRAL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
DICLO GEL TOPICAL KIT 1 % (diclofenac sodium)	Tier 2	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 % (diclofenac sodium/kinesiology tape)	Tier 2	
<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	
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)	Tier 2	
DICLOZOR TOPICAL KIT 1 % (diclofenac sodium)	Tier 2	
diclofenac epolamine (Flector Transdermal Patch 12 Hour 1.3 %)	Tier 2	
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 2	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)	Tier 2	

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LEXIXRYL TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 2	QL (1 EA per 1 day)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (diclofenac sodium)	Tier 2	ST: Must meet the following requirement: Diclofenac Sodium in 120 days
PENNSAID TOPICAL SOLUTION IN PACKET 2 % (diclofenac sodium)	Tier 2	ST: Must meet the following requirement: Diclofenac Sodium in 120 days
VOLTAREN TOPICAL GEL 1 % (diclofenac sodium)	Tier 2	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin		
AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)	Tier 2	
LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCl)	Tier 2	
Dermatological - Protectant Combinations - Drugs For The Skin		
BEAU RX TOPICAL GEL (dimethyl siloxane/dimethicone/hexamethyldisiloxane)	Tier 2	ST: Must meet the following requirement: Kelo-cote or Recedo in 120 days; QL (30 GM per 30 days)
HYGEL TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol)	Tier 2	
KELARX TOPICAL GEL (dimethicone/dimethicone crosspolymer/trimethylsiloxysilicate)	Tier 2	
PR CREAM TOPICAL CREAM (protectives combination no.2/ceramides 1,3,6-11)	Tier 1	

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RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)	Tier 2	
RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)	Tier 2	
SCARCIN GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON (protectives combination no.5)	Tier 2	
SCARSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
SILIPAC TOPICAL KIT (dimethicone/dimethicone crossp/trimethylsil/silicone gel pad)	Tier 2	
Dermatological - Protectants - Drugs For The Skin		
BIONECT TOPICAL CREAM 0.2 % (hyaluronate sodium)	Tier 2	
BIONECT TOPICAL FOAM 0.2 % (hyaluronate sodium)	Tier 2	
BIONECT TOPICAL GEL 0.2 % (hyaluronate sodium)	Tier 2	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 % (poly-ureaurethane)	Tier 2	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)	Tier 1	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
TETRIX TOPICAL CREAM (protectives combination no.2)	Tier 2	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum,white)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate (Oracea Oral Capsule,Ir - Delay Rel,Biphase 40 Mg)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
FINACEA TOPICAL GEL 15 % (azelaic acid)	Tier 2	
<i>ivermectin topical cream 1 %</i>	Tier 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 %</i>	Tier 1	
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
METROGEL TOPICAL GEL 1 % (metronidazole)	Tier 2	
METROGEL TOPICAL GEL WITH PUMP 1 % (metronidazole)	Tier 2	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRVASO TOPICAL GEL 0.33 % (brimonidine tartrate)	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)	Tier 2	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Must meet the following requirement: Metronidazole in 120 days
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
metronidazole (Rosadan Topical Gel 0.75 %)	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 2	ST: Must meet the following requirement: Finacea gel or foam in 120 days
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER (skin cleanser)	Tier 2	
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) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	

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TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
FORAXA TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 2	
lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %, 3.88 %</i>	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	Tier 1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDO-K TOPICAL LOTION 3 % (lidocaine HCl)	Tier 2	
LIDOPAC TOPICAL KIT 5 % (lidocaine)	Tier 2	
LIDOPIN TOPICAL CREAM 3 %, 3.25 % (lidocaine HCl)	Tier 2	

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LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 2	
LIDO-SORB TOPICAL LOTION 3 % (lidocaine HCl)	Tier 2	
LIDOTRAL TOPICAL CREAM 3.88 % (lidocaine HCl)	Tier 2	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM (lidocaine/transparent dressing)	Tier 2	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 2	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 2	
LIDOVEX TOPICAL CREAM 3.75 % (lidocaine)	Tier 2	
LIDOZION TOPICAL LOTION 3 % (lidocaine HCl)	Tier 2	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine HCl)	Tier 2	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
PLIAGLIS TOPICAL CREAM 7-7 % (lidocaine/tetracaine)	Tier 2	
REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 2	
SUVICORT TOPICAL GEL 2 %-1 % -1 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 2	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG (lidocaine/tetracaine)	Tier 2	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 2	
VEXASYN TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 2	

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XRYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)	Tier 2	
ZEYOCAINE TOPICAL KIT, OINTMENT AND TAPE 5 % (lidocaine/kinesiology tape)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
ZIONODIL TOPICAL LOTION 3 % (lidocaine HCl)	Tier 2	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % (lidocaine)	Tier 2	ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (benzocaine)	Tier 2	
PONTOCAINE TOPICAL SOLUTION 2 % (tetracaine HCl)	Tier 2	
Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 2	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 2	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 2	
NEURCAINE TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 2	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		

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<i>doxepin topical cream 5 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
PRUDOXIN TOPICAL CREAM 5 % (doxepin HCl)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZONALON TOPICAL CREAM 5 % (doxepin HCl)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)	Tier 2	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Human Cellular Regenerative Tissue Matrix - Drugs For The Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM (human regenerative tissue matrix)	Tier 2	
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 (human regenerative tissue matrix)	Tier 2	

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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 (human regenerative tissue matrix)	Tier 2	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)	Tier 2	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)	Tier 2	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)	Tier 2	
Nail Protectives - Drugs For The Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm)	Tier 2	
GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)	Tier 2	
Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin		
ENDOFORM FENESTRATED TOPICAL SHEET 2 X 2 ", 4 X 5 " (extracellular matrix (ECM), ovine derived fenestrated)	Tier 2	
ENDOFORM TOPICAL SHEET 2 X 2 ", 4 X 5 " (extracellular matrix (ECM), ovine derived)	Tier 2	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)	Tier 2	
Porcine Skin Dressings, Non-Living - Drugs For The Skin		
MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG (extracellular matrix (ecm), porcine derived)	Tier 2	
MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM, 3 X 7 CM, 7 X 10 CM (extracellular matrix (ECM), porcine derived, fenestrated)	Tier 2	

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Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 2	
permethrin (Elimite Topical Cream 5 %)	Tier 2	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 2	
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 2	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 2	
malathion (Ovide Topical Lotion 0.5 %)	Tier 2	
<i>permethrin topical cream 5 %</i>	Tier 1	
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	Tier 2	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 2	
Skin Replacement, Live Tissue Dressings - Drugs For The Skin		
APLIGRAF TOPICAL DISK (cultured skin substitute,human and bovine)	Tier 2	
DERMAGRAFT TOPICAL SHEET 2 X 3 " (cultured skin substitute,human and bovine)	Tier 2	
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
EPICYN TOPICAL SPRAY, NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)	Tier 2	

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LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate, mono)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec. water)	Tier 2	
Wound Care - Cleansers - Drugs For The Skin		
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % (sodium chloride irrigating solution/hypochlorous acid)	Tier 2	
Wound Care - Dressings - Drugs For The Skin		
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)	Tier 2	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 " (silver/foam bandage)	Tier 2	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (foam bandage)	Tier 2	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage)	Tier 2	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" (silver sulfadiazine/foam bandage)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" (silver sulfadiazine/foam bandage)	Tier 2	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (foam bandage)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)	Tier 2	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (foam bandage)	Tier 2	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/silver/sod alginate/carboxymethylcellulose)	Tier 2	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
COLLATYL TOPICAL GEL 1 % (collagen, hydrolyzed (bovine), type 1/silver oxide)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
HYDROFERA BLUE READY TOPICAL BANDAGE 2 1/2 X 2 1/2 ", 4 X 5 ", 8 X 8 " (methylene blue/gentian violet/foam bandage)	Tier 2	
HYDROFERA BLUE TOPICAL BANDAGE 2 X 2 ", 2 X 2 3/4 ", 2.25 X 8 ", 2.5 ", 4 X 4 ", 6 X 6 ", 9 MM (polyvinyl alcohol/gentian violet/methylene blue)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 2	
PROTYL AG TOPICAL GEL 1 % (collagen, hydrolyzed (bovine), type 1/silver oxide)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (silver/calcium alginate)	Tier 2	
RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5 ", 6 X 8 " (silver sulfate/non-adherent bandage)	Tier 2	
RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4 ", 6 X 8 " (silver sulfate/foam bandage)	Tier 2	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (silver/calcium alginate)	Tier 2	

Wound Care - Growth Factor Agents - Drugs For The Skin

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGRANEX TOPICAL GEL 0.01 % (becaplermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
<i>balsam peru-castor oil topical ointment</i>	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru/castor oil)	Tier 1	
BPCO TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
VENELEX TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
VENELEX TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)	Tier 2	
WHYTEDEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
Diagnostic Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diagnostic Radiopharmaceuticals - Endocrine		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (tadalafil)	Tier 2	PA; SG
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	SG
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	PA; SG
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 (phentermine HCl/topiramate)	Tier 2	SG
Anorexiant Nutritional Supplements (Diet Aids) - Drugs For Eating Disorders		
RESVERATROL DIET ORAL CAPSULE 50-20-80-40 MG-MCG-MG-MG (resveratrol/chromium pico/green tea/EGCG/caffeine/digestive3)	Tier 2	SG
Anorexiants - Drugs For Eating Disorders		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	SG
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	SG
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	SG
LOMAIRA ORAL TABLET 8 MG (phentermine HCl)	Tier 1	SG
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	SG

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<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	SG
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	SG
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	SG
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
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		
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
B-Complex Vitamin Combinations - Drugs For Nutrition		
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
BALANCED B-50 COMPLEX (FOLIC) ORAL TABLET 50 MCG (vitamin B complex/folic acid)	Tier 2	
<i>b-complex with vitamin c oral tablet</i>	Tier 1	
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac)	Tier 2	

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NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)	Tier 2	
STRESSTABS ENERGY ORAL TABLET 120 MG-400 MCG- 62.5 MG (vit B comp/vit C/folic ac/arginine/glutamine/taurine/ashwag)	Tier 1	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bitartrate/inositol/herbs)	Tier 1	
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 1	
Dietary Product - Infant Formulas - Drugs For Nutrition		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
Dietary Product - Sweeteners - Drugs For Nutrition		
<i>saccharin powder</i>	Tier 2	
Diluents - Insulin Diluting Solutions - Drugs For Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)	Tier 2	
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 - Vaccine Diluents - Drugs For Nutrition		

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DILUENT FOR ROTARIX ORAL SYRINGE (diluent for oral live rotavirus vaccine (calcium carbonate))	Tier 2	
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (sodium polystyrene sulfonate)	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (patiromer calcium sorbitex)	Tier 2	PA
Irrigation Solutions - Drugs For Nutrition		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (sodium chloride irrigating solution)	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION (water for irrigation,sterile)	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb)	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 2	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Tier 1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 1	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
<i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>	Tier 1	
<i>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</i>	Tier 1	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) - 125 unit, 500 mg(1,250mg) -400 unit, 500mg (1,250mg) - 600 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) - 800 unit</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg(1,250mg) -400 unit</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet 200 mg calcium -250 unit, 315 mg- 250 unit</i>	Tier 1	

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<i>calcium phosphate-vitamin d3 oral tablet,chewable 250-400 mg-unit</i>	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	QL (12 EA per 1 day)
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 0	Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 0	Age (Max 1 Years)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)</i>	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 2	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 0	Age (Max 1 Years)
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON) (ferrous sulfate)	Tier 1	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		

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CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG (iron carbonyl,gluc/folic acid/vit B12/vit C/docusate sodium)	Tier 2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG (iron asp gly/ascorbic acid/folate no.1/vit B12/zinc/succinic)	Tier 2	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 2	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)	Tier 2	
VIRT-FEFA PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vitB comp with C no.9)	Tier 1	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 2	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
<i>magnesium oxide oral tablet 250 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 500 mg</i>	Tier 1	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)	Tier 1	

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CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 1	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)	Tier 2	
EFFER-K ORAL TABLET, EFFERVESENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 1	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 2	
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 (Klor-Con Oral Packet 20 Meq)	Tier 2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	Tier 1	
Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition		
<i>chromium picolinate oral tablet 200 mcg</i>	Tier 1	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	
<i>zinc sulfate oral capsule 220 (50) mg</i>	Tier 1	
<i>zinc sulfate oral tablet 220 mg</i>	Tier 1	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein)	Tier 2	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYE HEALTH PLUS LUTEIN ORAL TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 1	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-600-300 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
<i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>	Tier 2	
NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)	Tier 2	
NUMAQUA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (multivitamin with minerals/folic acid/lutein/zeaxanthin)	Tier 2	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (multivit-mins no.73/iron fumarate,polysacc comp/folic acid)	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	

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VIRT-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
VITAJoy ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
Multivitamins - Drugs For Nutrition		
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (multivitamin comb no.48/ferrous fumarate/folic acid/dha)	Tier 1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha)	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
<i>multivitamin oral tablet</i>	Tier 1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	

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PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydrofolate glucos,folic acid/ginger)	Tier 2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)	Tier 2	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycinate/folate no.1/dha)	Tier 2	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
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	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (multivitamin combination no.43/ferrous fumarate/folic acid)	Tier 1	
VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG (multivit no.37/iron/L-mefolate calc./algal oil/soy lecithin)	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	

