

**Kaiser Permanente Insurance Company
(KPIC)
PPO and Out-of-Area Indemnity (OOA)
Drug Formulary
This Drug Formulary was updated: February 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 Upon revision, all previous versions of the drug formulary are no longer in effect.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 Grandfathered PPO and Out-of- Area Indemnity (OOA) Health Insurance Plans for Large Groups offered by Kaiser Permanente Insurance Company(KPIC) and fill your prescription at a MedImpact network pharmacy. Please note that this Formulary does not have a specialty drug tier. If you are covered by a KPIC PPO plan with a specialty drug tier, please see the KPIC PPO and Out-of- Area Indemnity (OOA) Formulary with Specialty Drug Tier.

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

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, 7 a.m. to 7 p.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 information about your cost share for the outpatient prescription drug benefits in your specific plan, please visit: **kp.org/kpic-ca-rx-ppo-gf**.

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

Table of Contents

Informational Section.....	2
Alternative Therapy - Vitamins And Minerals.....	9
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....	12
Anesthetics - Drugs For Pain And Fever.....	40
Anorectal Preparations - Rectal Preparations.....	41
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....	43
Anti-Infective Agents - Drugs For Infections.....	45
Antineoplastics - Drugs For Cancer.....	71
Antiseptics And Disinfectants - Antiseptics And Disinfectants.....	84
Biologicals.....	85
Biologicals - Biological Agents.....	86
Cardiovascular Therapy Agents.....	95
Cardiovascular Therapy Agents - Drugs For The Heart.....	95
Central Nervous System Agents - Drugs For The Nervous System.....	121
Chemical Dependency, Agents To Treat - Drugs For Addiction.....	175
Chemicals-Pharmaceutical Adjuvants.....	177
Cognitive Disorder Therapy - Drugs For The Nervous System.....	180
Contraceptives - Drugs For Women.....	181
Dermatological.....	197
Dermatological - Drugs For The Skin.....	197
Diagnostic Agents.....	263
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System.....	264
Eating Disorder Therapy - Drugs For Eating Disorders.....	264
Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....	264
Endocrine - Hormones.....	297
Enzymes - Vitamins And Minerals.....	332
Fdb Class Obsolete-Not Used.....	332
Gastrointestinal Therapy Agents - Drugs For The Stomach.....	333
Genitourinary Therapy - Drugs For The Urinary System.....	358
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....	365
Hematological Agents - Drugs For The Blood.....	366
Hepatobiliary System Treatment Agents - Drugs For The Liver.....	382
Immunosuppressive Agents - Drugs For Organ Transplants.....	382
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....	384
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment.....	387
Medical Supply, Fdb Superset.....	491
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease.....	562
Metabolic Modifiers.....	562
Metabolic Modifiers - Drugs That Alter Metabolism.....	562
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat.....	564
Multiple Sclerosis Agents - Drugs For The Nervous System.....	569
Ophthalmic Agents - Drugs For The Eye.....	572
Otic (Ear) - Drugs For The Ear.....	588
Respiratory Therapy Agents - Drugs For The Lungs.....	590
Vaginal Products - Drugs For Women.....	611

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 your KPIC Grandfathered PPO or OOA health insurance plan. This document applies only to prescribed outpatient prescription drugs obtained through a retail pharmacy within the MedImpact 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).

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 Definitions:

Symbol	Guideline	Description
T1	Tier 1	Generic Drugs
T2	Tier 2	Brand Name Drugs
T3	Tier 3	Other pharmacy items and certain DME, such as test strips and lancets, available at the pharmacy and through your medical benefit
T4	Tier 4	Self-Administered Injectable Drugs
PV	Preventive (multiple tiers)	Preventive-care benefits required under the Affordable Care Act (ACA). (Preventive Drugs covered at no cost if your group elected to include ACA preventive-care benefits under their grandfathered plan.) Tobacco cessation drugs listed on this formulary are covered at no cost on all plans.

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 over the counter FDA-approved female contraceptives, and some durable medical equipment, prescribed by a physician to treat diabetes, and inhalation spacers to assist with inhalation devices are 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 when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

Elective coverage of preventive drugs at no cost. Additionally, if your plan covers preventive drugs at no cost (because your group elected to include preventive-care benefits required under the Affordable Care Act in their grandfathered plan), then the drugs identified in the table below are covered at no cost share regardless of the drug tier indicated on the Formulary. All medications in the list are covered with no cost 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.

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

What drugs are not covered?

- 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.
- Medications administered by a clinician unless otherwise specified in the Formulary listing.
- Foreign-sourced drugs or drugs not approved by the U.S. Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- Weight loss drugs
- Sexual dysfunction drugs

Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

How do I request an exception to the KPIC Formulary?

You, your designee, or your prescribing provider 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 exigent 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. You may appeal the denial of an exception request. Please refer to your *Certificate of Insurance* for more information on appeal rights and procedures.

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

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

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 information.</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>

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. 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 PA 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 doctor; 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.

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 urgent 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 out-of-pocket costs are not reflected in the Formulary.

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**.

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.

“Self-injectable drug” means a self-administered injectable medication that is covered under the outpatient prescription drug benefit. Self-injectable drugs (except for insulin and other prescriptive self-administered injectable medications for treatment of diabetes) are covered under a specific drug tier, as indicated in the Tier Definition table under the Drug Tier section in this Formulary.

“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.