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ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
Nutritional Product - Lipid Others - Drugs For Nutrition		
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 2	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	
GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)	Tier 2	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 2	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
Prenatal Vitamins And Minerals - Drugs For Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (prenatal vit no.100/iron sod EDTA,ps cplex/folic acid/omega3)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (prenatal vitamins no.83/iron fumarate/folate combo no.6/dha)	Tier 2	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG (multivitamin comb no.48/ferrous fumarate/folic acid/dha)	Tier 1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl, gluc/folic acid/docusate)	Tier 2	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.72/iron carbony, gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.73/iron carbony, gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (prenatal vit no.76/iron carbony, gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamin no.59/iron carb, fum/folic acid/docusate/dha)	Tier 2	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	Tier 2	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)	Tier 1	

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DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa)	Tier 2	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s)	Tier 2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha)	Tier 2	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.57/iron fum/folic acid/docusate calcium/dha)	Tier 1	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (prenatal vitamins no.108/iron,carbonyl/folic acid)	Tier 1	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (prenatal vits with calcium no.65/iron polysacchar/folic acid)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vit with calcium 15/iron/folic acid/docusate sodium)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	

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MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium/iron,carb/docusate/folic acid)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium/ferrous fum/docusate/folic ac)	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid)	Tier 2	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa)	Tier 2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (prenatal vits with calcium no.87/iron bisgly/folic acid/dha)	Tier 2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha)	Tier 2	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamin no.86/iron bis-glycinate/folic acid)	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.53/iron fum/folic acid/docusate calcium/dha)	Tier 2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil)	Tier 2	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	

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OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha)	Tier 2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)	Tier 2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3)	Tier 2	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (prenatal vitamins no.127/iron,carbonyl/folic acid/docusate)	Tier 2	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)	Tier 2	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (prenatal vit with calcium no.127/ferrous fumarate/folic acid)	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)	Tier 1	

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PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vit with calcium no.40/iron fumarate/folate no.1)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (prenatal vit no.19/iron bg HCl, suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl, suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)	Tier 1	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG (prenatal vitamins combination no.42/folic acid)	Tier 1	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG (prenatal vit no.71/iron fum-sodium ferredetate/folic acid/dha)	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vits no.105/iron amino acid chelate/folic acid/dha)	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vit with calcium no.69/iron/folic acid/docusate/dha)	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.37/ferrous fumarate/folic acid)	Tier 2	

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PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (prenatal vits with calcium no.115/iron fumarate/folic acid)	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.74/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (PNV no.72/ferrous fumarate/folic acid/omega-3/dha)	Tier 2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydrofolate glucos,folic acid/ginger)	Tier 2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous asparto glycin/folate no.1)	Tier 2	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate comb. no.6)	Tier 2	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68/iron fumarate/folate no.6/dha)	Tier 2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron carb-asp.glycin/folate no.1/dha)	Tier 2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycin/folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRETAB ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vits no.118/iron asparto glycinate/folate no.6/dha)	Tier 2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (prenatal vits no.65/iron fumarate,polysac complex/folic acid)	Tier 2	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (multivit-mins no.73/iron fumarate,polysacc comp/folic acid)	Tier 1	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vit no.128/iron polysaccharide complex/folic acid)	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33/iron polysach complex/folic acid/dha)	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamin no.13/iron polysaccharides/folate comb no.1)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium 103/ferrous fumarate/folic acid)	Tier 2	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)	Tier 1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha)	Tier 2	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 1	
VINATE CARE ORAL TABLET, CHEWABLE 40 MG IRON- 1 MG (multivitamin combination no.43/ferrous fumarate/folic acid)	Tier 1	
VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG (multivit no.37/iron/L-mefolate calc./algal oil/soy lecithin)	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG (prenatal vit with calcium 16/iron/folic acid/docusate sodium)	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium/iron fum,b-g/folic acid)	Tier 1	

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VINATE M ORAL TABLET 27 MG IRON-1 MG (prenatal vits with calcium 136/ferrous fumarate/folic acid)	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (prenatal vit with calcium 18/iron/folic acid/docusate sodium)	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG - 200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/dha)	Tier 2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/docusate/dha)	Tier 2	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa)	Tier 1	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG (prenatal vitamins no.75/ferrous fumarate/folate comb. no.1)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha)	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG (prenatal vits with calcium no.10/ferrous fumarate/folic acid)	Tier 2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (prenatal vits with calcium no.10/ferrous fum/folic acid/dha)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vits no.26/iron polysaccharide cplex/folic acid/dha)	Tier 2	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha)	Tier 2	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG (prenatal vits no.59/iron,carb/folic acid/docuate sodium/dha)	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha)	Tier 1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG (prenatal vitamins no.52/ferrous fumarate/folic acid/dha)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
AZESCHEW ORAL TABLET,CHEWABLE 13 MG IRON- 1 MG (prenatal vitamins no.165/ferrous fumarate/folic acid)	Tier 2	
AZESCO ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Sodium Chloride, Parenteral - Drugs For Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamin C Combinations - Drugs For Nutrition		
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 1	
Vitamin D And Folic Acid Combinations - Drugs For Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
Vitamins - B Preparation Combinations - Drugs For Nutrition		
NUFOLA ORAL CAPSULE 25 MG-3,500 MCG DFE-1 MG-300 MG (pyridoxal phosphate/levomefolate calcium/mecobalamin/ALA)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition		
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)	Tier 2	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (mecobalamin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet, chewable 500 mcg</i>	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral lozenge 5,000 mcg</i>	Tier 1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY (cyanocobalamin (vitamin B-12))	Tier 2	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg</i>	Tier 1	
Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 2	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet 250 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet, chewable 250 mg</i>	Tier 1	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - D Derivatives - Drugs For Nutrition		
AQUA-D CONCENTRATE ORAL DROPS 10 MCG-4 MG/0.2 ML (cholecalciferol (vit D3)/tocophersolan)	Tier 2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	Tier 2	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin D2))	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
Vitamins - E - Drugs For Nutrition		
<i>vitamin e (dl, acetate) oral capsule 400 unit, 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 100 unit/0.25 ml</i>	Tier 1	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin e mixed oral capsule 400 unit</i>	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>	Tier 0	
Vitamins - Folic Acid Combinations - Drugs For Nutrition		
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
AQUA-K CONCENTRATE ORAL DROPS 200 MCG-2 MG /0.2 ML (phytonadione (vitamin K1)/vitamin E TPGS)	Tier 2	
MEPHYTON ORAL TABLET 5 MG (phytonadione (vit K1))	Tier 2	
<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	
phytonadione (vit K1) (Vitamin K Injection Solution 1 Mg/0.5 MI)	Tier 1	
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/MI)	Tier 1	
Vitamins - Paba - Drugs For Nutrition		
POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate)	Tier 2	
Endocrine		
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	Tier 2	
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 2	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (dinoprostone)	Tier 2	
Abortifacients- Progesterone Receptor Antagonist - Drugs For Women		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 2	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (osilodrostat phosphate)	Tier 3	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 3	PA
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (glucagon, human recombinant)	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (glucagon, human recombinant)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 2	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 3	PA
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 3	PA
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 3	PA
Anabolic Steroid - Single Agents - Drugs For Men		
ANADROL-50 ORAL TABLET 50 MG (oxymetholone)	Tier 2	PA
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (oxandrolone)	Tier 2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA
Androgen - Single Agents - Drugs For Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (testosterone)	Tier 2	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROGEL 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) (testosterone)	Tier 2	PA
methyltestosterone (Android Oral Capsule 10 Mg)	Tier 2	PA
testosterone cypionate (Depo-Testosterone Intramuscular Oil 100 Mg/ML, 200 Mg/ML)	Tier 2	PA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION (testosterone)	Tier 2	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (testosterone undecanoate)	Tier 2	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 2	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 (testosterone)	Tier 2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	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

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methyltestosterone (Testred Oral Capsule 10 Mg)	Tier 2	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 2	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 2	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 2	PA
Antidiuretic And Vasopressor Hormones - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)	Tier 2	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (desmopressin acetate)	Tier 2	
DDAVP NASAL SPRAY WITH PUMP 10 MCG/SPRAY (0.1 ML) (desmopressin acetate (non-refrigerated))	Tier 2	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 2	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) (desmopressin acetate)	Tier 2	QL (3.8 GM per 30 days)
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (desmopressin acetate)	Tier 2	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (miglitol)	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 2	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin benzoate)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

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ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	Tier 2	ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, Riomet, or Riomet ER in 180 days
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-li) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA
Antihyperglycemic - Meglitinide Analog And Biguanide Combinations - Drugs For Diabetes		
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
repaglinide (Prandin Oral Tablet 1 Mg, 2 Mg)	Tier 2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
STARLIX ORAL TABLET 120 MG, 60 MG (nateglinide)	Tier 2	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		

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INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Farxiga, Jardiance, Synjardy, Synjardy XR, or Xigduo XR in 120 days
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Farxiga, Jardiance, Synjardy, Synjardy XR, or Xigduo XR in 120 days
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (ertugliflozin pidolate/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Farxiga, Jardiance, Synjardy, Synjardy XR, or Xigduo XR in 120 days
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (empagliflozin/metformin HCl)	Tier 2	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (empagliflozin/metformin HCl)	Tier 2	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (dapagliflozin propanediol/metformin HCl)	Tier 2	
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin/linagliptin)	Tier 2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (dapagliflozin propanediol/saxagliptin HCl)	Tier 2	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin pidolate/sitagliptin phosphate)	Tier 2	

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Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	
INVOKANA ORAL TABLET 100 MG, 300 MG (canagliflozin)	Tier 2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	Tier 2	
STEGLATRO ORAL TABLET 15 MG, 5 MG (ertugliflozin pidolate)	Tier 2	
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	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (glimepiride)	Tier 2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (glipizide)	Tier 2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (glipizide)	Tier 2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (glyburide,micronized)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (pioglitazone HCl/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG (pioglitazone HCl/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone HCl/glimepiride)	Tier 2	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic, Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)	Tier 2	
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type - Drugs For Diabetes		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML (lixisenatide)	Tier 2	ST: Must meet any of the following requirements: Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza in 120 days
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)	Tier 2	
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (exenatide microspheres)	Tier 2	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) (semaglutide)	Tier 2	

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RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	Tier 2	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (dulaglutide)	Tier 2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin benzoate/pioglitazone HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)	Tier 2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)	Tier 2	

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JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin benzoate/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (saxagliptin HCl/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
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	ST: Must meet any of the following requirements: Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec/liraglutide)	Tier 2	ST: Must meet any of the following requirements: Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza in 120 days
Antihyperglycemic-Sglit-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb - Drugs For Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy, Synjardy XR, or Xigduo XR in 120 days
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
methimazole (Tapazole Oral Tablet 10 Mg, 5 Mg)	Tier 2	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
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) (abaloparatide)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (teriparatide)	Tier 3	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	Tier 3	PA; QL (2.4 ML per 28 days)
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 (alendronate sodium/cholecalciferol (vitamin D3))	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		
ACTONEL ORAL TABLET 150 MG (risedronate sodium)	Tier 2	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate sodium)	Tier 2	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
ACTONEL ORAL TABLET 5 MG (risedronate sodium)	Tier 2	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate sodium)	Tier 2	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (alendronate sodium)	Tier 2	ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
BONIVA ORAL TABLET 150 MG (ibandronate sodium)	Tier 2	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	Tier 2	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 3	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 3	QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet HCl)	Tier 3	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet HCl)	Tier 3	QL (4 EA per 1 day)
Calcitonins - Drugs For Menopause And Bone Loss		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin, salmon, synthetic)	Tier 2	
Estrogen And Progestin With Antimineralocorticoid Activity, Combination - Drugs For Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone/estradiol)	Tier 2	
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations - Drugs For Women		
DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated/bazedoxifene acetate)	Tier 2	
Estrogen-Androgen - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens, esterified/methyltestosterone)	Tier 1	

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COVARYX ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs For Women		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol/norethindrone acetate)	Tier 2	
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)	Tier 2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (estradiol/levonorgestrel)	Tier 2	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate)	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	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (norethindrone acetate-ethinyl estradiol)	Tier 2	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	

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LOPREEZA ORAL TABLET 1-0.5 MG (estradiol/norethindrone acetate)	Tier 1	
estradiol/norethindrone acetate (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	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) (estradiol/norgestimate)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
Estrogens - Drugs For Women		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
CLIMARA 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 (estradiol)	Tier 2	QL (1 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (estradiol valerate)	Tier 2	
estradiol cypionate (Depo-Estradiol Intramuscular Oil 5 Mg/MI)	Tier 2	
DIVIGEL 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%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 2	

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estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 2	
estradiol (Estrace Oral Tablet 0.5 Mg, 1 Mg, 2 Mg)	Tier 2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	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 20 mg/ml, 40 mg/ml</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)	Tier 2	
estrogens, esterified (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	Tier 2	
MENEST ORAL TABLET 2.5 MG (estrogens, esterified)	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)	Tier 2	QL (1 EA per 7 days)
MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	

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VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women		
CRINONE VAGINAL GEL 8 % (progesterone, micronized)	Tier 2	ST: Must meet the following requirement: Endometrin in 120 days
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone, micronized)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh) - Drugs For Women		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
SEROPHENE ORAL TABLET 50 MG (clomiphene citrate)	Tier 2	
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 3	
Follicle-Stimulating Hormone (Fsh) - Drugs For Women		
BRAVELLE INJECTION RECON SOLN 75 UNIT (urofollitropin)	Tier 3	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin beta, recombinant)	Tier 3	ST: Must meet any of the following requirements: Gonal-F RFF, Gonal-F RFF Redi-ject, or Gonal-F in 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (follitropin alfa, recombinant)	Tier 3	

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GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 3	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 3	
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETALOAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 2	
POD-CARE 100CG KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 2	
Glucocorticoids - Drugs For Inflammation		
hydrocortisone sod succinate (A-Hydrocort Injection Recon Soln 100 Mg)	Tier 1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 2	
<i>cortisone oral tablet 25 mg</i>	Tier 1	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
dexamethasone (Dexabliss Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 2	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 2	
dexamethasone (Dexpak 10 Day Oral Tablets, Dose Pack 1.5 Mg (35 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone (Dexpak 13 Day Oral Tablets, Dose Pack 1.5 Mg (51 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone (Dexpak 6 Day Oral Tablets, Dose Pack 1.5 Mg (21 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DMT SUIK KIT 10 MG/ML (dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
dexamethasone (Dxevo Oral Tablets, Dose Pack 1.5 Mg (39 Tabs))	Tier 2	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 3	PA

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dexamethasone (Hidex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)	Tier 2	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
<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	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) (prednisolone)	Tier 2	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 2	
P-CARE D40G KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
P-CARE D80G KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
P-CARE K40G KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
P-CARE K80G KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	

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prednisolone sodium phosphate (Pediapred Oral Solution 5 Mg Base/5 MI (6.7 Mg/5 MI))	Tier 2	
POD-CARE 100KG KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
<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	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (prednisone)	Tier 2	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (hydrocortisone sodium succinate/PF)	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 2	
dexamethasone (Taperdex Oral Tablets, Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS) (dexamethasone)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
prednisolone sodium phosphate (Veripred 20 Oral Solution 20 Mg/5 MI (4 Mg/MI))	Tier 2	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 3	
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG (tesamorelin acetate)	Tier 3	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 (somatropin)	Tier 3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 3	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)	Tier 3	PA

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HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (somatropin)	Tier 3	PA
NORDITROPIN FLEXPPO 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 3	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 3	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 3	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 3	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 3	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG (somatropin)	Tier 3	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 3	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 3	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 2	ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT (chorionic gonadotropin, human)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 2	ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
Human Insulins - Fixed Combinations - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	ST: Must meet the following requirement: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	ST: Must meet the following requirement: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	ST: Must meet the following requirement: Humulin N in 120 days

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NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	ST: Must meet the following requirement: Humulin N in 120 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) (insulin regular, human)	Tier 2	PA
Human Insulins - Short 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 (insulin regular, human)	Tier 2	PA
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular, human in 0.9 % sodium chloride)	Tier 2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
Insulin Analogs - Fixed Combinations - Drugs For Diabetes		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (insulin lispro protamine and insulin lispro)	Tier 2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (insulin lispro protamine and insulin lispro)	Tier 2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/Lispro in 120 days
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/Lispro in 120 days
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/Lispro in 120 days

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NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/Lispro in 120 days
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	ST: Must meet any of the following requirements: Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 in 120 days
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine,human recombinant analog)	Tier 2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin detemir)	Tier 2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	Tier 2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)	Tier 2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 1	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 1	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart)	Tier 2	ST: Must meet any of the following requirements: Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog in 120 days
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)	Tier 2	
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG, 500 MG (metformin HCl)	Tier 2	ST: Must meet the following requirement: Metformin HCL in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPHAGE ORAL TABLET 1,000 MG, 500 MG, 850 MG (metformin HCl)	Tier 2	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (metformin HCl)	Tier 2	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG (metformin HCl)	Tier 2	ST: Must meet the following requirement: Metformin HCL in 120 days
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	ST: Must meet the following requirement: Metformin HCL in 120 days
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Tier 1	ST: Must meet the following requirement: Metformin HCL in 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (metformin HCl)	Tier 2	ST: Must meet the following requirement: Metformin HCL or Riomet in 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin HCl)	Tier 2	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone HCl)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVANDIA ORAL TABLET 2 MG, 4 MG (rosiglitazone maleate)	Tier 2	ST: Must meet any of the following requirements: Metformin (IR/ER), a Sulfonylurea, Pioglitazone or a combination product containing any two of the three previous agents in 120 days
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 3	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 3	QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb. - Drugs For Women		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) (leuprolide acetate/norethindrone acetate)	Tier 3	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) (leuprolide acetate/norethindrone acetate)	Tier 3	
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 3	PA
Lhrh (Gnrh) Antagonists - Drugs For Women		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetorelix acetate)	Tier 3	

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<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 3	ST: Must meet the following requirement: Cetrotide in 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
BRISDELLE ORAL CAPSULE 7.5 MG (paroxetine mesylate)	Tier 2	ST: Must meet any of the following requirements: Paroxetine HCL, Paxil, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Must meet any of the following requirements: Paroxetine HCL, Paxil, or Venlafaxine HCL in 120 days; 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		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	QL (28 EA per 30 days)
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones - Drugs For Menopause And Bone Loss		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (parathyroid hormone)	Tier 3	PA
Progestins - Drugs For Women		
norethindrone acetate (Aygestin Oral Tablet 5 Mg)	Tier 2	

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<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	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone, micronized)	Tier 2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	Tier 2	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
EVISTA ORAL TABLET 60 MG (raloxifene HCl)	Tier 2	QL (1 EA per 1 day)
<i>raloxifene oral tablet 60 mg</i>	Tier 0	QL (1 EA per 1 day)
Somatostatic Agents - Drugs For Growth		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 3	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 3	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspertate)	Tier 3	PA
Thyroid Hormone Combinations - Synthetic T3 And T4 - Drugs For Thyroid		
THYROLAR-1 ORAL TABLET 12.5-50 MCG (liotrix)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (liotrix)	Tier 2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (liotrix)	Tier 2	
THYROLAR-2 ORAL TABLET 25-100 MCG (liotrix)	Tier 2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG (liotrix)	Tier 2	
Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid,pork)	Tier 2	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid,pork)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)	Tier 1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid,pork)	Tier 1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid,pork)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine sodium)	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 1	
LEVO-T 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 (levothyroxine sodium)	Tier 2	
<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	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	
SYNTHROID 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 (levothyroxine sodium)	Tier 2	
TIROSINT 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 (levothyroxine sodium)	Tier 2	
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, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	Tier 2	
UNITHROID 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 (levothyroxine sodium)	Tier 2	
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (hyaluronidase, human recomb.)	Tier 2	
Fdb Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
CANTHARIS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
CRALONIN ORAL DROPS (homeopathic drugs)	Tier 2	
EYE ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
LAMIOFLUR ORAL DROPS (homeopathic drugs)	Tier 2	
PLANTAGO-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
POPULUS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
PSORINOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
RENEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
SABAL-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
SYZYGIUM COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
VERTIGOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
VERTIGOHEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective - Drugs For High Blood Pressure		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	QL (60 EA per 365 days)
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
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 (crofelemer)	Tier 2	ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea		
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	Tier 3	PA
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	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate HCl/atropine sulfate)	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin HCl/atropine sulfate)	Tier 2	ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 120 days; QL (8 EA per 1 day)
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine)	Tier 2	
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		
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (doxylamine succinate/pyridoxine HCl (B6))	Tier 2	QL (60 EA per 30 days)
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine succinate/pyridoxine HCl (B6))	Tier 2	QL (120 EA per 30 days)
<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		
CESAMET ORAL CAPSULE 1 MG (nabilone)	Tier 2	ST: Must meet the following requirement: Ondansetron or Ondansetron HCL in 120 days; QL (6 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
TIGAN ORAL CAPSULE 300 MG (trimethobenzamide HCl)	Tier 2	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Must meet the following requirement: Ondansetron or Ondansetron HCL in 120 days; 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 24 mg, 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 (granisetron)	Tier 2	QL (1 EA per 7 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (ondansetron HCl)	Tier 2	
ZUPLENZ ORAL FILM 4 MG (ondansetron)	Tier 2	ST: Must meet the following requirement: Ondansetron or Ondansetron HCL in 120 days; QL (2 EA per 3 days)
ZUPLENZ ORAL FILM 8 MG (ondansetron)	Tier 2	ST: Must meet the following requirement: Ondansetron or Ondansetron HCL in 120 days; QL (1 EA per 3 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL CAPSULE 40 MG (aprepitant)	Tier 2	QL (1 EA per 28 days)
EMEND ORAL CAPSULE 80 MG (aprepitant)	Tier 2	QL (2 EA per 21 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 2	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (rolapitant HCl)	Tier 2	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant/palonosetron HCl)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 3	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation		
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs For The Stomach		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase/protease/amylase)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800- 56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000- 54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase)	Tier 2	
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 (lipase/protease/amylase)	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	Tier 2	
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 (lipase/protease/amylase)	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT (lactase)	Tier 1	
DAIRY RELIEF ORAL TABLET 9,000 UNIT (lactase)	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 3	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
ACTIGALL ORAL CAPSULE 300 MG (ursodiol)	Tier 2	
chenodiol (Chenodal Oral Tablet 250 Mg)	Tier 3	PA
URSO 250 ORAL TABLET 250 MG (ursodiol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 2	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducers - 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 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	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
famotidine (Pepcid Oral Tablet 20 Mg, 40 Mg)	Tier 2	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole sodium)	Tier 2	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (rabeprazole sodium)	Tier 2	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix in 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (dexlansoprazole)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESOMEPRAZOLE ORAL KIT, CAP DR AND SPRAY 20 MG (esomeprazole magnesium/glycerin)	Tier 2	
<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: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (2 EA per 1 day)
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix in 120 days; QL (4 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	

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<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
NEXIUM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 MG, 30 MG (lansoprazole)	Tier 2	

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PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole sodium)	Tier 2	ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole sodium)	Tier 2	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix in 365 days; 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 Reducing-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid		

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<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM (omeprazole/sodium bicarbonate)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG (omeprazole/sodium bicarbonate)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in 120 days; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (prucalopride succinate)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs For The Stomach		
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 1	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide HCl)	Tier 2	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
ANASPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
SYMAX FASTABS ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	

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SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 1	ST: Must meet the following requirement: Glycopyrrolate 1mg or 2mg in 120 days; QL (3 EA per 1 day)
<i>propantheline oral tablet 15 mg</i>	Tier 1	
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Gi Antispasmodic And Benzodiazepine Combinations - Drugs For Stomach Cramps		
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)	Tier 2	
Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML) (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb (Donnatal Oral Elixir 16.2-0.1037 -0.0194 Mg/5 ML)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb (Donnatal Oral Tablet 16.2-0.1037 -0.0194 Mg)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)	Tier 2	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2 mg-0.1037 mg/5 ml (5 ml), 16.2-0.1037 -0.0194 mg/5 ml</i>	Tier 1	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)

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PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 2	ST: Must meet the following requirement: Linzess or Movantik in 120 days; QL (2 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome		
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome		
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
Ibs Agent - Selective Partial 5-Ht4 Receptor Agonists - Drugs For Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 3	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 3	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG (mesalamine)	Tier 2	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG (balsalazide disodium)	Tier 2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	Tier 2	ST: Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 2	ST: Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	ST: Must meet any of the following requirements: Apriso, Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 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, 500 MG (mesalamine)	Tier 2	
ROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipes)	Tier 2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	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: Must meet the following requirement: Balsalazide Disodium in 120 days
hydrocortisone (Colocort Rectal Enema 100 Mg/60 MI)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 2	
ENTOCORT EC ORAL CAPSULE, DELAYED, EXTEND. RELEASE 3 MG (budesonide)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG (budesonide)	Tier 2	ST: Must meet the following requirement: Balsalazide Disodium in 120 days
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 2	ST: Must meet the following requirement: Mesalamine enema in 120 days
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (tofacitinib citrate)	Tier 3	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (adalimumab)	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 2	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 2	PA
Intestinal Flora Modifiers - Drugs For Diarrhea		
ADVANCED PROBIOTIC (6 STRAINS) ORAL CAPSULE 142 MG (10 BILLION CELL) (Lactobacillus combo no.37/Bifido animalis/Bifido longum)	Tier 1	

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AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.longum,breve)	Tier 1	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 2	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Bifido inf/Bifido longum/L. acidophilus/L. rhamnosus)	Tier 1	
GERBER GOOD START GROW KIDS ORAL TABLET,CHEWABLE 100 MILLION CELL (Lactobacillus reuteri)	Tier 1	
GERBER GOOD START GROW TODDLER ORAL POWDER IN PACKET 100 MILLION CELL (Lactobacillus reuteri)	Tier 2	
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 2	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 1	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)	Tier 1	