Kaiser Permanente Insurance Company (KPIC) underwrites the PPO and OOA Plans. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins And Minerals		
Alternative Therapy - Antiarthritics - Vitamins And Minerals		
AZALGIA ORAL CAPSULE 125 MG-37.5 MG- 500 MCG- 1.25MG (glucosamine/methylsulf/vit C/folic ac/manganese/diet 29)	Tier 2	
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 hcl-hyaluronic oral tablet 1,000-1.65 mg</i>	Tier 1	
<i>glucosamine sulfate oral capsule 500 mg</i>	Tier 1	
<i>glucosamine sulfate oral tablet 1,000 mg</i>	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg</i>	Tier 1	
<i>glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg- 937.5 mg</i>	Tier 1	
<i>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</i>	Tier 1	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG (glucosamine dipot chl/chondroitin sul A Na/Boswell/turmeric)	Tier 2	
INVIGOFLEX CS ORAL TABLET 600-125 MG (chondroitin sulfate/turmeric)	Tier 2	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (glucosamine sulfate)	Tier 2	
INVIGOFLEX GS ORAL TABLET 750-50 MG (glucosamine sulfate dipotassium chlor/Boswellia serrata ext)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVE FREE JOINT HEALTH ORAL TABLET 750 MG-100 MG- 1.65 MG-108 MG (glucosamine/chondroitin/hyaluronic acid/calcium fructoborate)	Tier 2	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate)	Tier 2	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG (glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate)	Tier 2	
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	
EYE MULTIVITAMIN WITH LUTEIN ORAL TABLET 300 MCG-200 MG- 27 MG (vit A, C, E/zinc oxide/sodium selenate/cupric oxide/lutein)	Tier 2	
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (lutein/a-cysteine/ALA/quercet/zinc/taurine/bilberry/lycopene)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (acetylcysteine/alpha lipoic/milk thistle/selenomethionine)	Tier 2	
<i>lutein-zeaxanthin oral capsule 25-5 mg</i>	Tier 1	
NUMAQULA 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 1 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
Alternative Therapy - Sedative/Hypnotics - Vitamins And Minerals		
<i>valerian root extract-hops oral capsule 500-120 mg</i>	Tier 2	
Alternative Therapy - Unclassified - Vitamins And Minerals		
<i>ashwagandha root extract oral capsule 300 mg</i>	Tier 2	
ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)	Tier 2	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)	Tier 2	
<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	
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (tamarindus indica seed/turmeric root extract)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURIVA DE-STRESS ORAL CAPSULE 100-200-10 MG (coffee extract/theanine/superoxide dismutase)	Tier 2	
NOOTROPIC COFFEE-PS ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
<i>peppermint oil oil</i>	Tier 1	
<i>red yeast rice oral capsule 600 mg</i>	Tier 2	
<i>tamarind seed-turmeric extract oral tablet 250 mg</i>	Tier 2	
<i>turmeric-turmeric root extract oral capsule 450-50 mg</i>	Tier 2	
<i>valerian-flower-hops-lemon oral capsule 450-100 mg</i>	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
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)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 4	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)	Tier 2	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>	Tier 4	
<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 4	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY (fentanyl citrate)	Tier 2	PA
<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 4	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 4	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 4	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)</i>	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 4	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 4	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 4	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 4	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	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	
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
QDOLO ORAL SOLUTION 5 MG/ML (tramadol HCl)	Tier 2	PA
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 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)
<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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 20 MG, 40 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)
<i>codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caff-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-bitalbitol-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Dihydrocodeine Combinations - 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)
<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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
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)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (hydrocodone bitartrate/acetaminophen)	Tier 2	QL (200 ML per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 4	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 injection solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 4	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital/acetaminophen (Allzital Oral Tablet 25-325 Mg)</i>	Tier 2	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 capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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/cafeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
butalbital/acetaminophen/cafeine (Vanatol Lq Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/cafeine (Vanatol S Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/cafeine (Vtol Lq Oral Solution 50-325-40 Mg/15 MI)	Tier 1	
butalbital/acetaminophen/cafeine (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 4	
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	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 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
Dmard - Antimetabolites - Arthritis And Pain Drugs		
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
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 4	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 4	ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 4	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 4	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 4	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 4	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 4	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 4	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 4	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 4	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	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)
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 4	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	
<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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG (baricitinib)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 2	PA
Dmard - Other - Arthritis And Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<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 2	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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
<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 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 4	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		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		
<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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
INAVIX 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<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	
<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 4	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 4	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 4	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 4	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 4	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 4	
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i>	Tier 1	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory drug in 120 days; QL (5 EA per 30 days)
<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	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
<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 (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac submicronized oral capsule 35 mg</i>	Tier 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofeno, Diclozor, Dyloject, Pennsaid, or Vopac Mds in 120 days; QL (3 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)	Tier 2	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG (naproxen sodium)	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 (drlec) 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	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)	PV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
LITE COAT ASPIRIN ORAL TABLET 325 MG (aspirin)	PV	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Anesthetics - Drugs For Pain And Fever		
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	
<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	
General Anesthetic - Parenteral, Benzodiazepines - Drugs For Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	
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)
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCl/preservative free/adhesive bandage)	Tier 2	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCl/preservative free/adhesive bandage)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
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	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine HCl/aloe vera)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	
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 4	
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 2	PA
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>trientine oral capsule 250 mg</i>	Tier 2	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 2	PA
<i>deferiprone oral tablet 500 mg</i>	Tier 2	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG (deferiprone)	Tier 2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 2	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		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
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 4	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 4	PA; QL (0.6 ML per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 4	PA; QL (0.4 ML per 1 day)
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		
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 4	
<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 2	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	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
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	
Anthelmintic Agents Other - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Antifungal - Allylamines - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Imidazoles - Drugs For Fungus		
<i>ketconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)	Tier 2	
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 2	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other - Drugs For Fungus		
<i>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 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	Tier 2	PA; 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 2	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	Tier 2	
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	
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	PA
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
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 - Cd4 Attachment Inhibitors - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	PA
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (dolutegravir sodium)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nrti 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Antiretroviral - Nucleoside And Nucleotide Analog Rtis 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	\$0 COPAY IF USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 1	\$0 COPAY IF USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
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	
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(drlec) 250 mg, 400 mg</i>	Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	\$0 COPAY IF USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF USED FOR PREVENTION OF HIV; 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 (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 TABLET 100-25 MG, 200-50 MG (lopinavir/ritonavir)	Tier 2	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Rti 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	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide 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, 20 MG (bedaquiline fumarate)	Tier 2	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 2	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECATOR ORAL TABLET 250 MG (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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (cefixime)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (cefixime)	Tier 2	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)	Tier 2	QL (300 ML 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)
<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)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 (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 2	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 2	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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
EPCLUSA ORAL TABLET 200-50 MG, 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 2	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	Tier 2	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 2	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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)
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		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)	Tier 2	ST: Must meet the following requirement: Vancomycin oral capsules in 120 days; QL (5 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 2	ST: Must meet the following requirement: Vancomycin oral capsules in 120 days; QL (20 EA per 30 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
erythromycin stearate (Erythrocin (As Stearate) Oral Tablet 250 Mg)	Tier 1	
<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	
Misc Anti-Infective - Drugs For Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 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	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CRIVAN ORAL CAPSULE 200 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	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Rifamycins And Related Derivative Antibiotics - Antibiotics		
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)
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 80 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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 80 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)
<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)
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (Mondoxyme NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyme 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)
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)
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML (doxycycline calcium)	Tier 2	
Variola (Smallpox) Virus Antiviral Agents - Drugs For Viral Infections		
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	
Antineoplastics - Drugs For Cancer		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer		
lapatinib oral tablet 250 mg	Tier 2	PA
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
abiraterone oral tablet 500 mg	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 500 MG (abiraterone acetate)	Tier 2	PA
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 2	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 2	
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	
<i>melphalan oral tablet 2 mg</i>	Tier 1	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 2	
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)	Tier 2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 2	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ERLEADA ORAL TABLET 60 MG (apalutamide)	Tier 2	PA
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 500 MG (abiraterone acetate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	ST: Must meet the following requirement: Mercaptopurine in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 2	PA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 2	PA
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	PV	QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	PV	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (encorafenib)	Tier 2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 2	PA
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA; QL (8 EA per 1 day)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 2	PA
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 2	PA
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	Tier 2	
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 2	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 2	PA
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 2	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 2	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat lactate)	Tier 2	PA
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	
Antineoplastic - Interferons - Drugs For Cancer		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (interferon alfa-2b,recomb.)	Tier 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	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 2	PA
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 2	PA
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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (relugolix)	Tier 2	PA
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 2	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate/vitamin E TPGS)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 2	PA; 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 2	PA
AFINITOR ORAL TABLET 10 MG (everolimus)	Tier 2	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	PA
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA
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 2	PA; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG (ponatinib HCl)	Tier 2	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib HCl)	Tier 2	PA; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 2	PA; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA; QL (3 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Mdh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	Tier 2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (talazoparib tosylate)	Tier 2	PA
ZEJULA ORAL CAPSULE 100 MG (niraparib tosylate)	Tier 2	PA
Antineoplastic - Progestins - Drugs For Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (avapritinib)	Tier 2	PA
BOSULIF ORAL TABLET 100 MG (bosutinib)	Tier 2	PA; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	Tier 2	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 2	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 2	PA; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	Tier 2	PA
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 2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 2	PA; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 2	PA; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG (pexidartinib hydrochloride)	Tier 2	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)	Tier 2	PA; 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	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	
<i>toremifene oral tablet 60 mg</i>	Tier 1	
Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA
Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	Tier 2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG (selpercatinib)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 2	PA
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 2	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 2	PA
Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG (mitomycin)	Tier 2	PA
Antineoplastic -Cephalotaxines - Drugs For Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (omacetaxine mepesuccinate)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 2	PA
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 2	QL (24 EA per 14 days)
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		
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	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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		
glutaraldehyde solution 25 %	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
hydrogen peroxide (bulk) solution 30 %	Tier 2	
hydrogen peroxide solution 3 %	Tier 1	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
phenol liquid	Tier 2	
Biologicals		
Vaccine Viral - Covid-19 (Sars-Cov-2)		
ASTRAZENECA COVID19 VAC(UNAPP) INTRAMUSCULAR SUSPENSION 0.5 ML (COVID-19 vaccine, AZD-1222 (AstraZeneca)/PF)	PV	
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (COVID-19 vaccine, mRNA-1273, LNP-S (Moderna)/PF)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML (COVID-19 vaccine, mRNA, BNT162b2, LNP-S (Pfizer)/PF)	PV	
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		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronyssinus,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 4	
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)	PV	QL (4 ML per 365 days); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	PV	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	PV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	QL (3 ML per 365 days); Age (Min 18 Years)
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	QL (3 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	PV	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)	PV	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	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 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 4	PA
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 4	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)-klhw human)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (peanut allergen powder-dnfp)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	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)	PV	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)	PV	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)	PV	QL (0.5 ML per 365 days); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	PV	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)	PV	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)	PV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	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 (meningococcalvaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	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 (meningococcalvaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	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 2	QL (0.5 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	Tier 2	QL (0.5 ML per 365 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	PV	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)	PV	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	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (36 mos up)/PF)	PV	QL (0.5 ML per 180 days)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos-35 mos)/PF)	PV	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos and up))	PV	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2020-21 (65 yr up)/adjuvant MF59C.1/PF)	PV	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza vaccine quadrivalent 2020-21 (65 yr up)/MF59C.1/PF)	PV	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-2021(6 mos and up)/PF)	PV	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/PF)	PV	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quad 2020-2021(4 years and older)cell derived/PF)	PV	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quadrivalent 2020-2021(4 years and older)cell derived)	PV	QL (0.5 ML per 180 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-2021(6 mos and up)/PF)	PV	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs))	PV	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (influenza virus vaccine quadrivalent split 2020-21(65 yr up)/PF)	PV	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-2021(6 mos and up)/PF)	PV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-2021(6 mos and up)/PF)	PV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos and up))	PV	QL (0.5 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)	PV	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)	PV	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)	PV	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)	PV	QL (1 EA per 365 days); Age (Min 60 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	PV	QL (2 EA per 365 days); Age (Min 18 Years)
Cardiovascular Therapy Agents		
Plasma Kallikrein Inhibitor Agents, Small Molecule		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hydrochloride)	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	
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)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
Ace Inhibitors - Drugs For High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (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	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
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)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
<i>amlodipine-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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
<i>amlodipine-valsartan-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	
<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	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs For High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (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
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
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	
<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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
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 0.3 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	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (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		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs For Abnormal Heart Rhythms		
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	
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	
Antiarrhythmic - Class IV - Drugs For Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	Tier 2	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
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 PACKET 7.5 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<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(drlec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 2	ST: Must meet 2 of the following requirements: Altopenv, Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
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	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
<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		
ANTARCTIC KRILL OIL ORAL CAPSULE 500-115-30-64 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 2	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG (omega-3 fatty acids/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 350-600 MG (omega-3 fatty acids/dha/epa/other omega-3s/fish oil)	Tier 2	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 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	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 2	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG, 750-225-180-390 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 2	
<i>omega 3-dha-epa-fish oil-krill oral capsule 339 mg-314 mg-500 mg</i>	Tier 1	
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>	Tier 1	
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib - Drugs For Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (lomitapide mesylate)	Tier 2	PA
Anti-Pcsk9 Monoclonal Antibodies - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol HCl)	Tier 2	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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 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
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
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 LA ORAL TABLET EXTENDED RELEASE 24 HR 120 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, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem HCl (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
diltiazem HCl (Tiadylt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 2	PA
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)	Tier 2	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG (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)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
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 4	QL (2 EA per 365 days)
<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 4	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
ALDACTAZIDE ORAL TABLET 50-50 MG (spironolactone/hydrochlorothiazide)	Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs For High Blood Pressure		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 2	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 2	PA
<i>tolvaptan oral tablet 15 mg</i>	Tier 2	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 2	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	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	
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		
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 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2	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 4	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 2	
<i>metyrosine oral capsule 250 mg</i>	Tier 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 4	PA
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 2	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	Tier 2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 2	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 2	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 2	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 2	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
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		
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 4	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	
<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	
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	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
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 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 XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 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 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		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
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 2	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)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
GABAPAL KIT, CREAM AND CAPSULE 100 MG-3.88 %-4" X 4" (gabapentin/lidocaine HCl/gauze bandage/silicone adhesive)	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	
LIDOTIN KIT, CREAM AND CAPSULE 100 MG- 3.88 % (gabapentin/lidocaine HCl/silicone adhesive)	Tier 2	
LIPRITIN II KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM (gabapentin/lidocaine/prilocaine/transparent dressing)	Tier 2	
LIPRITIN KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM (gabapentin/lidocaine/prilocaine/transparent dressing)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTICAN KIT 100 MG- 5 % (gabapentin/lidocaine)	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		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<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 TABLET 500 MG (vigabatrin)	Tier 2	QL (6 EA per 1 day)
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 2	QL (6 EA per 1 day)
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 2	QL (6 EA per 1 day)
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
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 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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
carbamazepine (Epitol 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 XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (600 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in 365 days; QL (2 EA per 1 day)
<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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: Must meet any of the following requirements: Divalproex Sodium, 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 Xr, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (8 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST: Must meet any of the following requirements: Divalproex Sodium, Lamictal Xr, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (80 ML per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 2	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)	Tier 2	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	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 120 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 200 MG (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 120 days; QL (2 EA per 1 day)
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	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 120 days; QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)	Tier 2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 ORAL SUSPENSION 10 MG/5 ML (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)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (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)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 2	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)
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		
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 50 MG (opicapone)	Tier 2	PA
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	Tier 2	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 2	PA
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 2	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG (apomorphine HCl)	Tier 2	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: 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		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (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)
<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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 2	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
<i>fluphenazine hcl oral 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 XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (quetiapine fumarate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 2	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 2	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 2	PA
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
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)
<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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)
DYANAVAL 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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	60mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL or Ritalin LA in 120 days; QL (60 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)
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 (Zenzedi 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)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam 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	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
carbamazepine (Epilex Oral Tablet 200 Mg)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<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	
<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 2	PA
<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)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis And 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)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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
<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)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
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		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 10 mg, 12 mg</i>	Tier 1	
<i>melatonin oral tablet 5 mg</i>	Tier 2	
<i>melatonin oral tablet,chewable 2.5 mg</i>	Tier 2	
<i>melatonin oral tablet,disintegrating 12 mg</i>	Tier 1	
<i>melatonin oral tablet,disintegrating 5 mg</i>	Tier 2	
Hypnotics - Melatonin Combinations - Drugs For Insomnia		
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)	Tier 2	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 4	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 4	PA
Migraine Therapy - Cgrp Receptor Blockers (Gepants) - Drugs For Migraine Headaches		
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA
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 4	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 4	QL (15 ML per 14 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	QL (5 EA per 7 days)
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
<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 4	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 4	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 4	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 4	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (sumatriptan succinate)	Tier 4	ST: Must meet the following requirement: Generic Sumatriptan injection 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)
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)
Migraine Therapy - Selective Serotonin Agonists 5-HT_{1F} - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches		
<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)
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	PA
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 2	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA
INGREZZA ORAL CAPSULE 80 MG (valbenazine tosylate)	Tier 2	PA
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 (Zenzedi 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
GABACAIN KIT 300 MG- 5 % (gabapentin/lidocaine)	Tier 2	
GABAPAL KIT, CREAM AND CAPSULE 100 MG-3.88 %-4" X 4" (gabapentin/lidocaine HCl/gauze bandage/silicone adhesive)	Tier 2	
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)
LIDOTIN KIT, CREAM AND CAPSULE 100 MG- 3.88 % (gabapentin/lidocaine HCl/silicone adhesive)	Tier 2	
LIPRITIN II KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM (gabapentin/lidocaine/prilocaine/transparent dressing)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIPRITIN KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM (gabapentin/lidocaine/prilocaine/transparent dressing)	Tier 2	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTICAN KIT 100 MG- 5 % (gabapentin/lidocaine)	Tier 2	
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		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<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
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
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)
<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		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 2	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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		
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Deterrents - Drugs For Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PV	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	PV	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	PV	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	PV	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>	PV	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PV	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG (nicotine)	PV	Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (nicotine)	PV	Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)	PV	QL (24 EA per 1 day); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine polacrilex)	PV	QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)	PV	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine polacrilex)	PV	QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	PV	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)	PV	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline tartrate)	PV	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)	PV	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Chemicals - Acids		
<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>sesame oil oil</i>	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (sodium chloride for inhalation)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 2	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (vaccine adjuvant system, AS01B/PF, component vial 1 of 2)	PV	QL (1 ML per 365 days); Age (Min 50 Years)
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		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 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)
<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 XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)	Tier 2	QL (28 EA per 28 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Vaginal Ph Modulator - Medical Supplies And Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)	Tier 2	
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	Tier 4	QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 4	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 4	
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (levonorgestrel)	PV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG (levonorgestrel)	PV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (6 YRS) 52 MG (levonorgestrel)	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (levonorgestrel)	PV	
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))	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
<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>	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	PV	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	PV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)	PV	
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	PV	
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	PV	
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	PV	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
<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>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	PV	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	PV	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	PV	
<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>	PV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	PV	
<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>	PV	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	PV	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	PV	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	PV	
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	PV	
levonorgestrel/ethinyl estradiol (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	PV	
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	PV	
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
TYBLUME ORAL TABLET 0.1-20 MG-MCG (levonorgestrel/ethinyl estradiol)	PV	
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	PV	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet, Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	PV	
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PV	
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	PV	
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	PV	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	PV	
norethindrone (Errin Oral Tablet 0.35 Mg)	PV	
norethindrone (Heather Oral Tablet 0.35 Mg)	PV	
norethindrone (Incassia Oral Tablet 0.35 Mg)	PV	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	PV	
norethindrone (Lyza Oral Tablet 0.35 Mg)	PV	
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	PV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	PV	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	PV	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	PV	
SLYND ORAL TABLET 4 MG (28) (drospirenone)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Tulana Oral Tablet 0.35 Mg)	PV	
Contraceptive Oral - Quadruphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Fayosim Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	PV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	PV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	PV	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PV	
<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>	PV	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin/ethinyl estradiol)	PV	
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	Tier 2	QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	PV	
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)	PV	QL (1 EA per 365 days)
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (nonoxynol 9)	PV	
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)	PV	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (nonoxynol 9)	PV	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	PV	
Dermatological		
Acne Therapy Topical - Androgen Receptor Inhibitors		
WINLEVI TOPICAL CREAM 1 % (clascoterone)	Tier 2	PA
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
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)
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>azelaic acid-niacinamide topical cream 15-4 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<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>dapsone topical gel 5 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
DEOXIA TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 2	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
ERY PADS TOPICAL SWAB 2 % (erythromycin base in ethanol)	Tier 1	
<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)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	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: Generic Metronidazole 0.75% (gel, lotion, cream) in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
DIAOXIA TOPICAL GEL 6-4 % (dapson/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
DIASOXIA TOPICAL GEL 8.5-4 % (dapson/niacinamide)	Tier 2	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
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 PADS, MEDICATED 9.5-5 % (sulfacetamide sodium/sulfur)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	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 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	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 KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	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
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
<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-clinda-spiron-niacin topical gel 0.025-1-2-4 %</i>	Tier 1	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)	Tier 2	
<i>tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 2	
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (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 LOTION 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene)	Tier 1	Age (Max 25 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)	Tier 2	
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)
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)	Tier 2	
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
DIMOXIA TOPICAL GEL 5-4 % (spironolactone/niacinamide)	Tier 2	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
WYNZORA TOPICAL CREAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors, Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 4	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 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (risankizumab-rzaa)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 4	PA
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody - Drugs For The Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 4	PA
Dermatitis Or Eczema Agents, Systemic- Interleukin-4 (Il-4Ra) Antag.Mab - Drugs For The Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 2	
Dermatological - Antibacterial Other - Drugs For The Skin		
AZADROX TOPICAL GEL IN PACKET (silver/urea)	Tier 2	
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 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	
<i>mupirocin-lidocaine topical ointment 2-2 %</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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Sulfonamides - Drugs For The Skin		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
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 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	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 GEL 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Combinations Other - Drugs For The Skin		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (fluconazole/ibuprofen/itraconazole/terbinafine HCl)	Tier 2	
EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)	Tier 1	
IMIOXIA TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)	Tier 2	
<i>ketoconazole-niacinamide topical cream 2-4 %</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	
<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 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECONASIL TOPICAL KIT 1 %- 4" X 4" (econazole nitrate/gauze bandage/silicone, adhesive)	Tier 2	
<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	
<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	QL (360 ML per 1 FILL)
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
<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)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 2	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 % (ketoconazole/miconazole nitrate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
XOLEGEL TOPICAL GEL 2 % (ketoconazole)	Tier 2	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
ZOLPAK TOPICAL KIT 1 %- 6 CM X 7 CM (econazole nitrate/transparent dressing)	Tier 2	
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	Tier 2	PA
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
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>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	
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 2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
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 Premalign. 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 2	
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 2	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		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % (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
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)
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 2	PA
Dermatological - Antiseborrheic - Drugs For The Skin		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 % (hydrogen peroxide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
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
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENAVIR TOPICAL CREAM 1 % (penciclovir)	Tier 2	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
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	
<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		
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tacrolimus-vehicle base no.238 topical cream 0.1 %</i>	Tier 1	
Dermatological - Depigmenting Agents - Drugs For The Skin		
<i>hydroquinone topical cream 4 %</i>	Tier 1	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 2	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 2	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
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		
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 2	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 2	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