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QUAD-PROBIOTIC ORAL CAPSULE 8 BILLION CELL (L.acidophilus,paracasei/Bifido animalis/Strep thermophilus)	Tier 2	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Tier 1	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL /GRAM (B. breve/B. bifidum/B. infantis/B. longum/L. rhamnosus)	Tier 2	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 2	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 2	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 2	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 2	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 2	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome		
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 2	ST: Must meet the following requirement: Linzess or Movantik in 120 days; QL (2 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	PA
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxative - Bulk Forming - Drugs To Prevent Constipation		
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
lactulose (Kristalose Oral Packet 10 Gram)	Tier 2	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRISTALOSE ORAL PACKET 20 GRAM (lactulose)	Tier 2	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i>	Tier 1	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
<i>sorbitol solution 70 %</i>	Tier 2	
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM (sodium chloride/sodium bicarbonate/potassium chloride/peg)	Tier 2	
OSMOPREP ORAL TABLET 1.5 GRAM (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium sulfate/potassium sulfate/magnesium sulfate)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
sodium chloride/sodium bicarbonate/potassium chloride/peg (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML (sodium picosulfate/magnesium oxide/citric acid)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM (bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM (sodium picosulfate/magnesium oxide/citric acid)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 2	
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Peptic Ulcer - Treatment Of H. Pylori: Antibiotic-Bismuth Combinations - Drugs For Ulcers And Stomach Acid		
PYLERA ORAL CAPSULE 140-125-125 MG (colloidal bismuth subcitrate/metronidazole/tetracycline HCl)	Tier 2	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics - Drugs For Ulcers And Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)	Tier 2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifabutin)	Tier 2	QL (168 EA per 14 days); Age (Min 18 Years)
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	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: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride/tamsulosin HCl)	Tier 2	ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	Tier 3	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)	Tier 3	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 3	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	

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G.U. Irrigants - Drugs For The Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 2	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate)	Tier 2	
RESECTISOL TRANSURETHRAL SOLUTION 5 % (mannitol)	Tier 2	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	Tier 1	
<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 (pentosan polysulfate sodium)	Tier 2	
Kidney Stone Agents - Drugs For The Urinary System		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 3	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 3	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium acetate)	Tier 2	

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Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (lanthanum carbonate)	Tier 2	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum carbonate)	Tier 2	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium acetate)	Tier 2	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate)	Tier 2	
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	Tier 2	
<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 (sucroferric oxyhydroxide)	Tier 2	
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	QL (60 EA per 365 days)
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin HCl)	Tier 2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	Tier 2	ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin HCl)	Tier 2	
Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
PROSCAR ORAL TABLET 5 MG (finasteride)	Tier 2	
Prostatic Hypertrophy Agent-Type I And Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVODART ORAL CAPSULE 0.5 MG (dutasteride)	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections		
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	Tier 2	
Urinary Acidifier - Phosphates - Drugs For Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (sodium phosphate,monobasic/potassium phosphate,monobasic)	Tier 2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate,monobasic)	Tier 2	
Urinary Alkalinizer - Citrates - Drugs For Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (citric acid/sodium citrate)	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML (citric acid/sodium citrate)	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Tier 2	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Tier 2	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	Tier 2	
Urinary Analgesics - Drugs For Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Antibacterial - Methenamine And Salts - Drugs For Infections		
HIPREX ORAL TABLET 1 GRAM (methenamine hippurate)	Tier 2	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs For Infections		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 2	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocrystals)	Tier 2	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG (nitrofurantoin macrocrystal)	Tier 2	
MACRODANTIN ORAL CAPSULE 25 MG (nitrofurantoin macrocrystal)	Tier 2	QL (4 EA per 1 day)
<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	
Urinary Antibacterial - Quinolones - Drugs For Infections		
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (ciprofloxacin/ciprofloxacin HCl)	Tier 2	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations - Drugs For Infections		
URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URIBEL ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
VILEVEV MB ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections		

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<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
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	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 7.5 MG (darifenacin hydrobromide)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	

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LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (tolterodine tartrate)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine tartrate)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (oxybutynin chloride)	Tier 2	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	

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GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin chloride)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 1	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine fumarate)	Tier 2	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
<i>trospium oral tablet 20 mg</i>	Tier 1	ST: Must meet the following requirement: Oxybutynin Chloride in 120 days
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
bethanechol chloride (Urecholine Oral Tablet 25 Mg, 50 Mg)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

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)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)	Tier 2	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 2	QL (2 EA per 1 day)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 2	ST: Must meet the following requirement: Allopurinol or Febuxostat in 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (allopurinol)	Tier 2	
Hyperuricemia Tx - Urat1 Inhibitor And Xanthine Oxidase Inhibitor Comb - Gout Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (lesinurad/allopurinol)	Tier 2	ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
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 (caplacizumab-yhdp)	Tier 3	PA
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumab-yhdp)	Tier 3	PA
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
ACD-A SOLUTION (citrate dextrose solution)	Tier 2	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 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		
COUMADIN ORAL TABLET 1 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin sodium)	Tier 2	
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<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		

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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 (anti-inhibitor coagulant complex)	Tier 3	
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 3	PA
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 3	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 3	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 3	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 3	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 3	PA
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (betrixaban maleate)	Tier 2	QL (43 EA per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (apixaban)	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	Tier 2	ST: Must meet the following requirement: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (rivaroxaban)	Tier 2	QL (51 EA per 30 days)
Erythropoietins - Drugs For The Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa in polysorbate 80)	Tier 3	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 (darbepoetin alfa in polysorbate 80)	Tier 3	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 (epoetin alfa)	Tier 3	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (methoxy polyethylene glycol-epoetin beta)	Tier 3	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 (epoetin alfa)	Tier 3	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 3	PA
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 3	

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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 3	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 3	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant, albumin fusion protein)	Tier 3	
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 3	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT (factor IX)	Tier 3	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 3	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 3	
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 3	
Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 3	
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 3	
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 3	
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 3	
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 3	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 3	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 3	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 3	
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 3	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-auc)	Tier 3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 3	
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 3	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length)	Tier 3	
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 3	
NUWIQ INTRAVENOUS RECON SOLN 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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)	Tier 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor, human)	Tier 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb, B-domain deleted)	Tier 3	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb, B-domain deleted)	Tier 3	
Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs For The Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (emicizumab-kxwh)	Tier 3	PA
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 3	
Factor XIII Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 3	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 3	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 3	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 3	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)	Tier 3	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)	Tier 3	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 3	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 3	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 3	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 3	PA
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hematorheologic Agents - Drugs For The Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 2	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 2	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
LYSTEDA ORAL TABLET 650 MG (tranexamic acid)	Tier 2	
<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 (von Willebrand factor (recombinant))	Tier 3	
Hemostatic Topical Agents - Drugs To Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (ferric subsulfate)	Tier 2	
AVITENE FLOUR TOPICAL POWDER (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL POWDER IN PACKET (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (microfibrillar collagen)	Tier 2	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (microfibrillar collagen)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELFILM IMPLANT FILM (gelatin)	Tier 2	
GEL-FLOW NT TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 2	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM MUCOUS MEMBRANE POWDER (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM TOPICAL SPONGE 4 (gelatin sponge,absorbable/porcine skin)	Tier 2	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (ferric subsulfate)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (thrombin (recombinant))	Tier 2	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (recombinant))	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 (gelatin sponge,absorbable/porcine skin)	Tier 2	
SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)	Tier 2	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (thrombin (bovine))	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (microfibrillar collagen)	Tier 2	
Hemostatic Topical Combinations - Drugs To Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 " , 4 X 4 " (fibrinogen/thrombin (human plasma derived))	Tier 2	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (fibrinogen/thrombin (human plasma derived))	Tier 2	
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml</i>	Tier 1	

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<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	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 flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (heparin sodium,porcine)	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML (heparin sodium,porcine)	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	

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<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux sodium)	Tier 3	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux sodium)	Tier 3	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux sodium)	Tier 3	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux sodium)	Tier 3	QL (18 ML per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 3	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 3	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 3	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 3	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 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium, porcine)	Tier 3	QL (7.6 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 3	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 (dalteparin sodium,porcine)	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 3	QL (18 ML per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin sodium)	Tier 3	QL (30 ML per 30 days)
LOVENOX 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 (enoxaparin sodium)	Tier 3	
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 2	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG (aspirin/dipyridamole)	Tier 2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide HCl)	Tier 3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIR-81 ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
DURLAZA ORAL CAPSULE, EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
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	
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel HCl)	Tier 2	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	Tier 2	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 325-40 mg, 81-40 mg</i>	Tier 1	PA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)	Tier 2	PA
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 (vorapaxar sulfate)	Tier 2	QL (1 EA per 1 day)
Sickle Cell Anemia Agents - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 3	PA
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 2	ST: Must meet the following requirement: Droxia or Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 2	QL (2 EA per 1 day)
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 2	ST: Must meet the following requirement: Droxia or Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 2	QL (2 EA per 1 day)
Sickle Hemoglobin (Hbs) Polymerization Inhibitor - Drugs For The Blood		
OXBRYTA ORAL TABLET 500 MG (voxelotor)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate mesylate)	Tier 2	ST: Must meet the following requirements: Eliquis and Xarelto in 120 days; QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs For The Blood		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 3	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 3	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 3	PA
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 3	PA
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	

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<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 (tacrolimus)	Tier 3	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	

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<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	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 3	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Tier 2	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (everolimus)	Tier 2	
ZORTRESS ORAL TABLET 1 MG (everolimus)	Tier 3	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 2	
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones		
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 3	PA

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Als Agents - Benzothiazoles - Drugs For Nerves And Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 3	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 2	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 2	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 2	
<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		
<i>guanidine oral tablet 125 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 2	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG (cyclobenzaprine HCl)	Tier 2	
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	

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<i>baclofen oral tablet 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit electrodes)	Tier 2	
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes)	Tier 2	
cyclobenzaprine HCl (Fexmid Oral Tablet 7.5 Mg)	Tier 2	
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	Tier 2	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 2	PA
ROBAXIN-750 ORAL TABLET 750 MG (methocarbamol)	Tier 2	
SKELAXIN ORAL TABLET 800 MG (metaxalone)	Tier 2	
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 2	QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine HCl)	Tier 2	
ZANAFLEX ORAL TABLET 4 MG (tizanidine HCl)	Tier 2	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (dantrolene sodium)	Tier 2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG (cyclobenzaprine HCl/irritants counter-irritants combo no.2)	Tier 2	
COMFORT PAC-TIZANIDINE KIT 4 MG (tizanidine HCl/irritant counter-irritants combination no.2)	Tier 2	
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)
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Adhesive Bandages - Medical Supplies And Durable Medical Equipment		

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (foam bandage)	Tier 2	
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	DME	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	DME	
ADVOCATE REDI-CODE STRIP (blood sugar diagnostic)	DME	
ADVOCATE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	DME	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	DME	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	DME	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	DME	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE VOICE+ TEST STRIP (blood sugar diagnostic)	DME	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	DME	
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY GLUCO G2 STRIP (blood sugar diagnostic)	DME	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	DME	
EASY STEP STRIP (blood sugar diagnostic)	DME	

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EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASYGLUCO PLUS STRIP (blood sugar diagnostic)	DME	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	DME	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EASYMAX STRIP (blood sugar diagnostic)	DME	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EVENCARE G2 STRIP (blood sugar diagnostic)	DME	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	DME	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	DME	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	

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EVENCARE TEST STRIP (blood sugar diagnostic)	DME	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	DME	
EZ SMART TEST STRIP (blood sugar diagnostic)	DME	
FIFTY50 TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	DME	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	DME	
FORA D20 STRIP (blood sugar diagnostic)	DME	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA G20 STRIP (blood sugar diagnostic)	DME	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	DME	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V10 STRIP (blood sugar diagnostic)	DME	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	DME	
FORA V20 STRIP (blood sugar diagnostic)	DME	
FORA V30A STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD20 STRIP (blood sugar diagnostic)	DME	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	DME	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE TEST STRIP (blood sugar diagnostic)	DME	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GENSTRIP TEST STRIP STRIP (blood sugar diagnostic)	DME	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	DME	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	DME	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	DME	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	DME	
GM100 STRIP (blood sugar diagnostic)	DME	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	DME	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	DME	
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	DME	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	DME	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	DME	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	DME	
ONETOUCH ULTRA BLUE TEST STRIP STRIP (blood sugar diagnostic)	DME	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
OPTIUM EZ STRIP (blood sugar diagnostic)	DME	
OPTIUM TEST STRIP (blood sugar diagnostic)	DME	
OPTUMRX STRIP (blood sugar diagnostic)	DME	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	DME	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	DME	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	DME	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	DME	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	DME	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	DME	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	DME	
PREMIUM V10 STRIP (blood sugar diagnostic)	DME	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	DME	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	DME	
QUINTET AC STRIP (blood sugar diagnostic)	DME	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
REFUAH PLUS STRIP (blood sugar diagnostic)	DME	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RELION ULTIMA STRIP (blood sugar diagnostic)	DME	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SMARTEST TEST STRIP (blood sugar diagnostic)	DME	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	DME	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	DME	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TEST N'GO TEST STRIP (blood sugar diagnostic)	DME	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TRUETRACK TEST STRIP (blood sugar diagnostic)	DME	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ULTRATRAK STRIP (blood sugar diagnostic)	DME	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
VERASENS TEST STRIP STRIP (blood sugar diagnostic)	DME	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	DME	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	DME	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	DME	
Medical Supplies And Dme - Blood Pressure Device Combinations - Medical Supplies And Durable Medical Equipment		
ADVOCATE DUO DEVICE (blood-glucose meter and wrist blood pressure monitor)	DME	
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)
Medical Supplies And Dme - Gauze Bandages - Medical Supplies And Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)	Tier 2	
Medical Supplies And Dme - Gauze Pads And Dressings - Medical Supplies And Durable Medical Equipment		
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 9 X 9 " (foam bandage)	Tier 2	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (lancets)	DME	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	DME	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	DME	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK AVIVA PLUS METER (blood-glucose meter)	DME	
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	DME	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	DME	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	DME	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	DME	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	DME	