<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 acetone/tretinoin/hydroquinone)	Tier 2	
Dermatological - Emollient Combinations - Drugs For The Skin		
CERAVE DAILY MOISTURIZING TOPICAL LOTION (ceramides 1,3,6-II)	Tier 2	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (ceramides 1,3,6-II/niacinamide)	Tier 2	
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE (ceramides 1,3,6-II/niacinamide/hyaluronic acid)	Tier 2	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA TOPICAL LOTION (salicylic acid/ceramides 1,3,6-II)	Tier 2	
CERAVE TOPICAL CLEANSER (ceramides 1,3,6-II)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERAVE TOPICAL CREAM (ceramides 1,3,6-II)	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/NahypoCl)	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/NahypoCl)	Tier 1	
Dermatological - Emollient Mixtures - Drugs For The Skin		
ATOPADERM TOPICAL CREAM (emollient combination no.53)	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	
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CERACADE TOPICAL EMULSION (emollient combination no.103)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	
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	
HYLAGUARD TOPICAL CREAM (emollient combination no.53)	Tier 2	
HYLATOPIC TOPICAL FOAM (emollient combination no.44)	Tier 2	
HYLATOPICPLUS TOPICAL CREAM (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 2	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
NEOCERA TOPICAL CREAM (emollient combination no.109)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glycerin topical liquid</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	
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	
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	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
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
<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	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4" (clobetasol propionate/hydrocolloid dressing)	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	
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)
CORDRAN TOPICAL CREAM 0.025 % (flurandrenolide)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESONATE TOPICAL GEL 0.05 % (desonide)	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 PLUS TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	
FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<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	
<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	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 % (clobetasol propionate)	Tier 2	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone topical solution 0.1 %</i>	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 2	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<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	
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	
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	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4" (clobetasol propionate/gauze bandage/silicone, adhesive)	Tier 2	
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
VERDESO TOPICAL FOAM 0.05 % (desonide)	Tier 2	
Dermatological - Glucocorticoid Combinations Other - Drugs For The Skin		
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
<i>clobetasol-calcipotriene topical solution 0.05-0.005 %</i>	Tier 1	
<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i>	Tier 1	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i>	Tier 1	
<i>desoximetasone-niacinamide topical ointment 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 % (triamcinolone acetonide/dimethicone)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 % (fluocinonide/dimethicone)	Tier 2	
NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetonide/urea/silicone, adhesive)	Tier 2	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 2	
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)
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
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 % (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin		
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		
<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 % (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 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs For The Skin		
<i>imiquimod-levocetirizin-niacin topical gel 5-1-2 %</i>	Tier 1	
<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		
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	
KERAFOAM TOPICAL FOAM 30 %, 42 % (urea)	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	
RYNODERM TOPICAL CREAM 37.5 % (urea)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 shampoo 6 %</i>	Tier 1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (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	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 2	
UMECTA TOPICAL FOAM 40 % (urea)	Tier 1	
URAMAXIN TOPICAL FOAM 20 % (urea)	Tier 2	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 2	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %, 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	
UREVAZ TOPICAL CREAM 44 % (urea)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)	Tier 2	
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
coal tar topical solution 20 %	Tier 2	
Dermatological - Liver Derivative Complex - Drugs For The Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (liver extract (beef-pork))	Tier 4	
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
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	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
lidocaine-prilocaine topical kit 2.5-2.5 %	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRIZOTRAL TOPICAL CREAM 2.5-2.5-3.88 % (lidocaine/prilocaine/lidocaine HCl)	Tier 2	
PRIZOTRAL-II 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>sodium chloride topical solution 0.9 %</i>	Tier 1	
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	
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	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
DICLOTAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 2	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)	Tier 2	
LEXIXRYL TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 2	ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; 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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-II)	Tier 1	
PROSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
STRATAMARK TOPICAL GEL (dimethicone)	Tier 2	
STRATATRIZ TOPICAL GEL (dimethicone)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)	Tier 2	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Must meet the following requirement: Generic Metronidazole 0.75% (gel, lotion, cream) in 120 days
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	
ZILXI TOPICAL FOAM 1.5 % (minocycline HCl)	Tier 2	ST: Must meet the following requirement: Generic Metronidazole 0.75% (gel, lotion, cream) in 120 days; QL (30 GM per 30 days)
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER (skin cleanser)	Tier 2	
Dermatological - Sunscreens - Drugs For The Skin		
CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
LIDOPAC TOPICAL KIT 5 % (lidocaine)	Tier 2	
LIDOPIN TOPICAL CREAM 3.25 % (lidocaine HCl)	Tier 2	
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 2	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM (lidocaine/transparent dressing)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine HCl)	Tier 2	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	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	
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	
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>doxepin topical cream 5 %</i>	Tier 1	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 2	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 2	
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 2	
<i>ivermectin topical lotion 0.5 %</i>	Tier 1	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	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	
DELUXO 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	
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		
ACESO AG TOPICAL BANDAGE 4 X 4 " (silver/silicone/foam bandage)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 ", 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	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing,collagen/silver/sod alginate/carboxymethylcellulose)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
COLLATYL TOPICAL GEL 1 % (collagen, hydrolyzed (bovine), type 1/silver oxide)	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
Wound Care - Growth Factor Agents - Drugs For The Skin		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
Diagnostic Radiopharmaceuticals - Endocrine		
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	PA
Eating Disorder Therapy - Drugs For Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
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	
<i>lysine hcl oral capsule 500 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lysine hcl oral tablet 500 mg</i>	Tier 1	
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	
FOLIKA-NC ORAL TABLET 1 MG-100 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)	Tier 2	
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	
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 4	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	
Diluents - Others - Drugs For Nutrition		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (diluent for mitomycin (hydroxypropyl,poloxam,polyethyl))	Tier 2	
Diluents - Sodium Chloride - Drugs For Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 4	
Diluents - Vaccine Diluents - Drugs For Nutrition		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 ML)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 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	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg</i>	Tier 2	
<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 capsule 600 mg(1,500mg) -400 unit</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -200 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 carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	Tier 2	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Tier 1	
<i>calcium phos,dibas-vitamin d3 oral tablet 100 mg calcium- 3 mcg</i>	Tier 1	
<i>calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 1	
Minerals And Electrolytes - Drugs For Nutrition		
MOVE FREE ULTRA FASTER COMFORT ORAL TABLET 216 MG (calcium fructoborate)	Tier 2	
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)	PV	Age (Max 1 Years)
FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	PV	Age (Max 1 Years)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATEX ORAL TABLET 150 MG IRON (iron polysaccharide complex)	Tier 2	
<i>iron bisglycinate chelate oral capsule 29 mg iron</i>	Tier 1	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PV	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		
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	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
<i>magnesium chloride oral tablet 64 mg magnesium</i>	Tier 1	
<i>magnesium citrate oral capsule 100 mg</i>	Tier 1	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)	Tier 2	
<i>magnesium glycinate-mag oxide oral capsule 120 mg magnesium</i>	Tier 2	
<i>magnesium oxide oral tablet 250 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 420 mg, 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	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 1	
ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
<i>potassium gluconate oral tablet 595 mg (99 mg)</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		
IS-ZC 50 ORAL TABLET 50 MG (zinc oxide-zinc citrate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	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	
CENTRUM ADULT 50 FRESH-FRUITY ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 2	
CERTAVITE SENIOR ORAL TABLET 0.4-300-250 MG-MCG-MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin)	Tier 2	
DAILY-VITE ORAL TABLET (multivitamin)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	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	
EYE MULTIVITAMIN WITH LUTEIN ORAL TABLET 300 MCG-200 MG- 27 MG (vit A, C, E/zinc oxide/sodium selenate/cupric oxide/lutein)	Tier 2	
FOLIKA-CI ORAL TABLET 13 MG IRON- 1 MG (multivitamin with mineral no.84/ferrous gluconate/folic acid)	Tier 2	
FOLIKA-MG ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 2	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)	Tier 2	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)	Tier 2	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-300 MCG (multivitamin-minerals/ferrous fumarate/folic acid/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	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 2	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG-400 MCG- 25 MCG (multivit with calcium-mins/iron fumarate/folic acid/vit K)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/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	
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	
WOMEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1)	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	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY-VITE ORAL TABLET (multivitamin)	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	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
<i>multivitamin oral tablet</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	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	
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	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
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	
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 - Glutaric Aciduria Type 1 Specific Formulation - Drugs For Nutrition		
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs For Nutrition		
I-VALEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for isovaleric acidemia with iron)	Tier 2	
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 2	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	
Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 2	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 2	
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	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function, whey)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 2	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs For Nutrition		
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)	Tier 2	
Nutritional Product - Tyrosinemia Specific Formulation - Drugs For Nutrition		
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 2	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs For Nutrition		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 2	
Pediatric Vitamins - Drugs For Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
GERBER LIL BRAINIES ORAL TABLET,CHEWABLE 6.67 MG-1.87MCG -0.77 MG (vit C/vit D3/vit E acet/choline bit/omega 3,6,9 combo no.7)	Tier 2	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)	Tier 2	
<i>vit a palmitate-vit c-vit d3 oral drops 750 unit-35 mg -400 unit/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition		
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL (pediatric multivitamin no.193/Lactobacillus rhamnosus GG)	Tier 2	
GERBER GROW MIGHTY ORAL TABLET,CHEWABLE (pediatric multivitamin no.191)	Tier 1	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (pediatric multivitamin no.160/ferrous sulfate)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 glycinate/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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (prenatal vit with calcium no.127/ferrous fumarate/folic acid)	Tier 1	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa)	Tier 2	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 feredetate/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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (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 aspart glycinate/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 glycinate/folate no.1/dha)	Tier 2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron carb-asp.glycinate/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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycinate/folic acid)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
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./algae 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Flushes - Drugs For Nutrition		
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
Sodium Chloride, Parenteral - Drugs For Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 4	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 4	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
DERMACINRX FOLIXAPURE ORAL TABLET 5,000 UNIT-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLTREXYL ORAL TABLET 5,000 UNIT- 1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
FOLIC D3 ORAL CAPSULE 3,775 UNIT- 1 MG (cholecalciferol (vit D3)/folic acid)	Tier 1	
Vitamins - A - Drugs For Nutrition		
<i>beta carotene oral capsule 25,000 unit</i>	Tier 1	
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 MINI ORAL TABLET 2.2-25-1 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 4	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</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	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 4	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 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 4	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 4	
<i>mecobalamin (vitamin b12) oral lozenge 5,000 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral tablet,disintegrating 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 100 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 500 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 4	
<i>pyridoxine (vitamin b6) oral liquid 100 mg/2.5 ml</i>	Tier 2	
<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 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 4	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 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	
LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)	Tier 1	
Vitamins - D And K Combinations - Drugs For Nutrition		
<i>vitamin d3-vitamin k2 oral capsule 250 mcg (10,000 unit)-45 mcg</i>	Tier 1	
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 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Tier 1	
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 100 unit, 400 unit, 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 200 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	
<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 4	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PV	
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - Folic Acid Combinations - Drugs For Nutrition		
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB MINI ORAL TABLET 2.2-25-1 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	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 4	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
phytonadione (vit K1) (Vitamin K Injection Solution 1 Mg/0.5 MI)	Tier 4	
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/MI)	Tier 4	
<i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>	Tier 1	
Vitamins - Paba - Drugs For Nutrition		
POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	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	
<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 4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SWEET CHEEKS ORAL GEL IN SYRINGE 1.2 GRAM /3 ML (40 %) (dextrose)	Tier 2	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 2	PA
VYNDALOX ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 2	PA
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 4	PA
Anabolic Steroid - Single Agents - Drugs For Men		
ANADROL-50 ORAL TABLET 50 MG (oxymetholone)	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
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
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 4	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 4	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 4	PA
Antidiuretic And Vasopressor Hormones - Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (desmopressin acetate)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 4	
<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	
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
NOC DURNA (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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
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	
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, or Riomet ER in 180 days
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
<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	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
<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		
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	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 4	
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, 3 MG/0.5 ML, 4.5 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	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	
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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Sglt-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb - Drugs For Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 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	
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 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (teriparatide)	Tier 4	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	Tier 4	PA; QL (2.4 ML per 28 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<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	
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)
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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 2	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 2	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 4	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogen-Androgen - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
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		
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	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (estradiol valerate)	Tier 4	
estradiol cypionate (Depo-Estradiol Intramuscular Oil 5 Mg/ML)	Tier 4	
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	
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	
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 4	
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	ST: Must meet the following requirement: Alora or Estradiol in 120 days
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
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)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
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	
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Follicle-Stimulating Hormone (Fsh) - Drugs For Women		
BRAVELLE INJECTION RECON SOLN 75 UNIT (urofollitropin)	Tier 4	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin beta, recombinant)	Tier 4	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 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 4	
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 4	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	Tier 2	PA
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	
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 2	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 2	PA
HEMADY ORAL TABLET 20 MG (dexamethasone)	Tier 2	
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 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	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREDNISONE 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 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 4	
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
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	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)	Tier 2	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 4	
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)	Tier 4	PA
Growth Hormones - Drugs For Growth		
GENOTROPIN MINISURGE 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 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (somatropin)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 4	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG (somatropin)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 4	PA
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 4	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 4	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 4	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 4	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 the following requirement: Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen in 120 days
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 the following requirement: Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SEMGLEE PEN 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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/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
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	
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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev in 120 days
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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev in 120 days
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc)	Tier 2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
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, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 in 120 days
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
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 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 4	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) (leuprolide acetate/norethindrone acetate)	Tier 2	
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 2	PA
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations - Drugs For Woman		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	Tier 2	
Lhrh (Gnrh) Antagonists - Drugs For Women		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetorelix acetate)	Tier 4	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	ST: Must meet the following requirement: Cetrotide in 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
<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		
<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 4	PA
Progestins - Drugs For Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Somatostatic Agents - Drugs For Growth		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML (octreotide acetate)	Tier 4	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)	Tier 2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspertate)	Tier 4	PA
Thyroid Hormone Combinations - Synthetic T3 And T4 - Drugs For Thyroid		
THYROLAR-1 ORAL TABLET 12.5-50 MCG (liotrix)	Tier 2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (liotrix)	Tier 2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (liotrix)	Tier 2	
THYROLAR-2 ORAL TABLET 25-100 MCG (liotrix)	Tier 2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG (liotrix)	Tier 2	
Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid,pork)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid,pork)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 1	
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
<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	
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	
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (hyaluronidase, human recomb.)	Tier 4	
Fdb Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (homeopathic drugs)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Calcium - Drugs For Ulcers And Stomach Acid		
PRELIEF ORAL TABLET 65 MG (calcium glycerophosphate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
Antacid Combinations Other - Drugs For Ulcers And Stomach Acid		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (calcium phosphate, tribasic/melatonin)	Tier 2	
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 2	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs For Vomiting And Nausea		
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (doxylamine succinate/pyridoxine HCl (vitamin B6))	Tier 2	QL (60 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 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)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
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	
promethazine HCl (Promethegan Rectal Suppository 25 Mg)	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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (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 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
chenodiol (Chenodal Oral Tablet 250 Mg)	Tier 2	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
nizatidine oral solution 150 mg/10 ml	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
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 RELEASE 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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(drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 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(drlec) 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(drlec) 15 mg, 30 mg</i>	Tier 1	
<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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 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)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (drlec) 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		
<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)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCl)	Tier 2	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
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	
<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	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 2	ST: Must meet any of the following requirements: Balsalazide Disodium, Mesalamine, or Pentasa in 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	ST: Must meet any of the following requirements: 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 (drlec) 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)	Tier 2	PA
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 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (tofacitinib citrate)	Tier 2	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 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 4	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 2	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.longum,breve)	Tier 1	
CULTURELLE BABY CALM-COMFORT ORAL DROPS 1.5B CELL-1 MG/ 5 DROPS (Lactobacillus rhamnosus GG/chamomile flowers extract)	Tier 2	
CULTURELLE BABY GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-10 MCG (Lactobacillus rhamnosus/Bifidobacterium animalis/vitamin D3)	Tier 2	
CULTURELLE BABY PROBIOTIC-DHA ORAL DROPS 2.5 B CELL- 70 MG/0.5 ML (Lactobacillus rhamnosus GG/Bifidobacterium animalis/dha)	Tier 2	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 2	
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	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE PRENATAL PROBIOTIC ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE TOTAL BALANCE ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 2	
CULTURELLE ULTIMATE ORAL CAPSULE 20 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 2	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combo no.10)	Tier 2	
DIGESTIVE ADV MULTISTRAIN GMMY ORAL TABLET,CHEWABLE 1 BILLION CELL (Bacillus coagulans/Bacillus subtilis)	Tier 2	
DIGESTIVE ADVANTAG KID PRO-PRE ORAL TABLET,CHEWABLE 400 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE ADVANCED ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei, B.lactis)	Tier 2	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 2	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE PROBIO-PRE ORAL TABLET 800 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE PROBIO-PRE ORAL TABLET,CHEWABLE 400 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Bifido inf/Bifido longum/L. acidophilus/L. rhamnosus)	Tier 1	
ENVIVE ORAL CAPSULE 12 BILION CELL (L.acidoph,paracasei, B.lactis)	Tier 2	
FOLIKA PROBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
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 capsule 500 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
<i>lactobacillus acidoph-l.bulgar oral tablet 1 million cell</i>	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 2	
PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
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	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
QUAD-PROBIOTIC ORAL CAPSULE 8 BILLION CELL (L. acidophilus/L. paracasei/B. bifidum/S. thermophilus)	Tier 2	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animlis/Bifidobacterium infantis/S. thermoph)	Tier 2	
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 (lbs) Agents - Drugs For Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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)
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-ASPART) ORAL POWDER IN PACKET 3 GRAM (psyllium husk/aspartame)	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 (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	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/12 GRAM (psyllium husk (with sugar))	Tier 2	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	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)
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM (sodium chloride/sodium bicarbonate/potassium chloride/peg)	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
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>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 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
SUTAB ORAL TABLET 1.479-0.188 GRAM (sodium sulfate/potassium chloride/magnesium sulfate)	Tier 2	
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Peptic Ulcer - Treatment Of H. Pylori: Antibiotic-Bismuth Combinations - Drugs For Ulcers And Stomach Acid		
HELIDAC ORAL COMBO PACK 250-500-262.4 MG (bismuth subsalicylate/metronidazole/tetracycline HCl)	Tier 2	
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 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML (octreotide acetate)	Tier 4	PA
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 4	PA
Genitourinary Therapy - Drugs For The Urinary System		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: 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 2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
G.U. Irrigants - Anti-Infective - Drugs For The Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
G.U. Irrigants - Drugs For The Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate)	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 2	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 2	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium acetate)	Tier 2	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 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	
<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	
<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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	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	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections		
LITHOSTAT ORAL TABLET 250 MG (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Urinary Analgesics - Drugs For Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine And Salts - Drugs For Infections		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs For Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/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		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
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
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
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	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)	Tier 2	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
Hyperuricemia Tx - Urat1 Inhibitor And Xanthine Oxidase Inhibitor Comb - Gout Drugs		
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 4	PA
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumab-yhdp)	Tier 4	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 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (sodium chloride/sodium citrate)	Tier 2	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<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		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 4	
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 2	PA
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)	Tier 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)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (rivaroxaban)	Tier 2	QL (51 EA per 30 days)
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)
Erythropoietins - Drugs For The Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (epoetin alfa)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 4	PA
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX recombinant, Fc fusion protein)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant, albumin fusion protein)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant, threonine 148)	Tier 4	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT (factor IX)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	
Factor Vii Preparations - Drugs To Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor VIIa recombinant-jncw)	Tier 4	
Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII recomb,single-chn,B-dom truncated)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-aucl)	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII recombinant, B-domain truncated)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT (antihemophilic factor VIII rec HEK cell, B-domain deleted)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 4	
RECOMBIMATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)	Tier 4	
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 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 4	
Factor Xiii Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 4	
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-apgf)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 4	PA
Hematorheologic Agents - Drugs For The Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<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 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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 SPONGE SIZE 200 TOPICAL SPONGE 200 (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGIFLO TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 2	
SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)	Tier 2	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic)	Tier 1	
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	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<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 4	
<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 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 4	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 4	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (heparin sodium,porcine)	Tier 4	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML (heparin sodium,porcine)	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 4	
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (7.6 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin sodium,porcine)	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 4	QL (18 ML per 30 days)
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		
<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		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood		
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (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 2	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
Sickle Hemoglobin (Hbs) Polymerization Inhibitor - Drugs For The Blood		
OXBRYTA ORAL TABLET 500 MG (voxelotor)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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		
DOPTLET (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTLET (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTLET (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 2	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 2	PA
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 2	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 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	
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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 1 MG (everolimus)	Tier 2	
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	
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 2	PA
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 2	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	Tier 1	QL (4 EA per 1 day)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 1	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes)	Tier 2	
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
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<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	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 % (cyclobenzaprine HCl/lidocaine/menthol)	Tier 2	
NOPIOID-TC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 % (cyclobenzaprine HCl/lidocaine/menthol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 2	
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		
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 Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE+ TEST STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY GLUCO G2 STRIP (blood sugar diagnostic)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASYGLUCO PLUS STRIP (blood sugar diagnostic)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FIFTY50 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GENSTRIP TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA BLUE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
UNISTRIPI1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VERASENS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	
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)	Tier 3	
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	
Medical Supplies And Dme - Compression Stockings - Medical Supplies And Durable Medical Equipment		
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	
Medical Supplies And Dme - Covid-19 Miscellaneous Testing Supplies - Medical Supplies And Durable Medical Equipment		
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
<i>covid19 test adm.by pharmacist</i>	Tier 2	
<i>covid-19 test specimen collect</i>	Tier 2	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Dental Supplies Other - Medical Supplies And Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)	Tier 2	
Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)	Tier 2	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Drug Application Supplies - Medical Supplies And Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
Medical Supplies And Dme - Feeding Tubes And Supplies - Medical Supplies And Durable Medical Equipment		
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 2	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	PV	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)	Tier 3	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK AVIVA PLUS METER (blood-glucose meter)	Tier 3	
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK MULTICLIX LANCET (lancets)	Tier 3	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE DUO DEVICE (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ADVOCATE RAPID-SAFE LANCING (lancing device)	Tier 3	
ADVOCATE REDI-CODE GLU MONITOR (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE GLU MONITOR KIT (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ALKALINE BATTERIES (diabetic supplies,miscell)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE HAEMOLANCE PLUS 1.2 MM (blade lancet, safety)	Tier 3	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOLET PLUS LANCING DEVICE (lancing device)	Tier 3	
BD MAGNI-GUIDE SYRINGE MAGNIFI (diabetic supplies, miscell)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	Tier 3	
BD ULTRA-FINE II LANCETS 30 GAUGE (lancets)	Tier 3	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
<i>blood glucose ctl high,nml,low solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CARELANCE ULT LANCING DEVICE (lancing device)	Tier 3	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE THIN LANCET (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS CONTROL A NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N KIT (blood-glucose meter)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESENS N VOICE KIT (blood-glucose meter)	Tier 3	
CARESENS PREM LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT LANCETS (lancets)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTROL AST MONITORING SYSTEM (blood-glucose meter)	Tier 3	
COOL BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
COOL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
COOL CONTROL A SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
COOL CONTROL B SOLUTION SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	Tier 3	
DEXCOM G4 RECEIVER (blood-glucose meter,continuous)	Tier 3	PA
DEXCOM G4 RECEIVER PEDIATRIC (blood-glucose meter,continuous)	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE (PED) (blood-glucose meter,continuous)	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE KIT (blood-glucose meter,continuous)	Tier 3	PA
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 RECEIVER (blood-glucose meter,continuous)	Tier 3	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)	Tier 3	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)	Tier 3	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
EASY CHECK BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX 15 LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX L BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASYMAX LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASYMAX NG (blood-glucose meter)	Tier 3	
EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASYMAX V2 BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
ENLITE GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	
ENLITE SERTER (diabetic supplies,miscell)	Tier 3	
ENLITE SYSTEM (blood-glucose transmitter/blood-glucose sensor)	Tier 2	
EVENCARE G2 (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE KIT (blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ-LETS 26 GAUGE (lancets)	Tier 3	
EZ-VAC (diabetic supplies,miscell)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D20 KIT (blood-glucose meter)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA V10 KIT (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
FORA V20 KIT (blood-glucose meter)	Tier 3	
FORA V30A (blood-glucose meter)	Tier 3	
FORA V30A KIT (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FORTISCARE BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
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 LIBRE 2 READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE NAVIGATOR GLUC SENS DEVICE (blood-glucose sensor)	Tier 2	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies, miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 3	
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)	Tier 3	
GUARDIAN RT CHARGER (diabetic supplies,miscell)	Tier 3	
GUARDIAN RT MONITOR SYSTEM (diabetic supplies,miscell)	Tier 3	
GUARDIAN RT TEST PLUG DEVICE (diabetic supplies,miscell)	Tier 3	
GUARDIAN RT TRANSMITTER TAPE (diabetic supplies,miscell)	Tier 3	
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHY ACCENTS AUTOLET (lancing device)	Tier 3	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 3	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Tier 3	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS,THIN , 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
LANCETS,ULTRA THIN , 26 GAUGE (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
LITE TOUCH LANCING DEVICE (lancing device)	Tier 3	
MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDTRONIC REMOTE CONTROL (diabetic supplies, miscell)	Tier 3	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MINI LANCING DEVICE (lancing device)	Tier 3	
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)	Tier 3	
MINIMED QUICK-SERTER-MMT 395 (diabetic supplies,miscell)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
NOVA MAX BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
NOVA MAX GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS METER (blood-glucose meter)	Tier 3	
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL VIVID METER (blood-glucose meter)	Tier 3	
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRA2 METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH ULTRAMINI KIT (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO IQ METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT START KIT (blood-glucose meter)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OPTUMRX (blood-glucose meter)	Tier 3	
OPTUMRX KIT (blood-glucose meter)	Tier 3	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
OVAL TAPE (diabetic supplies,miscell)	Tier 3	
PARADIGM REMOTE CONTROL (diabetic supplies,miscell)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELION PRIME METER (blood-glucose meter)	Tier 3	
RELION THIN LANCETS 26 GAUGE (lancets)	Tier 3	
RELION ULTRA THIN PLUS LANCETS (lancets)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART CARESENS N KIT (blood-glucose meter)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE BGM KIT (blood-glucose meter)	Tier 3	
TELCARE BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUECONTROL LEVEL 0 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUECONTROL LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTI-LANCE (lancing device)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET EXCELITE II LANCET (lancets)	Tier 3	
UNILET EXCELITE LANCET (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET,DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 COMFORT DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 NEONATAL DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 NEONATAL KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VERASENS BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VERASENS METER STARTER KIT KIT (blood-glucose meter)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
WAVESENSE PRESTO (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 2	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (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)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (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	
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 MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 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 5/16", 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
<i>insulin syrlndl 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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SYRINGE RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
MINIMED SYRINGE RESERVOIR 3 ML (insulin pump syringe, 3 mL)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 1	
OMNIPOD DASH PDM KIT (insulin pump controller)	Tier 2	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 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	
FILTERED EXTENSION SET INFUSION SET (intravenous administration extension set with filter)	Tier 2	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 2	
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	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 2	
SILHOUETTE 23"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	
SILHOUETTE 43"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	
SILHOUETTE INFUSION SET (infusion set for insulin pump)	Tier 2	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