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ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	DME	
ACCU-CHEK MULTICLIX LANCET (lancets)	DME	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	DME	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	DME	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	DME	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	DME	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	DME	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
ADJUSTABLE LANCING DEVICE (lancing device)	DME	
ADVANCED GLUCOSE METER (blood-glucose meter)	DME	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	DME	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
ADVOCATE BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
ADVOCATE DUO DEVICE (blood-glucose meter and wrist blood pressure monitor)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	DME	
ADVOCATE LANCING DEVICE (lancing device)	DME	
ADVOCATE LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ADVOCATE RAPID-SAFE LANCING (lancing device)	DME	
ADVOCATE REDI-CODE GLU MONITOR (blood-glucose meter)	DME	
ADVOCATE REDI-CODE GLU MONITOR KIT (blood-glucose meter)	DME	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	DME	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (blood glucose calibration control solution, low)	DME	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	DME	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	DME	
ALKALINE BATTERIES (diabetic supplies,miscell)	DME	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTERNATE SITE LANCING DEVICE (lancing device)	DME	
AQUA LANCE LANCING DEVICE (lancing device)	DME	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	DME	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ASSURE HAEMOLANCE PLUS 1.2 MM (blade lancet, safety)	DME	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	DME	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	DME	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ASSURE PRISM MULTI METER (blood-glucose meter)	DME	
AUTO-LANCET MINI (lancing device)	DME	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	DME	
AUTOLET LANCING DEVICE (lancing device)	DME	
AUTOLET PLUS LANCING DEVICE (lancing device)	DME	
BD MAGNI-GUIDE SYRINGE MAGNIFI (diabetic supplies, miscell)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	DME	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	DME	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	DME	
BD ULTRA-FINE II LANCETS 30 GAUGE (lancets)	DME	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	DME	
<i>blood glucose contrl hi,normal solution</i>	DME	
<i>blood glucose control, normal solution</i>	DME	
<i>blood glucose ctl high,nml,low solution</i>	DME	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
<i>blood-glucose meter</i>	DME	
<i>blood-glucose meter kit</i>	DME	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
CARELANCE ULT LANCING DEVICE (lancing device)	DME	
CAREONE LANCING DEVICE (lancing device)	DME	
CAREONE THIN LANCET (lancets)	DME	
CAREONE ULTRA THIN LANCET (lancets)	DME	

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CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	DME	
CARESENS CONTROL A NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
CARESENS LANCETS 30 GAUGE (lancets)	DME	
CARESENS N (blood-glucose meter)	DME	
CARESENS N KIT (blood-glucose meter)	DME	
CARESENS N VOICE (blood-glucose meter)	DME	
CARESENS N VOICE KIT (blood-glucose meter)	DME	
CARESENS PREM LANCING DEVICE (lancing device)	DME	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
CARETOUCH LANCING DEVICE (lancing device)	DME	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
CHEMSTRIP BG LOG BOOK (diabetic supplies, miscell)	DME	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
CHOICEDM CLARUS (blood-glucose meter)	DME	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	DME	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	DME	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	DME	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	DME	

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CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
CLEVER CHOICE MICRO (blood-glucose meter)	DME	
CLEVER CHOICE PRO (blood-glucose meter)	DME	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	DME	
COAGUCHEK LANCETS (lancets)	DME	
COLOR LANCETS 21 GAUGE (lancets)	DME	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
COMFORT LANCETS (lancets)	DME	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR LINK KIT (blood-glucose meter)	DME	
CONTOUR METER (blood-glucose meter)	DME	
CONTOUR METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	DME	

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CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT METER (blood-glucose meter)	DME	
CONTOUR NEXT ONE METER (blood-glucose meter)	DME	
CONTROL AST MONITORING SYSTEM (blood-glucose meter)	DME	
COOL BLOOD GLUCOSE METER (blood-glucose meter)	DME	
COOL BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
COOL CONTROL A SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
COOL CONTROL B SOLUTION SOLUTION (blood glucose calibration control solution, high)	DME	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	DME	
DEXCOM G4 RECEIVER (blood-glucose meter,continuous)	DME	PA
DEXCOM G4 RECEIVER PEDIATRIC (blood-glucose meter,continuous)	DME	PA
DEXCOM G4 RECEIVER-SHARE (PED) (blood-glucose meter,continuous)	DME	PA
DEXCOM G4 RECEIVER-SHARE KIT (blood-glucose meter,continuous)	DME	PA
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G5 RECEIVER (blood-glucose meter,continuous)	DME	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	DME	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter,continuous)	DME	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	DME	
DROPLET LANCETS 30 GAUGE (lancets)	DME	
DROPLET LANCING DEVICE (lancing device)	DME	
EASY CHECK BLOOD GLUCOSE KIT (blood-glucose meter)	DME	
EASY COMFORT LANCETS 30 GAUGE (lancets)	DME	
EASY MINI EJECT LANCING DEVICE (lancing device)	DME	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	DME	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	

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EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	DME	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	DME	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
EASY TOUCH LANCING DEVICE (lancing device)	DME	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	DME	
EASYGLUCO METER KIT (blood-glucose meter)	DME	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	DME	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX 15 LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX L BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASYMAX LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASYMAX NG (blood-glucose meter)	DME	
EASYMAX NG KIT (blood-glucose meter)	DME	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	DME	
EASYMAX V2 BLOOD GLUCOSE METER (blood-glucose meter)	DME	

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EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	DME	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE LANCETS 30 GAUGE (lancets)	DME	

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EMBRACE PRO GLUCOSE METER (blood-glucose meter)	DME	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	DME	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	DME	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	DME	
ENLITE GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	
EVENCARE G2 (blood-glucose meter)	DME	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	DME	
EVENCARE KIT (blood-glucose meter)	DME	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	DME	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE SOLUTION (blood glucose calibration control high and low)	DME	

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EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	DME	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EZ SMART LANCETS 28 GAUGE (lancets)	DME	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	DME	
EZ SMART SYSTEM KIT (blood-glucose meter)	DME	
EZ-LETS 26 GAUGE (lancets)	DME	
EZ-VAC (diabetic supplies,miscell)	DME	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (lancets)	DME	
FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets)	DME	
FINGERSTIX LANCETS (lancets)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D20 KIT (blood-glucose meter)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA G20 KIT (blood-glucose meter)	DME	

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FORA G30A (blood-glucose meter)	DME	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORA LANCING DEVICE (lancing device)	DME	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	DME	
FORA TEST N'GO VOICE METER (blood-glucose meter)	DME	
FORA TN'G VOICE METER (blood-glucose meter)	DME	
FORA V10 KIT (blood-glucose meter)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
FORA V20 KIT (blood-glucose meter)	DME	
FORA V30A (blood-glucose meter)	DME	
FORA V30A KIT (blood-glucose meter)	DME	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	DME	

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FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORACARE LANCETS 30 GAUGE (lancets)	DME	
FORTISCARE BLOOD GLUCOSE SYST KIT (blood-glucose meter)	DME	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	DME	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	DME	
FREESTYLE INSULINX (blood-glucose meter)	DME	
FREESTYLE LANCETS 28 GAUGE (lancets)	DME	
FREESTYLE LIBRE 10 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA

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FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LITE METER KIT (blood-glucose meter)	DME	
FREESTYLE NAVIGATOR GLUC SENS DEVICE (blood-glucose sensor)	Tier 2	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	DME	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	DME	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	DME	
FREESTYLE UNISTIK 2 (lancets)	DME	
GDRIVE KIT (blood-glucose meter)	DME	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
GLUCOCARD 01 METER KIT (blood-glucose meter)	DME	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD EXPRESSION (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	DME	

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GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	DME	
GLUCOCARD SHINE METER (blood-glucose meter)	DME	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	DME	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD SHINE XL METER (blood-glucose meter)	DME	
GLUCOCARD VITAL KIT (blood-glucose meter)	DME	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	DME	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
GM100 KIT (blood-glucose meter)	DME	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GOJJI LANCETS 30 GAUGE (lancets)	DME	
GOJJI LANCING DEVICE (lancing device)	DME	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	
GUARDIAN REAL-TIME GLU MONITOR (blood-glucose meter,continuous/blood-glucose transmitter)	DME	
GUARDIAN RT TRANSMITTER TAPE (diabetic supplies,miscell)	DME	
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	DME	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
HEALTHY ACCENTS AUTOLET (lancing device)	DME	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	DME	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	DME	
IGLUCE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
INCONTROL LANCING DEVICE (lancing device)	DME	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	DME	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	DME	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	

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INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
INFINITY METER KIT KIT (blood-glucose meter)	DME	
INFINITY STARTER KIT KIT (blood-glucose meter)	DME	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
INFINITY VOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
INSUL-CAP (diabetic supplies,miscell)	DME	
INSUL-EZE (diabetic supplies,miscell)	DME	
INVACARE LANCETS 30 GAUGE (lancets)	DME	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	DME	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	DME	
LANCETS, SUPER THIN (lancets)	DME	
LANCETS,THIN , 23 GAUGE, 28 GAUGE (lancets)	DME	
LANCETS,ULTRA THIN , 26 GAUGE (lancets)	DME	
<i>lancing device</i>	DME	
LANCING DEVICE WITH LANCETS (lancing device)	DME	
<i>lancing device with lancets kit</i>	DME	
LANCING SYSTEM (lancing device)	DME	
LANZO LANCING DEVICE KIT (lancing device/lancets)	DME	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
LITE TOUCH LANCING DEVICE (lancing device)	DME	
MEDISENSE COMBO PACK (blood-glucose calib. control)	DME	

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MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	DME	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	DME	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDTRONIC REMOTE CONTROL (diabetic supplies, miscell)	DME	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	DME	
MICRO THIN LANCETS 33 GAUGE (lancets)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLET LANCET (lancets)	DME	

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MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	DME	
MINI LANCING DEVICE (lancing device)	DME	
MINILINK REAL-TIME TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	
MINIMED 630G GUARDIAN START KT DEVICE (blood-glucose transmitter)	Tier 2	
MINIMED QUICK-SERTER-MMT 305 (diabetic supplies,miscell)	DME	
MINIMED QUICK-SERTER-MMT 395 (diabetic supplies,miscell)	DME	
MONOLET LANCETS 21 GAUGE (lancets)	DME	
MONOLET THIN LANCETS 28 GAUGE (lancets)	DME	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	DME	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
MYGLUCOHEALTH KIT (blood-glucose meter)	DME	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	DME	
NOVA MAX BLOOD GLUCOSE METER (blood-glucose meter)	DME	
NOVA MAX GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	DME	
NOVA SUREFLEX LANCETS (lancets)	DME	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	DME	

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ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
ON CALL EXPRESS METER (blood-glucose meter)	DME	
ON CALL EXPRESS METER KIT (blood-glucose meter)	DME	
ON CALL LANCET 30 GAUGE (lancets)	DME	
ON CALL LANCING DEVICE (lancing device)	DME	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL PLUS LANCET 30 GAUGE (lancets)	DME	
ON CALL PLUS LANCING DEVICE (lancing device)	DME	
ON CALL PLUS METER (blood-glucose meter)	DME	
ON CALL PLUS METER KIT (blood-glucose meter)	DME	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL VIVID METER (blood-glucose meter)	DME	
ON CALL VIVID METER KIT (blood-glucose meter)	DME	
ON CALL VIVID PAL METER (blood-glucose meter)	DME	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	DME	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	DME	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	DME	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	DME	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	DME	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	DME	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH ULTRA2 METER (blood-glucose meter)	DME	
ONETOUCH ULTRA2 METER KIT (blood-glucose meter)	DME	
ONETOUCH ULTRAMINI KIT (blood-glucose meter)	DME	
ONETOUCH ULTRASOFT LANCETS (lancets)	DME	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	DME	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	DME	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ONETOUCH VERIO IQ METER (blood-glucose meter)	DME	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	DME	
ONETOUCH VERIO METER (blood-glucose meter)	DME	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	DME	
ONETOUCH VERIO REFLECT START KIT (blood-glucose meter)	DME	
ON-THE-GO LANCETS 30 GAUGE (lancets)	DME	
OPTUMRX (blood-glucose meter)	DME	
OPTUMRX KIT (blood-glucose meter)	DME	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	DME	
OVAL TAPE (diabetic supplies,miscell)	DME	
PARADIGM REMOTE CONTROL (diabetic supplies,miscell)	DME	

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PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	DME	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	DME	
PRECISION (blood-glucose meter)	DME	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	DME	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	DME	
PRECISION XTRA MONITOR (blood-glucose meter)	DME	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	DME	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	DME	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	DME	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
PREMIUM V10 (blood-glucose meter)	DME	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	DME	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	DME	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	DME	

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PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	DME	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
PRODIGY LANCING DEVICE (lancing device)	DME	
PRODIGY POCKET METER KIT (blood-glucose meter)	DME	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	DME	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	DME	
PURE COMFORT LANCETS 30 GAUGE (lancets)	DME	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	DME	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
QUINTET AC (blood-glucose meter)	DME	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	DME	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED MINI LANCING DEVICE (lancing device)	DME	

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RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	DME	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	DME	
RELION CONFIRM KIT (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELION PRIME METER (blood-glucose meter)	DME	
RELION THIN LANCETS 26 GAUGE (lancets)	DME	
RELION ULTRA THIN PLUS LANCETS (lancets)	DME	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GD500 LANCING DEVICE (lancing device)	DME	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	DME	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	DME	