Medical Supplies And Dme - Male Erectile Dysfunction Aids - Medical Supplies And Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK SPIRIT CLIP CASE (subcutaneous infusion pump accessory)	Tier 2	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
RECONSTITUTE KIT (medical supply, miscellaneous)	Tier 2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE (needle clipping and storage device)	Tier 3	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T:SLIM SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
AURA PORTANEB (nebulizer)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
FLYP NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MINI PLUS 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 2	
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (needles, safety)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>filter needles needle 19 x 1 ", 19 x 1 1/2 "</i>	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	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" (needles, safety)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	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	
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 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 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	
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 - Parenteral Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK LINKASSIST INS DEV (subcutaneous infusion pump accessory)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SPIRIT ADAPTER (subcutaneous infusion pump accessory)	Tier 2	
ACCU-CHEK SPIRIT CARTRIDGE SYS (subcutaneous infusion pump accessory)	Tier 2	
ACCU-CHEK SPIRIT CLIP CASE (subcutaneous infusion pump accessory)	Tier 2	
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
I-PORT (injection ports)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	
<i>myelogram tray tray</i>	Tier 2	
PARADIGM SILHOUETTE INFUS SET (subcutaneous infusion pump accessory)	Tier 2	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
SURE-T INFUSION SET (subcutaneous infusion pump accessory)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGear ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	
HYPERSONIQ NEBULIZER CARTRIDGE (nebulizer accessories)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 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 COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SINUSTAR AEROSOL DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	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 SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment		
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
NUVAKAAN TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine/silicone, adhesive)	Tier 1	
POLYTOZA TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad, silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILIVEX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK RAPID-D LINK 70 CM (subcutaneous administration set)	Tier 2	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM (subcutaneous administration set)	Tier 2	
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	PA
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	PA
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	PA
Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment		
MINIMED 530G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
MINIMED 670G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
OMNIPOD INSULIN MANAGEMENT (subcutaneous insulin pump)	Tier 2	
REVEL PEDIATRIC PROGRAM PUMP (subcutaneous insulin pump)	Tier 2	
REVEL PROGRAMMABLE PUMP (subcutaneous insulin pump)	Tier 2	
T:FLEX INSULIN DELIVERY PUMP (subcutaneous insulin pump)	Tier 2	
T:SLIM G4 INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
T:SLIM INSULIN DELIVERY SYSTEM (subcutaneous insulin pump)	Tier 2	
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	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	
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	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 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	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 2	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test,strips)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Supplies And Dme-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies And Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK COMBO SYSTEM KIT (insulin pump/infusion set/blood-glucose meter)	Tier 2	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
CLEO 90 INFUSION SET 24" INFUSION SET (infusion set for insulin pump)	Tier 2	
CLEO 90 INFUSION SET 31" INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
CONTACT DETACH INFUS SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
CONTACT DETACH INFUS SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 390 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 391 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 392 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 393 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO 32" INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MIO INFUSION SET INFUSION SET (infusion set for insulin pump)	Tier 2	
QUICK-SET PARADIGM 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
QUICK-SET PARADIGM INFUSION SET (infusion set for insulin pump)	Tier 2	
SILHOUETTE 23"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	
SILHOUETTE 43"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-T PARADIGM INFUSION SET (infusion set for insulin pump)	Tier 2	
T:30 INFUSION SET INFUSION SET (infusion set for insulin pump)	Tier 2	
T:90 INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
T:90 INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
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)	Tier 3	
ACCU-CHEK COMBO SYSTEM KIT (insulin pump/infusion set/blood-glucose meter)	Tier 2	
ACCU-CHEK COMPACT PLUS CARE KIT (blood-glucose meter, drum-type)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK RAPID-D LINK 70 CM (subcutaneous administration set)	Tier 2	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM (subcutaneous administration set)	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SPIRIT ADAPTER (subcutaneous infusion pump accessory)	Tier 2	
ACCU-CHEK SPIRIT CARTRIDGE SYS (subcutaneous infusion pump accessory)	Tier 2	
ACCU-CHEK SPIRIT CLIP CASE (subcutaneous infusion pump accessory)	Tier 2	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
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)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE DUO DEVICE (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ADVOCATE DUO METER KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ADVOCATE LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
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)	Tier 3	
ADVOCATE REDI-CODE GLU MONITOR KIT (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
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)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROGear ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
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	
ALTERA NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AURA PORTANEB (nebulizer)	Tier 2	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 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)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose ctl high,nml,low solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
CAREONE THIN LANCET (lancets)	Tier 3	
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)	Tier 3	
CARESENS CONTROL A NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N KIT (blood-glucose meter)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESENS N VOICE KIT (blood-glucose meter)	Tier 3	
CARESENS PREM LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
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)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 3	
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
COMFORT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMFORT SHORT INSULIN PUMP 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
CONTROL AST MONITORING SYSTEM (blood-glucose meter)	Tier 3	
COOL BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
COOL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
COOL CONTROL A SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
COOL CONTROL B SOLUTION SOLUTION (blood glucose calibration control solution, high)	Tier 3	
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
<i>covid19 test adm.by pharmacist</i>	Tier 2	
<i>covid-19 test specimen collect</i>	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
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)	Tier 3	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter,continuous)	Tier 3	PA
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 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	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY CHECK BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE DENTAL IRRIG SYRINGE 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	
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)	Tier 3	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
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 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (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	
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)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYGLUCO PLUS STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX 15 LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (needles, safety)	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)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ENLITE GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	
ENLITE SERTER (diabetic supplies, miscell)	Tier 3	
ENLITE SYSTEM (blood-glucose transmitter/blood-glucose sensor)	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 2	
EVENCARE KIT (blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ-LETS 26 GAUGE (lancets)	Tier 3	
EZ-VAC (diabetic supplies, miscell)	Tier 3	
FC2 FEMALE CONDOM (condoms, female)	PV	QL (30 EA per 30 days)
FEMALE CATHETER 14 FR (catheter)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	
FIFTY50 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
<i>filter needles needle 19 x 1 ", 19 x 1 1/2 "</i>	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA D20 KIT (blood-glucose meter)	Tier 3	
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 KIT (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
FORA V20 KIT (blood-glucose meter)	Tier 3	
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	
FORA V30A (blood-glucose meter)	Tier 3	
FORA V30A KIT (blood-glucose meter)	Tier 3	
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
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 LIBRE 2 READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 2 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)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GUARDIAN REAL-TIME GLU MONITOR (blood-glucose meter,continuous/blood-glucose transmitter)	Tier 3	
GUARDIAN RT CHARGER (diabetic supplies,miscell)	Tier 3	
GUARDIAN RT MONITOR SYSTEM (diabetic supplies,miscell)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN RT TRANSMITTER TAPE (diabetic supplies,miscell)	Tier 3	
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
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	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	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 ", 9 MM (polyvinyl alcohol/gentian violet/methylene blue)	Tier 2	
HYPERSONIQU NEBULIZER CARTRIDGE (nebulizer accessories)	Tier 2	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
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)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
INSUFロン INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
<i>insulin syrlndl 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 LEVER LOCK CANNULA (syringe accessory)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
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)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test,strips)	Tier 3	
KETOSTIX STRIP (urine acetone test,strips)	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
LC PLUS NEBULIZER-PED MASK (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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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", 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)	Tier 3	
LITE TOUCH LANCING DEVICE (lancing device)	Tier 3	
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	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 NEEDLE NEEDLE 23 GAUGE X 5/8" (needles, safety)	Tier 2	
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	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDTRONIC REMOTE CONTROL (diabetic supplies, miscell)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 2	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 390 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 391 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 392 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED INFUSION SET-MMT 393 INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK-SERTER-MMT 305 (diabetic supplies,miscell)	Tier 3	
MINIMED QUICK-SERTER-MMT 395 (diabetic supplies,miscell)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SYRINGE RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
MISTASSIST DEVICE (spirometers and accessories)	Tier 2	
MISTASSIST KIT DEVICE (spirometer with drug delivery adapters)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRINGE 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" (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 ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MY MDI PORTABLE NEBULISER DEVICE (nebulizer and compressor)	Tier 2	
myelogram tray tray	Tier 2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
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	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOSE CLIP (nebulizer accessories)	Tier 2	
NOVA MAX GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
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	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 1	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
OMNIPOD DASH PDM KIT (insulin pump controller)	Tier 2	
OMNIPOD INSULIN MANAGEMENT (subcutaneous insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA LANCETS 30 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO IQ METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT START KIT (blood-glucose meter)	Tier 3	
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)	Tier 3	
OPTUMRX KIT (blood-glucose meter)	Tier 3	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
OVAL TAPE (diabetic supplies,miscell)	Tier 3	
PARADIGM REMOTE CONTROL (diabetic supplies,miscell)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
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 LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	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	
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	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	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 28 MM (transfer device, closed system)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
PIP LANCET 28 GAUGE (lancets)	Tier 3	
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
POLYTOZA TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PRECISION (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
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	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler,assist device with small mask)	Tier 2	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
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	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCETS 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
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)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE (lancets)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
QUICK-SET PARADIGM 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 2	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RECONSTITUTE KIT (medical supply, miscellaneous)	Tier 2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
RELIAMED LANCET 23 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
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)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTRA THIN PLUS LANCETS (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	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 TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
REVEL PEDIATRIC PROGRAM PUMP (subcutaneous insulin pump)	Tier 2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE (needle clipping and storage device)	Tier 3	
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)	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SILHOUETTE 23"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	
SILHOUETTE 43"-FULL SET INFUSION SET (infusion set for insulin pump)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SINGLE-LET (lancets)	Tier 3	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SMART CARESENS N KIT (blood-glucose meter)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
SUPER THIN LANCETS (lancets)	Tier 3	
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)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
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	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-T INFUSION SET (subcutaneous infusion pump accessory)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 3	
SURGUARD2 SAFETY NEEDLE 23 GAUGE X 1" (needles, safety)	Tier 2	
<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	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX INSULIN DELIVERY PUMP (subcutaneous insulin pump)	Tier 2	
T:SLIM G4 INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TELCARE BGM KIT (blood-glucose meter)	Tier 3	
TELCARE BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 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)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
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	
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)	Tier 3	
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)	Tier 3	
TRUECONTROL LEVEL 0 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUECONTROL LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUEPLUS KETONE STRIP (urine acetone test,strips)	Tier 3	
TRUEPLUS LANCETS 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUNEB NEBULIZER (nebulizer)	Tier 2	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
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	
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)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS 33 GAUGE (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
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	
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)	Tier 3	
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)	Tier 3	
ULTRA THIN LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
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	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
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)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
UNIFINE PENTIPS NEEDLE 29 GAUGE (pen needle, diabetic)	Tier 1	
UNISTIK 3 COMFORT LANCET (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 NEONATAL DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 NEONATAL KIT (lancing device/lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
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	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
VERASENS BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VERASENS METER STARTER KIT KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	PA
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	PA
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIXONE NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 2	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
WAVESENSE PRESTO (blood-glucose meter)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	
WILLIS THE WHALE COMPRESSOR 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
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 4	PA
Metabolic Modifiers		
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	Tier 2	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)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 2	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 2	
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 2	PA
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 2	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 2	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 4	PA
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PV	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>	PV	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 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 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	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	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Dental Product - Local Anesthetics - Drugs For The Mouth And Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (tetracaine HCl/oxymetazoline HCl)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat		
ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCl microspheres)	Tier 2	PA
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 4	PA
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 (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML-94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (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		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (monomethyl fumarate)	Tier 2	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	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
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 2	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 2	PA
RUZURGI ORAL TABLET 10 MG (amifampridine)	Tier 2	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	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, 0.5 MG (fingolimod HCl)	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod)	Tier 2	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	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		
<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	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Ophth - 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 Receptor Agonist - Drugs For The Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCl/PF)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	
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	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)	Tier 2	PA
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 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: Lotemax and Loteprednol Etabonate in 365 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	
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) 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	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		
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 2	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa in 365 days
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)	Tier 2	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa in 365 days
<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	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 2	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa in 365 days
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
<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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCl)	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 2	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-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)	Tier 2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	Tier 1	ST: Must meet the following requirement: Timolol Maleate or Timoptic Ocudose in 120 days; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
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)
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
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) 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	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (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)
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (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	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (ciprofloxacin)	Tier 2	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i>	Tier 1	
<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/chloroxylonol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 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)
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cycloheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cycloheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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	
promethazine HCl (Promethegan Rectal Suppository 25 Mg)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Levocetirizine Dihydrochloride or Desloratadine in 120 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
<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 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 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)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
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-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 MI)	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 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 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (mepolizumab)	Tier 4	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
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 2 of the following requirements: Incruse Ellipta, Spiriva Respimat or Spiriva in 365 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