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SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets)	DME	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SAFETY-LET LANCETS 30 GAUGE (lancets)	DME	
SINGLE-LET (lancets)	DME	
SMART CARESENS N KIT (blood-glucose meter)	DME	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	DME	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	DME	
SMARTDIABETES VANTAGE (lancing device)	DME	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
SMARTEST EJECT KIT (blood-glucose meter)	DME	
SMARTEST LANCET (lancets)	DME	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	DME	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	DME	
SMARTEST PROTEGE KIT (blood-glucose meter)	DME	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	DME	
SMARTEST TALKING METER KIT (blood-glucose meter)	DME	
SOFT TOUCH LANCETS (lancets)	DME	

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SOLUS V2 AUDIBLE METER (blood-glucose meter)	DME	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	DME	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	DME	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	DME	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	DME	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
SURE COMFORT LANCING PEN (lancing device)	DME	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	DME	
SUREFLEX LANCING DEVICE (lancing device)	DME	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	DME	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	DME	
SURE-PEN LANCING DEVICE (lancing device)	DME	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	DME	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	DME	
SURE-TOUCH LANCET (lancets)	DME	
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	

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TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
TELCARE BGM KIT (blood-glucose meter)	DME	
TELCARE BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
TELCARE LANCETS 30 GAUGE (lancets)	DME	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
THIN LANCETS 26 GAUGE (lancets)	DME	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	DME	
TRUE COMFORT LANCET 30 GAUGE (lancets)	DME	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	DME	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	DME	

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TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	DME	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUECONTROL LEVEL 0 SOLUTION (blood glucose calibration control solution, high)	DME	
TRUECONTROL LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
TRUEDRAW LANCING DEVICE (lancing device)	DME	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	DME	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	DME	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	DME	
ULTI-LANCE (lancing device)	DME	
ULTI-LANCE KIT (lancing device/lancets)	DME	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	DME	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	DME	
ULTIMA MONITOR (blood-glucose meter)	DME	
ULTRA FINE LANCETS 30 GAUGE (lancets)	DME	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	DME	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	DME	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	DME	
ULTRA TLC LANCETS (lancets)	DME	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	DME	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	DME	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	DME	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	DME	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ULTRATRAK ULTIMATE (blood-glucose meter)	DME	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	DME	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	DME	
UNILET EXCELITE II LANCET (lancets)	DME	
UNILET EXCELITE LANCET (lancets)	DME	
UNILET GP LANCET (lancets)	DME	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	DME	
UNILET LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	DME	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 2 EXTRA KIT (lancing device/lancets)	DME	
UNISTIK 2 NORMAL LANCET,DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 3 COMFORT DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 3 COMFORT LANCET (lancets)	DME	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	DME	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	DME	
UNISTIK 3 KIT (lancing device/lancets)	DME	
UNISTIK 3 LANCETS 21 GAUGE (lancets)	DME	
UNISTIK 3 NEONATAL DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 3 NEONATAL KIT (lancing device/lancets)	DME	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	DME	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTRIP HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERASENS BLOOD GLUCOSE METER (blood-glucose meter)	DME	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (blood glucose calibration control solution, normal)	DME	
VERASENS METER STARTER KIT KIT (blood-glucose meter)	DME	
VIVAGUARD INO CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	DME	
VIVAGUARD LANCET 30 GAUGE (lancets)	DME	
VIVAGUARD LANCING DEVICE (lancing device)	DME	
WAVESENSE AMP KIT (blood-glucose meter)	DME	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
WAVESENSE PRESTO (blood-glucose meter)	DME	
WAVESENSE PRESTO KIT (blood-glucose meter)	DME	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe, insulin U-500 with needle, disposable, 0.5 mL)	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME &

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

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

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DME = Other pharmacy items and certain DME &

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 1	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/32", 33 gauge x 5/32"</i>	Tier 1	
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>	Tier 1	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 07/01/2020

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

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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

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UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
Medical Supplies And Dme - Iv Sets-Tubing - Medical Supplies And Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
SURGUARD2 SAFETY SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE (needle clipping and storage device)	DME	
Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
AURA PORTANEB (nebulizer)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERAPID NEBULIZER SYSTEM (nebulizer)	Tier 2	
FLYP NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
LC D NEBULIZER SET (nebulizer)	Tier 2	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
LC STAR (nebulizer)	Tier 2	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
PARI BABY NEBULIZER (nebulizer)	Tier 2	
PARI LC D NEBULIZER (nebulizer)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
TRUNEB NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 2	
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
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" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 22 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	

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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" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
BD LAB ECCENTRIC NON-STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
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", 10 ML 22 X 1", 10 ML 23X 1 1/4 " (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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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 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", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
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", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
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 1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 10 ML 22 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 22 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

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BD SAFETYGLIDE SYRINGE SYRINGE 5 ML 22 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL 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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
BD SAFETY-LOK TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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" (syringe with needle,disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE LUER SLIP TB SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
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 1	
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 1	
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 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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
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 1	
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 1	
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 1	

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EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
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 1	
EASY TOUCH SHEATHLOCK SYRG-NDL 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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
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" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

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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" (syringe with needle,disposable, 3 mL)	Tier 1	
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" (syringe,safety with needle,1 mL)	Tier 1	
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" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
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 1	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 1	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 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", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE (syringe with needle,disposable)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
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 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
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 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
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 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
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 1	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
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 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
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 1	
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 1	

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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 1	
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 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 1	
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 1	
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>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"</i>	Tier 1	
<i>syringe with needle, safety syringe 1 ml 25 gauge x 5/8", 3 ml 22 gauge x 1"</i>	Tier 1	

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

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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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" (syringe,safety with needle,1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
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" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	DME	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
ASTHMA CHECK METER DEVICE (peak flow meter)	DME	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	DME	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	DME	

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IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	DME	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	DME	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	DME	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	DME	
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	DME	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	DME	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	DME	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	DME	
PIKO 1 DEVICE (peak flow meter)	DME	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	DME	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	

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BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler,assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	

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COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ERAPID NEBULIZER HANDSET (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FILTER PAD (nebulizer accessories)	Tier 2	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	
HYPERSONIQU NEBULIZER CARTRIDGE (nebulizer accessories)	Tier 2	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICROSPACER SPACER (inhaler, assist devices)	Tier 2	
MISTASSIST DEVICE (spirometers and accessories)	Tier 2	
MISTASSIST KIT DEVICE (spirometer with drug delivery adapters)	Tier 2	
MOUTHPIECE REUSABLE MW (nebulizer accessories)	Tier 2	
MY MDI PORTABLE NEBULISER DEVICE (nebulizer and compressor)	Tier 2	
NOSE CLIP (nebulizer accessories)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONVERSION PACK 1 (nebulizer accessories)	Tier 2	
PARI BABY CONVERSION PACK 2 (nebulizer accessories)	Tier 2	
PARI LC FILTER WITH VALVE SET (nebulizer accessories)	Tier 2	
PARI LC MASK SET (nebulizer accessories)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	

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PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler,assist device with small mask)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRONEB ULTRA FILTER ASSEMBLY (nebulizer accessories)	Tier 2	
PRONEB ULTRA II DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	

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SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SINUSTAR AEROSOL DEVICE (nebulizer and compressor)	Tier 2	
SMARTMASK KIDS (nebulizer accessories)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler,assist device with small mask)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	

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VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment		
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
NUVAKAAN TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine/silicone, adhesive)	Tier 1	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (urinary bag/catheter)	Tier 2	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-" (catheter)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	

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DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-" (catheter)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
TOUCH-TROL 10 FR (catheter)	Tier 2	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test,strips)	DME	
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 % (blood collection set/lidocaine/prilocaine)	Tier 2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	DME	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	DME	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	DME	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	DME	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	DME	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	DME	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	DME	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (urinary bag/catheter)	Tier 2	
ADVANCED TRAVEL LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
ADVOCATE DUO DEVICE (blood-glucose meter and wrist blood pressure monitor)	DME	
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
ADVOCATE LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE RAPID-SAFE LANCING (lancing device)	DME	
ADVOCATE REDI-CODE GLU MONITOR KIT (blood-glucose meter)	DME	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (blood glucose calibration control solution, low)	DME	
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ADVOCATE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROGear ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	DME	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	DME	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	

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AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
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" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 9 X 9 " (foam bandage)	Tier 2	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (foam bandage)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (foam bandage)	Tier 2	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (foam bandage)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	DME	
ALTERNATE SITE LANCING DEVICE (lancing device)	DME	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
ASTHMA CHECK METER DEVICE (peak flow meter)	DME	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	DME	
AURA PORTANEB (nebulizer)	Tier 2	
AUTO-LANCET MINI (lancing device)	DME	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syringe w-needl 0.5 mL,kit-tray)	Tier 1	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	Tier 1	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 22 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe, insulin U-500 with needle, disposable, 0.5 mL)	Tier 1	
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	

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BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 22 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 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
BD LAB ECCENTRIC NON-STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
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", 10 ML 22 X 1", 10 ML 23X 1 1/4 " (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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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 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 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 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
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", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD MAGNI-GUIDE SYRINGE MAGNIFI (diabetic supplies,miscell)	DME	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	DME	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	DME	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
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 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 10 ML 22 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 22 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 5 ML 22 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	

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BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL 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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETY-LOK DETACHABLE NEEDL SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
BD SAFETY-LOK TUBERCULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SAFETY-LOK WITH LUER-LOK SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	

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BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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" (syringe with needle,disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 mL)	Tier 1	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	DME	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	DME	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
<i>blood glucose contrl hi,normal solution</i>	DME	
<i>blood glucose ctl high,nml,low solution</i>	DME	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	

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BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	DME	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARELANCE ULT LANCING DEVICE (lancing device)	DME	
CAREONE THIN LANCET (lancets)	DME	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	DME	
CARESENS CONTROL A NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
CARESENS LANCETS 30 GAUGE (lancets)	DME	
CARESENS N KIT (blood-glucose meter)	DME	
CARESENS N VOICE (blood-glucose meter)	DME	
CARESENS N VOICE KIT (blood-glucose meter)	DME	
CARESENS PREM LANCING DEVICE (lancing device)	DME	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH LANCING DEVICE (lancing device)	DME	
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
CARETOUCH TWIST LANCET 28 GAUGE, 33 GAUGE (lancets)	DME	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	DME	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
CHOICEDM CLARUS (blood-glucose meter)	DME	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	DME	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	DME	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
CLEVER CHOICE MICRO (blood-glucose meter)	DME	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	DME	
CLEVER CHOICE PRO (blood-glucose meter)	DME	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	DME	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
COAGUCHEK LANCETS (lancets)	DME	
COLOR LANCETS 21 GAUGE (lancets)	DME	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

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COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR LINK KIT (blood-glucose meter)	DME	
CONTOUR METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	DME	

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CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT METER (blood-glucose meter)	DME	
CONTROL AST MONITORING SYSTEM (blood-glucose meter)	DME	
COOL BLOOD GLUCOSE METER (blood-glucose meter)	DME	
COOL BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
COOL CONTROL A SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
COOL CONTROL B SOLUTION SOLUTION (blood glucose calibration control solution, high)	DME	
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)	Tier 2	
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	DME	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	DME	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter,continuous)	DME	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	

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DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	DME	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET LANCETS 30 GAUGE (lancets)	DME	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY CHECK BLOOD GLUCOSE KIT (blood-glucose meter)	DME	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	

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EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY GLUCO G2 STRIP (blood sugar diagnostic)	DME	
EASY MINI EJECT LANCING DEVICE (lancing device)	DME	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	DME	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	DME	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	DME	

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EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	DME	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY STEP STRIP (blood sugar diagnostic)	DME	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
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 1	
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 1	

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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 1	
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 1	
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 1	
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 1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	

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EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
EASY TOUCH LANCING DEVICE (lancing device)	DME	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY LANCETS 32 GAUGE (lancets)	DME	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
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 1	
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" (syringe,safety with needle,3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
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" (syringe with needle,disposable, 3 mL)	Tier 1	
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" (syringe,safety with needle,1 mL)	Tier 1	
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" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	

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EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	DME	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYGLUCO PLUS STRIP (blood sugar diagnostic)	DME	
EASYMAX 15 LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	DME	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	

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ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE LANCETS 30 GAUGE (lancets)	DME	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	DME	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	DME	
ENLITE GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	
ERAPID NEBULIZER HANDSET (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERAPID NEBULIZER SYSTEM (nebulizer)	Tier 2	
EVENCARE KIT (blood-glucose meter)	DME	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
EVENCARE SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE TEST STRIP (blood sugar diagnostic)	DME	
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	

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EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (lancets)	DME	
EZ SMART LANCETS 28 GAUGE (lancets)	DME	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	DME	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	DME	
EZ SMART SYSTEM KIT (blood-glucose meter)	DME	
EZ-LETS 26 GAUGE (lancets)	DME	
EZ-VAC (diabetic supplies, miscell)	DME	
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)
FEMALE CATHETER 14 FR (catheter)	Tier 2	
FIFTY50 TEST STRIP STRIP (blood sugar diagnostic)	DME	
FILTER PAD (nebulizer accessories)	Tier 2	
FINGERSTIX LANCETS (lancets)	DME	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	

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FORA D15G STRIPS STRIP (blood sugar diagnostic)	DME	
FORA D20 KIT (blood-glucose meter)	DME	
FORA D20 STRIP (blood sugar diagnostic)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA G20 KIT (blood-glucose meter)	DME	
FORA G30A (blood-glucose meter)	DME	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	DME	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	DME	
FORA TEST N'GO VOICE METER (blood-glucose meter)	DME	
FORA TN'G VOICE METER (blood-glucose meter)	DME	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V10 KIT (blood-glucose meter)	DME	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
FORA V20 KIT (blood-glucose meter)	DME	
FORA V20 STRIP (blood sugar diagnostic)	DME	
FORA V30A (blood-glucose meter)	DME	
FORA V30A KIT (blood-glucose meter)	DME	
FORA V30A STRIP (blood sugar diagnostic)	DME	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD20 STRIP (blood sugar diagnostic)	DME	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORACARE LANCETS 30 GAUGE (lancets)	DME	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	DME	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM KIT (blood-glucose meter)	DME	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE LANCETS 28 GAUGE (lancets)	DME	
FREESTYLE LIBRE 10 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE NAVIGATOR GLUC SENS DEVICE (blood-glucose sensor)	Tier 2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	DME	
FREESTYLE UNISTIK 2 (lancets)	DME	

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GDRIVE KIT (blood-glucose meter)	DME	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	DME	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
GM100 KIT (blood-glucose meter)	DME	
GM100 STRIP (blood sugar diagnostic)	DME	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GOJJI LANCETS 30 GAUGE (lancets)	DME	
GOJJI LANCING DEVICE (lancing device)	DME	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	DME	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	DME	
GUARDIAN REAL-TIME GLU MONITOR (blood-glucose meter,continuous/blood-glucose transmitter)	DME	
GUARDIAN RT TRANSMITTER TAPE (diabetic supplies,miscell)	DME	
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	

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HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
HYDROFERA BLUE READY TOPICAL BANDAGE 2 1/2 X 2 1/2 ", 4 X 5 ", 8 X 8 " (methylene blue/gentian violet/foam bandage)	Tier 2	
HYDROFERA BLUE TOPICAL BANDAGE 2 X 2 ", 2.25 X 8 ", 2.5 ", 9 MM (polyvinyl alcohol/gentian violet/methylene blue)	Tier 2	
HYPERSONIQ NEBULIZER CARTRIDGE (nebulizer accessories)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	DME	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	DME	
INCONTROL LANCING DEVICE (lancing device)	DME	

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INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	DME	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	DME	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
INFINITY METER KIT KIT (blood-glucose meter)	DME	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
INFINITY VOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	DME	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)	Tier 2	

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INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
INSUL-CAP (diabetic supplies,miscell)	DME	
INSUL-EZE (diabetic supplies,miscell)	DME	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
<i>insulin syringe needleless syringe 1 ml</i>	Tier 1	
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 28 gauge, 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 3/8", 1 ml 31 gauge x 1/4", 1/2 ml 28 gauge, 1/2 ml 31 gauge x 1/4"</i>	Tier 1	
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
INVACARE LANCETS 30 GAUGE (lancets)	DME	

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IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KETONE CARE STRIP (urine acetone test,strips)	DME	
KETONE URINE TEST STRIP (urine acetone test,strips)	DME	
KETOSTIX STRIP (urine acetone test,strips)	DME	
LANCETS, SUPER THIN (lancets)	DME	
LANCETS,THIN 28 GAUGE (lancets)	DME	
LANCETS,ULTRA THIN (lancets)	DME	
LANCING SYSTEM (lancing device)	DME	
LANZO LANCING DEVICE KIT (lancing device/lancets)	DME	
LC STAR (nebulizer)	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH LANCING DEVICE (lancing device)	DME	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-" (catheter)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 2	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	DME	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDTRONIC REMOTE CONTROL (diabetic supplies,miscell)	DME	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	

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MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	DME	
MINI LANCING DEVICE (lancing device)	DME	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MINILINK REAL-TIME TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	
MINIMED 630G GUARDIAN START KT DEVICE (blood-glucose transmitter)	Tier 2	
MINIMED QUICK-SERTER-MMT 305 (diabetic supplies,miscell)	DME	
MINIMED QUICK-SERTER-MMT 395 (diabetic supplies,miscell)	DME	
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	DME	
MISTASSIST DEVICE (spirometers and accessories)	Tier 2	
MISTASSIST KIT DEVICE (spirometer with drug delivery adapters)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 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", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 1	

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MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	

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MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
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 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	

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MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 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 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML 20 X 3/4", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOLET THIN LANCETS 28 GAUGE (lancets)	DME	
MOUTHPIECE REUSABLE MW (nebulizer accessories)	Tier 2	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	DME	
MY MDI PORTABLE NEBULISER DEVICE (nebulizer and compressor)	Tier 2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
MYGLUCOHEALTH KIT (blood-glucose meter)	DME	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	DME	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	DME	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	

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NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
NOSE CLIP (nebulizer accessories)	Tier 2	
NOVA MAX GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
NOVA SUREFLEX LANCETS (lancets)	DME	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	DME	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 1	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
ON CALL EXPRESS METER (blood-glucose meter)	DME	
ON CALL EXPRESS METER KIT (blood-glucose meter)	DME	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL LANCET 30 GAUGE (lancets)	DME	
ON CALL LANCING DEVICE (lancing device)	DME	

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ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL PLUS LANCET 30 GAUGE (lancets)	DME	
ON CALL PLUS LANCING DEVICE (lancing device)	DME	
ON CALL PLUS METER KIT (blood-glucose meter)	DME	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL VIVID METER KIT (blood-glucose meter)	DME	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	DME	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	DME	
ONETOUCH DELICA LANCETS 30 GAUGE (lancets)	DME	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	DME	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	DME	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	DME	
ONETOUCH ULTRASOFT LANCETS (lancets)	DME	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ONETOUCH VERIO IQ METER (blood-glucose meter)	DME	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	DME	
ONETOUCH VERIO METER (blood-glucose meter)	DME	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	

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ONETOUCH VERIO REFLECT METER (blood-glucose meter)	DME	
ONETOUCH VERIO REFLECT START KIT (blood-glucose meter)	DME	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 2	
OPTUMRX (blood-glucose meter)	DME	
OPTUMRX KIT (blood-glucose meter)	DME	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	DME	
OPTUMRX STRIP (blood sugar diagnostic)	DME	
OVAL TAPE (diabetic supplies,miscell)	DME	
PARADIGM REMOTE CONTROL (diabetic supplies,miscell)	DME	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONVERSION PACK 1 (nebulizer accessories)	Tier 2	

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PARI BABY CONVERSION PACK 2 (nebulizer accessories)	Tier 2	
PARI LC D NEBULIZER (nebulizer)	Tier 2	
PARI LC FILTER WITH VALVE SET (nebulizer accessories)	Tier 2	
PARI LC MASK SET (nebulizer accessories)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	DME	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i>	Tier 1	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	DME	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	DME	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	DME	
PIKO 1 DEVICE (peak flow meter)	DME	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
PIP LANCET 28 GAUGE (lancets)	DME	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	DME	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	

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PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PRECISION (blood-glucose meter)	DME	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	DME	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	DME	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	DME	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	DME	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	DME	
PREMIUM V10 (blood-glucose meter)	DME	
PREMIUM V10 STRIP (blood sugar diagnostic)	DME	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	DME	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	DME	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler,assist device with small mask)	Tier 2	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	DME	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	DME	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	DME	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRODIGY LANCETS 28 GAUGE (lancets)	DME	
PRODIGY LANCING DEVICE (lancing device)	DME	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	DME	
PRONEB ULTRA FILTER ASSEMBLY (nebulizer accessories)	Tier 2	
PRONEB ULTRA II DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	DME	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	DME	
PUSH BUTTON SAFETY LANCETS 21 GAUGE (lancets)	DME	
QUINTET AC (blood-glucose meter)	DME	
QUINTET AC STRIP (blood sugar diagnostic)	DME	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	DME	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
REFUAH PLUS STRIP (blood sugar diagnostic)	DME	
RELIAMED LANCET 23 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED MINI LANCING DEVICE (lancing device)	DME	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	DME	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
RELION THIN LANCETS 26 GAUGE (lancets)	DME	
RELION ULTIMA STRIP (blood sugar diagnostic)	DME	
RELION ULTRA THIN PLUS LANCETS (lancets)	DME	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 2	

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REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GD500 LANCING DEVICE (lancing device)	DME	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	DME	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	DME	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFE-CLIP NEEDLE STORAGE DEV DEVICE (needle clipping and storage device)	DME	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
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 1	
SAFESNAP SYRINGE SYRINGE 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 1	
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" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
SAFETY LANCETS 26 GAUGE (lancets)	DME	
SAFETY-LET LANCETS 30 GAUGE (lancets)	DME	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SINGLE-LET (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART CARESENS N KIT (blood-glucose meter)	DME	
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (lancets)	DME	
SMARTDIABETES VANTAGE (lancing device)	DME	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
SMARTEST LANCET (lancets)	DME	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	DME	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	DME	
SMARTEST TEST STRIP (blood sugar diagnostic)	DME	
SOFT TOUCH LANCETS (lancets)	DME	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	DME	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	DME	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	DME	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	DME	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
SUPER THIN LANCETS (lancets)	DME	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
SURE COMFORT LANCING PEN (lancing device)	DME	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUREFLEX LANCING DEVICE (lancing device)	DME	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE-LANCE 26 GAUGE (lancets)	DME	
SURE-PEN LANCING DEVICE (lancing device)	DME	
SURE-TOUCH LANCET (lancets)	DME	
<i>syringe (disposable) syringe 20 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>syringe with needle syringe 3 ml 21 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"</i>	Tier 1	
<i>syringe with needle, safety syringe 1 ml 25 gauge x 5/8", 3 ml 22 gauge x 1"</i>	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
TELCARE BGM KIT (blood-glucose meter)	DME	
TELCARE BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
TELCARE LANCETS 30 GAUGE (lancets)	DME	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
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" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
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" (syringe with needle,disposable, 3 mL)	Tier 1	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
TEST N'GO TEST STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE (lancets)	DME	
TOUCH-TROL 10 FR (catheter)	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT LANCET 30 GAUGE (lancets)	DME	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUECONTROL LEVEL 0 SOLUTION (blood glucose calibration control solution, high)	DME	
TRUECONTROL LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
TRUEPLUS KETONE STRIP (urine acetone test,strips)	DME	
TRUEPLUS LANCETS 26 GAUGE, 33 GAUGE (lancets)	DME	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	DME	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	DME	
TRUNEB NEBULIZER (nebulizer)	Tier 2	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	

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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" (syringe,safety with needle,3 mL)	Tier 1	
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" (syringe,safety with needle,1 mL)	Tier 1	
ULTI-LANCE (lancing device)	DME	
ULTI-LANCE KIT (lancing device/lancets)	DME	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	DME	
ULTILET CLASSIC LANCETS 33 GAUGE (lancets)	DME	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTILET LANCETS 30 GAUGE, 33 GAUGE (lancets)	DME	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	DME	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	

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This Drug Formulary was updated: 07/01/2020

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	DME	
ULTRATRAK ULTIMATE (blood-glucose meter)	DME	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	DME	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	DME	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic)	Tier 1	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNISTIK 3 COMFORT LANCET (lancets)	DME	
UNISTIK 3 LANCETS 21 GAUGE (lancets)	DME	
UNISTIK 3 NEONATAL DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 3 NEONATAL KIT (lancing device/lancets)	DME	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	DME	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTRIP HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VERASENS BLOOD GLUCOSE METER (blood-glucose meter)	DME	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERASENS METER STARTER KIT KIT (blood-glucose meter)	DME	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VIVAGUARD INO CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	DME	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	DME	
VIVAGUARD LANCET 30 GAUGE (lancets)	DME	
VIVAGUARD LANCING DEVICE (lancing device)	DME	
VIXONE NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 2	
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler,assist device with small mask)	Tier 2	
WAVESENSE AMP KIT (blood-glucose meter)	DME	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
WAVESENSE PRESTO (blood-glucose meter)	DME	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 3 "-YARD, 4 X 4 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs For Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (asfotase alfa)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)	Tier 3	PA
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG (calcifediol)	Tier 2	QL (2 EA per 1 day)
ROCALTROL ORAL CAPSULE 0.5 MCG (calcitriol)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 2	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 2	
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 2	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 2	
<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 (eliglustat tartrate)	Tier 3	PA

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miglustat oral capsule 100 mg</i>	Tier 3	PA
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 3	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 3	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs That Alter Metabolism		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 3	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 3	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 3	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 3	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML (betaine)	Tier 3	
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Tier 3	PA
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Tier 3	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)	Tier 3	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 3	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 3	PA

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Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 3	
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (cobicistat)	Tier 2	
Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer - Drugs That Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (migalastat HCl)	Tier 3	PA
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 3	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 3	PA
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 (pegvaliase-pqpz)	Tier 3	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 % (fluoride (sodium))	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 0	Age (Max 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>	Tier 0	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
Dental Product - Local Anesthetics - Drugs For The Mouth And Throat		

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KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (tetracaine HCl/oxymetazoline HCl)	Tier 2	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
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		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate (bulk) solution 20 %</i>	Tier 2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth And Throat - Artificial Saliva - Drugs For The Mouth And Throat		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY (saliva substitute combo no.3)	Tier 2	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET 538 MG (saliva substitute combo no.5)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 2	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET (saliva substitution combination no.10)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos)	Tier 2	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL, SPRAY (saliva substitute combo no.3)	Tier 2	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Mucositis-Stomatitis Agents - Drugs For The Mouth And Throat		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION (oral mucositis and stomatitis anti-inflammatory agent comb 2)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic)	Tier 2	
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)	Tier 2	
ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)	Tier 2	
Mouth And Throat - Protectants - Drugs For The Mouth And Throat		
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 2	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG (cevimeline HCl)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine HCl)	Tier 2	
Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat		