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 2 of the following requirements: Incruse Ellipta, Spiriva Respimat or Spiriva in 365 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 requirements: Serevent Diskus and Striverdi Respimat in 365 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
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 RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST: Must meet the following requirement: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)	Tier 2	ST: Must meet the following requirement: Anoro Ellipta and 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG (indacaterol maleate/glycopyrrolate)	Tier 2	ST: Must meet the following requirement: Anoro Ellipta and 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)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-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 (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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION HFA AEROSOL INHALER 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 (39 GM per 25 days)
<i>fluticasone propion-salmeterol inhalation aerosol powder 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 (budesonide/formoterol fumarate)	Tier 2	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)	Tier 2	QL (40.8 GM per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (budesonide/glycopyrrolate/formoterol fumarate)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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 inhalation solution for nebulization 300 mg/4 ml</i>	Tier 2	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 2	PA
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	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 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 4	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 4	
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	
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 2	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 % (azelastine/fluticasone/sodium chloride/sodium bicarbonate)	Tier 2	
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
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)
MAXI-TUSS AC ORAL LIQUID 10-100 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 2	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (metronidazole)	Tier 2	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	Tier 2	
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		
<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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
estradiol (Yuvaferm Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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

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: 02/01/2021

Index of Drugs

1ST TIER UNIFINE PENTIPS..... 431	ACCU-CHEK GUIDE TEST STRIPS.....388	ACTICOAT FLEX 3 DRESSING.....260
1ST TIER UNIFINE PENTIPS PLUS.....431	ACCU-CHEK LINKASSIST INS DEV..... 473	ACTICOAT FLEX 7 DRESSING.....260
1ST TIER UNILET COMFORTOUCH.....399	ACCU-CHEK MULTICLIX LANCET..... 400, 492	ACTICOAT SURGICAL DRESSING.....260
2-IN-1 LANCET DEVICE 399, 491	ACCU-CHEK RAPID-D LINK 485, 492	ACTI-LANCE LANCETS.....400
2TEK CONTROL (HIGH- NORMAL)..... 399	ACCU-CHEK SAFE-T-PRO 400	ACTIMMUNE.....48
2TEK GLUCOSE/BLOOD PRESSURE.....399	ACCU-CHEK SAFE-T-PRO PLUS..... 400, 492	ACTIVE-PAC..... 126, 171
<i>abacavir</i> 52	ACCU-CHEK SMARTVIEW CONTRL SOL.....400, 492	ACUICYN..... 230
<i>abacavir-lamivudine</i> 54	ACCU-CHEK SMARTVIEW TEST STRIP.....388	ACUVAIL (PF)..... 579
<i>abacavir-lamivudine- zidovudine</i> 54	ACCU-CHEK SOFT DEV LANCETS.....400, 492	<i>acyclovir</i> 60, 61, 223
ABC COMPLETE SENIOR WOMEN'S..... 273	ACCU-CHEK SOFTCLIX LANCETS.....400	ADACEL(TDAP ADOLESN/ADULT)(PF)..... 90
ABILIFY MYCITE.....150, 156	ACCU-CHEK SPIRIT ADAPTER.....474, 492	<i>adapalene</i> 207
<i>abiraterone</i> 71, 73	ACCU-CHEK SPIRIT CARTRIDGE SYS..... 474, 492	<i>adapalene-benzoyl peroxide</i> 206
ABLYSINOL.....118	ACCU-CHEK SPIRIT CLIP CASE.....454, 474, 492	<i>adapalene-benzoyl perox- niacin</i> 206
ABOUTTIME PEN NEEDLE 431, 491	ACCUTREND GLUCOSE CONTROL.....400, 492	<i>adapalene-benzoyl- clindamycin</i> 205
ABSORICA..... 197	ACCUTREND GLUCOSE TEST STRIPS..... 388	ADASUVE..... 148
ABSORICA LD..... 197	ACD SOLUTION A..... 366	ADAZIN..... 245
<i>acamprosate</i> 176	ACD-A..... 366	ADDERALL XR.....151, 158
<i>acarbose</i> 301	ACE AEROSOL CLOUD ENHANCER..... 476, 492	<i>adefovir</i> 59
ACCUCAINE KIT.....41, 246	<i>acebutolol</i> 111	ADEMPAS..... 120
ACCU-CHEK AVIVA CONTROL SOLN..... 399, 491	ACESO AG.....259	<i>adenovirus vac live type-4, 7</i> 89, 92
ACCU-CHEK AVIVA PLUS METER.....399	<i>acetaminophen-caff- dihydrocod</i> 20, 21	<i>adenovirus vaccine live type- 4</i> 89, 92
ACCU-CHEK AVIVA PLUS TEST STRP.....388	<i>acetaminophen-codeine</i> 19	<i>adenovirus vaccine live type- 7</i> 89, 92
ACCU-CHEK COMBO SYSTEM.....488, 491	<i>acetazolamide</i> 116	ADHANSIA XR..... 151
ACCU-CHEK COMPACT PLUS CARE..... 399, 491	<i>acetic acid</i> 359, 589	ADJUSTABLE LANCING DEVICE..... 400
ACCU-CHEK FASTCLIX LANCET DRUM.....399, 491	<i>acetone</i> 178	ADLYXIN..... 305
ACCU-CHEK FASTCLIX LANCING DEV..... 400, 492	<i>acetylcysteine</i> 604	ADMELOG SOLOSTAR U- 100 INSULIN..... 324
ACCU-CHEK GUIDE GLUCOSE METER..... 400	ACIPHEX SPRINKLE..... 339	ADMELOG U-100 INSULIN LISPRO..... 325
ACCU-CHEK GUIDE L1-L2 CTRL SOL..... 400	<i>acitretin</i> 219	ADULT 50 PLUS EYE HEALTH..... 10, 273
ACCU-CHEK GUIDE ME GLUCOSE MTR..... 400, 492	ACTEMRA..... 31	ADULT ASPIRIN REGIMEN..39
	ACTEMRA ACTPEN..... 31	ADULT LOW DOSE ASPIRIN..... 39, 380
	ACTHAR.....298	ADULT MULTIVITAMIN GUMMIES..... 273
	ACTICOAT 7 DRESSING...260	ADULTS 50 PLUS.....273
	ACTICOAT DRESSING.....260	ADULTS MULTIVITAMIN....273
		ADVAIR DISKUS.....601

ADVAIR HFA.....	601	AEROBIKA OSCILLATING		AGAMATRIX CONTROL	
ADVANCE PLUS		PEP SYSTM.....	476, 493	HIGH.....	401, 494
INTERMITTENT.....	486, 492	AEROCHAMBER MINI	476, 493	AGAMATRIX CONTROL	
ADVANCED ALLERGY		AEROCHAMBER MV..	476, 493	NORM-HI.....	401, 494
COLLECT KIT.....	230	AEROCHAMBER PLUS		AGAMATRIX CONTROL	
ADVANCED GLUC METER		FLOW-VU.....	476	SOLN-LEVEL 2.....	401, 494
TEST STRIP.....	388	AEROCHAMBER PLUS		AGAMATRIX CONTROL	
ADVANCED GLUCOSE		FLOW-VU,L MSK.....	476	SOLN-LEVEL 4.....	401, 494
METER.....	400	AEROCHAMBER PLUS		AGAMATRIX PRESTO	
ADVANCED LANCING		FLOW-VU,M MSK.....	476	TEST STRIPS.....	388, 494
DEVICE.....	400	AEROCHAMBER PLUS		A-Hydrocort.....	314
ADVANCED PROBIOTIC (6		FLOW-VU,S MSK.....	476	AIMOVIG AUTOINJECTOR	163
STRAINS).....	349	AEROCHAMBER PLUS Z		AIRDUO DIGIHALER.....	601
ADVANCED TRAVEL		STAT.....	476, 494	AIRS DISPOSABLE	
LANCETS.....	400, 492	AEROCHAMBER PLUS Z		NEBULIZER.....	455, 495
ADVATE.....	370	STAT LG MSK.....	476, 494	AIRZONE PEAK FLOW	
ADVOCATE BLOOD		AEROCHAMBER PLUS Z		METER.....	475, 495
GLUCOSE MONITOR.....	400	STAT MD MSK.....	476, 494	AJOVY AUTOINJECTOR....	163
ADVOCATE CONTROL		AEROCHAMBER PLUS Z		AJOVY SYRINGE.....	163
SOLUTION HIGH.....	401, 493	STAT SM MSK.....	476, 494	AKLIEF.....	207
ADVOCATE DUO	395, 401, 493	AEROCHAMBER WITH		Ak-Poly-Bac.....	584
ADVOCATE DUO METER		FLOW SIGNAL.....	476, 494	AKTEN (PF).....	583
.....	395, 401, 493	AEROCHAMBER Z-STAT		AKYNZEO (NETUPITANT).	337
ADVOCATE LANCET.....	401	PLUS-FLW SG.....	476, 494	Ala-Cort.....	230
ADVOCATE LANCING		AEROECLIPSE II		ALA-QUIN.....	213
DEVICE.....	401	NEBULIZER.....	455, 494	Ala-Scalp.....	231
ADVOCATE LOW		AEROGEAR ACTION		<i>albendazole</i>	46
CONTROL.....	401, 493	ASTHMA KIT.....	475, 494	<i>albuterol sulfate</i>	599, 600
ADVOCATE PEN NEEDLE		AERONEB GO.....	477	Alcaine.....	582
.....	432, 493	AERONEB GO NEBULIZER		<i>alclometasone</i>	231
ADVOCATE RAPID-SAFE		.....	455	ALCORTIN A.....	213
LANCING.....	401, 493	AEROTRACH PLUS....	477, 494	ALDACTAZIDE.....	116
ADVOCATE REDI-CODE....	388	AEROVENT PLUS.....	477, 494	ALECENSA.....	73
ADVOCATE REDI-CODE		AFINITOR.....	79	<i>alendronate</i>	309
GLU MONITOR.....	401, 493	AFINITOR DISPERZ.....	79	ALFERON N.....	242
ADVOCATE REDI-CODE		Afirmelle.....	184	<i>alfuzosin</i>	361
PLUS.....	388, 401	AFLURIA QD 2020-21(3YR		ALINIA.....	49
ADVOCATE REDI-CODE+		UP)(PF).....	93	<i>aliskiren</i>	121
CTRL HIGH.....	401, 493	AFLURIA QD 2020-21(6-		ALIVE WOMEN'S 50 PLUS	
ADVOCATE REDI-CODE+		35MO)(PF).....	93	(BLEND).....	273
CTRL LOW.....	401, 493	AFLURIA QUAD 2020-		ALKALINE BATTERIES.....	401
ADVOCATE SYRINGES		2021(6MO UP).....	93	ALKALOL NASAL WASH....	607
.....	432, 493	AFREZZA.....	320	ALKA-SELTZER PM	
ADVOCATE TEST STRIPS		AFSTYLA.....	370	(MELATONIN).....	334
.....	388, 493	AFTERA.....	195	ALKINDI SPRINKLE.....	314
ADYNOVATE.....	370	AGAMATRIX AMP GLUC		ALL FLOW 1000 KIT.....	477
ADZENYS ER.....	151, 158	MONITOR SYS.....	401, 494	ALL FLOW 1000 PFT	
ADZENYS XR-ODT.....	151, 158	AGAMATRIX AMP TEST		FILTER.....	477
AEMCOLO.....	66	STRIPS.....	388, 494	ALL FLOW 3000 KIT.....	477