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ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCl microspheres)	Tier 3	PA
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		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Tier 2	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA

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REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	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) (interferon beta-1a/albumin human)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 1	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 2	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 3	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)	Tier 3	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 3	PA
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 3	PA
RUZURGI ORAL TABLET 10 MG (amifampridine)	Tier 3	PA

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Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 2	PA
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG (fingolimod HCl)	Tier 3	PA
GILENYA ORAL CAPSULE 0.5 MG (fingolimod HCl)	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod)	Tier 3	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 3	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 3	PA

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ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (ozanimod hydrochloride)	Tier 3	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 3	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 2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (hydroxypropyl cellulose)	Tier 2	
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 2	
Miotics - Direct Acting - Drugs For Glaucoma		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 % (pilocarpine HCl)	Tier 2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (hydroxyamphetamine hbr/tropicamide)	Tier 2	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	

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Opth - Beta Blocker-Adrenergic-Carbonic Anhyd Inhib-Prostaglandin Analog - Drugs For Glaucoma		
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
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 % (brinzolamide/brimonidine tartrate)	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 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (riboflavin 5-phosphate sodium (B2))	Tier 2	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % (sulfacetamide sodium/prednisolone acetate)	Tier 2	
sulfacetamide sodium/prednisolone acetate (Blephamide S.O.P. Ophthalmic (Eye) Ointment 10-0.2 %)	Tier 2	
neomycin/polymyxin B sulfate/dexamethasone (Maxitrol Ophthalmic (Eye) Drops,Suspension 3.5Mg/MI-10,000 Unit/MI-0.1 %)	Tier 2	

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MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % (neomycin/polymyxin B sulfate/dexamethasone)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (gentamicin sulfate/prednisolone acetate)	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (gentamicin sulfate/prednisolone acetate)	Tier 2	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</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	
tobramycin/dexamethasone (Tobradex Ophthalmic (Eye) Drops,Suspension 0.3-0.1 %)	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	

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TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
cyclopentolate HCl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)	Tier 2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)	Tier 1	

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ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % (atropine sulfate)	Tier 2	
tropicamide (Mydracyl Ophthalmic (Eye) Drops 1 %)	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 2	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 2	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 % (alcaftadine)	Tier 2	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (3 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)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (olopatadine HCl)	Tier 2	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (2.5 ML per 30 days)

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ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCl)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate)	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)	Tier 2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % (fluorometholone)	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)	Tier 2	ST: Must meet any of the following requirements: Alrex, Lotemax, or Loteprednol Etabonate in 120 days; QL (5.6 ML per 14 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 % (betamethasone sodium phos/chondroitin sulfate A sodium/PF)	Tier 2	

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KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 % (loteprednol etabonate/chondroitin sulfate A sodium/PF)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol etabonate)	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol etabonate)	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	Tier 2	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (prednisolone acetate)	Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		

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CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 2	ST: Must meet the following requirement: Restasis or Xiidra in 120 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine/chondroitin sulfate A sodium)	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac tromethamine)	Tier 2	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac tromethamine)	Tier 2	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)	Tier 2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)	Tier 2	
Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs For Glaucoma		
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine tartrate/timolol maleate)	Tier 2	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide HCl/timolol maleate/PF)	Tier 2	ST: Must meet the following requirement: Cosopt or Dorzolamide HCL/timolol Maleat in 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide HCl/timolol maleate)	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST: Must meet the following requirement: Cosopt or Dorzolamide HCL/timolol Maleat in 120 days; QL (2 EA per 1 day)

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<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma		
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 % (dorzolamide HCl)	Tier 2	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 3	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		
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		

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OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 3	PA
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 % (timolol)	Tier 2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<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	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate/PF)	Tier 2	ST: Must meet the following requirement: Timolol Maleate or Timoptic Ocudose in 120 days; QL (2 EA per 1 day)
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol maleate)	Tier 2	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 % (timolol maleate)	Tier 2	
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		

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ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)	Tier 1	
<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 % (lidocaine HCl/PF)	Tier 2	
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOCRILOPHTHALMIC (EYE) DROPS 2 % (nedocromil sodium)	Tier 2	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 % (lodoxamide tromethamine)	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water)	Tier 1	
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		

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ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)	Tier 2	ST: Must meet 2 of the following requirements: Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs For The Eye		
GELFILM OPHTHALMIC (EYE) FILM (gelatin)	Tier 2	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin/polymyxin B sulfate (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML (polymyxin B sulfate/trimethoprim)	Tier 2	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	

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<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
tobramycin (Tobrex Ophthalmic (Eye) Drops 0.3 %)	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	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 % (besifloxacin HCl)	Tier 2	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 % (ciprofloxacin HCl)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (ciprofloxacin HCl)	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 0.5 %</i>	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (moxifloxacin HCl)	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin HCl)	Tier 2	

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ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % (gatifloxacin)	Tier 2	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % (azithromycin/chondroitin sulfate A sodium/PF)	Tier 2	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium (Bleph-10 Ophthalmic (Eye) Drops 10 %)	Tier 1	
<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 % (natamycin)	Tier 2	
Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 2	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 2	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		

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ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine tartrate)	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCl)	Tier 2	
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)
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 2	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, Travatan Z, or Travoprost (benzalkonium), or Travoprost in 365 days; QL (2.5 ML per 25 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	Tier 2	

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XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (latanoprost)	Tier 2	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, Travatan Z, or Travoprost (benzalkonium), or Travoprost in 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost/PF)	Tier 2	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, Travatan Z, or Travoprost (benzalkonium), or Travoprost in 365 days; QL (1 EA per 1 day)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 2	ST: Must meet 2 of the following requirements: Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
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 % (ciprofloxacin HCl/hydrocortisone)	Tier 2	

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CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (ciprofloxacin HCl/dexamethasone)	Tier 2	
<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 (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin HCl/fluocinolone acetonide)	Tier 2	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (ciprofloxacin)	Tier 2	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Tier 2	
fluocinolone acetonide oil (Flac Otic Oil Otic (Ear) Drops 0.01 %)	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	

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<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)	Tier 2	
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
1St Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs For Cough And Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine HCl/chlorpheniramine maleate/bellad alk)	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 (desloratadine/pseudoephedrine sulfate)	Tier 2	ST: Must meet the following requirement: Levocetirizine Dihydrochloride or Desloratadine in 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i>	Tier 1	
SEMPREX-D ORAL CAPSULE 8-60 MG (pseudoephedrine HCl/acrivastine)	Tier 2	
Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies		
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
dexchlorpheniramine maleate (Ryclora Oral Solution 2 Mg/5 MI)	Tier 2	QL (236 ML per 1 FILL)

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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>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST: Must meet the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: Must meet the following requirement: Carbinoxamine Maleate in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate (Ryvent Oral Tablet 6 Mg)	Tier 2	ST: Must meet the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)	Tier 2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine injection syringe 25 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	

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Loss Drugs Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated: 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST: Must meet the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: Must meet the following requirement: Carbinoxamine Maleate in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine rectal suppository 50 mg</i>	Tier 1	
dexchlorpheniramine maleate (Ryclora Oral Solution 2 Mg/5 MI)	Tier 2	QL (236 ML per 1 FILL)

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carbinoxamine maleate (Ryvent Oral Tablet 6 Mg)	Tier 2	ST: Must meet the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
Antihistamines - 2Nd Generation - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	QL (1 EA per 1 day)
<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: Must meet the following requirement: Levocetirizine Dihydrochloride or Desloratadine in 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Must meet the following requirement: Levocetirizine Dihydrochloride or Desloratadine in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
TESSALON PERLES ORAL CAPSULE 100 MG (benzonatate)	Tier 2	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Must meet the following requirement: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 2	ST: Must meet the following requirement: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)	Tier 2	ST: Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days; QL (12.2 GM per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION (fluticasone propionate)	Tier 2	ST: Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days; QL (1 EA per 30 days)
ARNUIY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (mometasone furoate)	Tier 2	ST: Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 2	ST: Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days; 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)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (21.2 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 2	ST: Must meet 2 of the following requirements: Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar in 365 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML (budesonide)	Tier 2	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML (budesonide)	Tier 2	QL (60 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (dupilumab)	Tier 3	PA
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 3	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 2	
<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	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast sodium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SINGULAIR ORAL TABLET 10 MG (montelukast sodium)	Tier 2	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG (montelukast sodium)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous)	Tier 2	
theophylline anhydrous (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 3	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (mepolizumab)	Tier 3	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 2	ST: Must meet any of the following requirements: Breo Ellipta, Fluticasone Propionate/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva in 120 days; 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 (umeclidinium bromide)	Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate/nebulizer accessories)	Tier 2	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate/nebulizer and accessories)	Tier 2	QL (60 ML per 30 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG (glycopyrrolate)	Tier 2	ST: Must meet any of the following requirements: Incruse Ellipta, Spiriva Respimat or Spiriva in 120 days; QL (60 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium bromide)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide)	Tier 2	ST: Must meet any of the following requirements: Incruse Ellipta, Spiriva Respimat or Spiriva in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 2	ST: Must meet the following requirement: Lonhala Magnair in 120 days; 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 (ipratropium bromide)	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		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG (indacaterol maleate)	Tier 2	ST: Must meet the following requirement: Striverdi Respimat or Serevent Diskus in 120 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol tartrate)	Tier 2	ST: Must meet any of the following requirements: Perforomist, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)	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	
<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	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML (levalbuterol HCl)	Tier 2	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	Tier 2	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML (levalbuterol HCl)	Tier 2	
Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)	Tier 2	ST: Must meet 2 of the following requirements: Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat in 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG (indacaterol maleate/glycopyrrolate)	Tier 2	ST: Must meet 2 of the following requirements: Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat in 365 days; QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propionate/salmeterol xinafoate)	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (12 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	ST: Must meet any of the following requirements: Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol in 120 days; QL (1 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	ST: Must meet any of the following requirements: Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol in 120 days; 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 2	ST: Must meet any of the following requirements: Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol in 120 days; QL (1 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)	Tier 2	QL (10.2 GM per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 3	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin/nebulizer)	Tier 2	PA
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % sodium chloride)	Tier 2	PA
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	Tier 2	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)	Tier 2	PA
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 3	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 (lumacaftor/ivacaftor)	Tier 3	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 3	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 3	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 3	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 3	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 3	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 3	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 3	
Lung Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 2	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML (lucinactant)	Tier 2	

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SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 2	
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 (dornase alfa)	Tier 3	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
GOPRELTO NASAL SOLUTION 4 % (cocaine HCl)	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST: Must meet the following requirement: Flunisolide (nasal formulation) or Fluticasone Propionate in 365 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine HCl/fluticasone propionate)	Tier 2	ST: Must meet the following requirement: Flunisolide (nasal formulation) or Fluticasone Propionate in 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT, SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 % (azelastine/fluticasone/sodium chloride/sodium bicarbonate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamines - Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</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)
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 % (olopatadine HCl)	Tier 2	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) (beclomethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (25 GM per 30 days)
<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)
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION (mometasone furoate)	Tier 2	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (ciclesonide)	Tier 2	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl in 120 days; QL (6.8 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 2	
TICASPRAY NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 2	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (fluticasone propionate)	Tier 2	ST: Must meet one of the following requirements: Flunisolide, Fluticasone Propionate, or Mometasone Furoate in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (ciclesonide)	Tier 2	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	
Nasal Preparations Other - Drugs For The Nose		
ALZAIR NASAL SPRAY, NON-AEROSOL (hypromellose)	Tier 2	
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADRENALIN NASAL SOLUTION 1 MG/ML (epinephrine HCl)	Tier 2	
TYZINE NASAL DROPS 0.1 % (tetrahydrozoline HCl)	Tier 2	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 % (tetrahydrozoline HCl)	Tier 2	
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)	Tier 2	
Non-Opioid Antitussive-1st Gen. Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (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	
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)
TUSSICAPS ORAL CAPSULE, EXTENDED RELEASE 12 HR 10-8 MG (hydrocodone polistirex/chlorpheniramine polistirex)	Tier 2	QL (2 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)	Tier 2	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML (codeine polistirex/chlorpheniramine polistirex)	Tier 2	ST: Must meet 2 of the following requirements: Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast in 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML (chlorpheniramine maleate/codeine phosphate)	Tier 2	Age (Min 12 Years)
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (triprolidine HCl/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 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)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Syrup 5-1.5 Mg/5 ML)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)

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G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 2	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML (guaifenesin/hydrocodone bitartrate)	Tier 2	ST: Must meet the following requirement: Hydrocodone Homatropine Methylbromide in 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 3	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 3	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 3	PA
Vaginal Products - Drugs For Women		

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Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	Tier 2	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole in 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (clindamycin phosphate)	Tier 2	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)	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		
METROGEL VAGINAL VAGINAL GEL 0.75 % (metronidazole)	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (metronidazole)	Tier 2	
VANAZOLE VAGINAL GEL 0.75 % (metronidazole)	Tier 2	

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Vaginal Antiseptic Mixtures - Drugs For Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
RELAGARD VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline sulfate/sodium lauryl sulfate)	Tier 2	
Vaginal Estrogens - Drugs For Women		
estradiol (Estrace Vaginal Cream 0.01 % (0.1 Mg/Gram))	Tier 2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)	Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)	Tier 2	ST: Must meet any of the following requirements: Estring, Intrarosa, Osphena, or Premarin in 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

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