ALL FLOW 3000 PFT FILTER.....	477	ALTERA NEBULIZER. 455, 495 ALTERA NEBULIZER SYSTEM.....	455, 495	<i>amphetamine</i>	151, 158
ALL FLOW 4000 KIT.....	477	ALTERNATE SITE LANCET	402, 495	<i>amphetamine sulfate</i>	159
ALL FLOW 4000 PFT FILTER.....	477	ALTERNATE SITE LANCING DEVICE.....	402, 495	<i>ampicillin</i>	45
ALL FLOW 5000 KIT.....	477	ALTOPREV.....	103	<i>amyl nitrite</i>	43, 99
ALL FLOW 5000 PFT FILTER.....	477	ALTRENO.....	207	AMZEEQ.....	199
ALL FLOW 6000 PFT FILTER.....	477	<i>alum, ammonium (bulk)</i>	177	ANACAINE.....	256
ALLERGIST TRAY 1/2 ML 27GX3/8".....	456, 495	ALUNBRIG.....	73	ANADROL-50.....	299
ALLERGIST TRAY INTRADERMAL BEV...456, 495		ALVESCO.....	594	<i>anagrelide</i>	379
ALLERGIST TRAY REGULAR BEVEL.....456, 495		<i>alvimopan</i>	44	ANA-LEX KIT.....	42
ALLERGY SYRINGE...456, 495		Alyacen 1/35 (28).....	184	ANALPRAM-HC.....	241
ALLEVYN.....	260, 495	Alyacen 7/7/7 (28).....	193	ANASCORP.....	86
ALLEVYN ADHESIVE DRESSING.....260, 398, 495		Alyq.....	120	ANASTIA.....	254
ALLEVYN AG.....	260	ALZAIR.....	607	<i>anastrozole</i>	74
ALLEVYN AG ADHESIVE...260		Amabelz.....	311	ANDRODERM.....	299
ALLEVYN AG GENTLE DRESSING.....	260	<i>amantadine hcl</i>	145	ANGELIQ.....	310
ALLEVYN HEEL.....	260, 495	<i>ambrisentan</i>	120	<i>anise</i>	178
ALLEVYN LIFE DRESSING 260, 387, 495		<i>amcinonide</i>	231	ANNOVERA.....	195
<i>allopurinol</i>	365	AMELUZ.....	250	ANODYNE LPT.....	245
Allzital.....	24	Amethia.....	182	ANORO ELLIPTA.....	600
<i>almotriptan malate</i>	164	Amethia Lo.....	182	ANTARA.....	103
ALOCRI.....	583	Amethyst (28).....	184	ANTARCTIC KRILL OIL.....	107
<i>alogliptin</i>	301	AMIELLE VAGINAL TRAINER.....	454	<i>anticoag citrate phos</i> <i>dextrose</i>	366
<i>alogliptin-metformin</i>	306	<i>amiloride</i>	116	ANTIOXIDANT FORMULA (SELENIUM).....	10, 273
<i>alogliptin-pioglitazone</i>	306	<i>amiloride-</i> <i>hydrochlorothiazide</i>	116	ANUCORT-HC.....	41
ALOMIDE.....	583	<i>aminocaproic acid</i>	374	APADAZ.....	21
ALORA.....	312	<i>amiodarone</i>	101	APEXICON E.....	231
<i>alosetron</i>	353	AMITIZA.....	346, 354	APIDRA SOLOSTAR U-100 INSULIN.....	325
<i>alpha lipoic acid</i>	10	<i>amitriptyline</i>	142	APIDRA U-100 INSULIN....	325
ALPHAGAN P.....	587	<i>amitriptyline-</i> <i>chlordiazepoxide</i>	141	APLENZIN.....	141
ALPHANATE.....	371	<i>amlodipine</i>	113	APLIGRAF.....	258
ALPHANINE SD.....	369	<i>amlodipine-atorvastatin</i>	108	APOGEE HC INTERMIT CATHETER.....	486
<i>alprazolam</i>	122	<i>amlodipine-benazepril</i>	95	APOGEE IC INTERMIT CATHETER.....	487, 495
ALPRAZOLAM INTENSOL 122, 155		<i>amlodipine-olmesartan</i>	97	APOKYN.....	145
ALPROLIX.....	369	<i>amlodipine-valsartan</i>	97	<i>apraclonidine</i>	587
ALREX.....	576	<i>amlodipine-valsartan-</i> <i>hcthiacid</i>	98	<i>aprepitant</i>	337
ALTABAX.....	212	<i>ammonium lactate</i>	229	Apri.....	184
ALTACAINE.....	583	Amnesteem.....	197	APTIOM.....	128
ALTAFLUOR BENOX.....	582	<i>amoxapine</i>	142	APTIVUS.....	64
Altavera (28).....	184	<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	357	APTIVUS (WITH VITAMIN E).....	64
		<i>amoxicillin</i>	45	AQUA CARE SODIUM CHLORIDE.....	267
		<i>amoxicillin-pot clavulanate</i>	46	AQUA CARE STERILE WATER.....	267
				AQUA GLYCOLIC HC.....	241

AQUA LANCE LANCING DEVICE.....	402	ASSURE ID INSULIN SAFETY.....	432, 495, 496	AURUMHEEL.....	332
AQUA-D CONCENTRATE..	295	ASSURE ID PEN NEEDLE..	432	AURYXIA.....	269, 360
AQUA-K CONCENTRATE..	297	ASSURE LANCE.....	402	AUSTEDO.....	167, 168
AQUORAL.....	566	ASSURE LANCE PLUS.....	402	AUTOJECT 2 INJECTION DEVICE.....	432
ARAKODA.....	49	ASSURE PLATINUM GLUCOSE METER.....	402	AUTO-LANCET MINI...402, 496	
ARALAST NP.....	604	ASSURE PLATINUM TEST STRIP.....	388	AUTOLET IMPRESSION LANC DEV.....	402
Aranelle (28).....	193	ASSURE PRISM CONTROL 1-2 SOLN.....	402	AUTOLET LANCING DEVICE.....	402
ARANESP (IN POLYSORBATE).....	368	ASSURE PRISM MULTI METER.....	402	AUTOLET PLUS LANCING DEVICE.....	402
ARAZLO.....	208	ASSURE PRISM MULTI STRIP.....	388	AUTOPEN 1 TO 21 UNITS	432, 496
ARCALYST.....	26	ASTAGRAF XL.....	382	AUTOPEN 2 TO 42 UNITS	432, 496
ARCAPTA NEOHALER.....	598	ASTERO.....	245	AUTOSOFT 30.....	488
ARESTIN.....	568	ASTHMA CHECK METER	475, 496	AUTOSOFT 90.....	488
ARGYLE TRACHEOSTOMY CARE TRAY.....	454, 495	ASTHMAPACK CHILDREN'S.....	475, 496	AUTOSOFT XC INFUSION SET 23".....	488
ARIKAYCE.....	45	ASTRAZENECA COVID19 VAC(UNAPP).....	85	AUTOSOFT XC INFUSION SET 32".....	488, 496
<i>aripiprazole</i>	156	ASTRINGYN.....	375	AUTOSOFT XC INFUSION SET 43".....	488
<i>armodafinil</i>	169	<i>atazanavir</i>	65	AUVI-Q.....	114
ARMONAIR DIGIHALER....	594	<i>atenolol</i>	110	AVANDIA.....	328
ARMOUR THYROID.....	331	<i>atenolol-chlorthalidone</i>	114	AVAR.....	202
ARNUITY ELLIPTA.....	594	<i>atomoxetine</i>	155	AVAR LS.....	202
ARTISS.....	253	ATOPADERM.....	227	AVEIDAOXIA.....	252
ARYMO ER.....	12	<i>atorvastatin</i>	104	AVENOVA.....	230
Ascomp With Codeine.....	19	<i>atovaquone</i>	49	Aviane.....	185
ASCOR.....	295	<i>atovaquone-proguanil</i>	48	AVIDOXY DK.....	66
<i>ascorbic acid (vitamin c)</i>	295	ATRANTIL.....	11	AVITA.....	208
<i>ascorbic acid(vitamin c)(bulk)</i>	295	ATRAPRO CP.....	227	AVITENE.....	375
<i>asenapine maleate</i>	156	ATRAPRO DERMAL SPRAY.....	84, 259	AVITENE FLOUR.....	375
Ashlyna.....	182	ATRAPRO HYDROGEL.....	227	AVO CREAM.....	227
<i>ashwagandha root extract</i>	11	ATROPEN.....	118	AVONEX.....	569
ASMANEX HFA.....	594	<i>atropine</i>	575	Ayuna.....	185
ASMANEX TWISTHALER...594		ATROVENT HFA.....	598	AYVAKIT.....	81
<i>aspirin</i>	39	AUBAGIO.....	571	AZADROX.....	212
ASPIRIN CHILDRENS..	39, 380	Aubra.....	184	AZALGIA.....	9
ASPIRIN LOW DOSE.....	39	Aubra Eq.....	184	AZASAN.....	30, 384
<i>aspirin-dipyridamole</i>	379	AUGMENTIN.....	46	AZASITE.....	585
<i>aspirin-omeprazole</i>	380	AURA PORTANEB.....	455, 496	<i>azathioprine</i>	384
ASPIR-TRIN.....	39, 380	Aurovela 1.5/30 (21).....	184	<i>azelaic acid</i>	199
ASSURE 4 CONTROL SOLUTION.....	402	Aurovela 1/20 (21).....	184	<i>azelaic acid-niacinamide</i>	199
ASSURE 4 STRIPS.....	388	Aurovela 24 Fe.....	184	<i>azelastine</i>	576, 605
ASSURE DOSE NORMAL CONTROL.....	402	Aurovela Fe 1.5/30 (28).....	184	<i>azelastine-fluticasone</i>	605
ASSURE DOSE NORM-HI CONTROL.....	402	Aurovela Fe 1-20 (28).....	184	AZELEX.....	200
ASSURE HAEMOLANCE PLUS.....	402			AZESCHEW.....	291

AZESCO.....	292	BD ECLIPSE LUER-LOK	BD PRE-FILLED SALINE
<i>azithromycin</i>	61, 62	.....	BLUNT CAN.....
AZO COMPLETE		BD FILTER NEEDLE-5	292
FEMININE BALANCE.....	350	MICRON.....	BD SAFETYGLIDE
AZO CRANBERRY PLUS		457, 497	ALLERGIST TRAY.....
VIT C.....	11	BD INSULIN SYRINGE	458, 499
AZOPT.....	581	.....	BD SAFETYGLIDE INSULIN
Azurette (28).....	182	433, 497	SYRINGE.....
B COMPLEX 100.....	265	BD INSULIN SYRINGE	434, 499, 500
<i>b complex-vitamin c-folic</i>		HALF UNIT.....	BD SAFETYGLIDE
<i>acid</i>	265	433	SHIELDING REG.....
B12 ACTIVE.....	294	BD INSULIN SYRINGE	458, 500
BACICAP.....	350	MICRO-FINE.....	BD SAFETYGLIDE
<i>bacitracin</i>	585	433, 497	SYRINGE....
<i>bacitracin-polymyxin b</i>	584	BD INSULIN SYRINGE	434, 452, 459, 500
<i>baclofen</i>	385	SAFETY-LOK.....	BD SAFETYGLIDE TB REG
BAFIERTAM.....	570	433, 497	BEVEL.....
BALANCED B-50		BD INSULIN SYRINGE SLIP	459, 500
COMPLEX (FOLIC).....	265	TIP.....	BD SAFETYGLIDE
BAL-CARE DHA.....	281	433, 497	TUBERCULIN.....
BAL-CARE DHA		BD INSULIN SYRINGE U-	459, 500
ESSENTIAL.....	281	500.....	BD SAFETY-LOK
BALCOLTRA.....	185	433, 497	DETACHABLE NEEDL
<i>balsalazide</i>	347	BD INSULIN SYRINGE	459, 501
<i>balsam peru (bulk)</i>	11, 177	ULTRA-FINE.....	BD SAFETY-LOK
<i>balsam peru-castor oil</i>	262	433	TUBERCULIN.....
BALVERSA.....	76	BD INSYTE AUTOGUARD	459, 501
Balziva (28).....	185	.....	BD SAFETY-LOK WITH
BANZEL.....	134	452, 498	LUER-LOK.....
BAQSIMI.....	298	BD INTEGRA SYRINGE	459, 501
BARACLUDGE.....	58	.....	BD SAF-T-INTIMA.....
BASADROX.....	212	452, 457, 498	BD SLIP TIP SYRINGE
BASAGLAR KWIKPEN U-		BD INTERLINK BLUNT	.....
100 INSULIN.....	323	PLASTIC CAN.....	459, 460, 501
BAXDELA.....	58	457, 498	B-D SLIP TIP SYRINGE
B-COMPLEX INJECTION...	265	BD INTERLINK SYRINGE	.....
<i>b-complex with vitamin c</i>	265	.....	460, 501
BD ALLERGIST TRAY REG		457, 498	BD SPECIALTY USE
BEVEL.....	456, 496	BD LAB ECCENTRIC NON-	NEEDLES.....
BD ALLERGY SYRINGE		STERILE.....	460, 501
.....	456, 496	457, 498	BD SYRINGE.....
BD AUTOSHIELD DUO		BD LO-DOSE MICRO-FINE	461, 502
PEN NEEDLE.....	432, 496	IV.....	BD SYRINGE CATH TIP
BD BLUNT PLASTIC		433, 498	NONSTERILE.....
CANNULA.....	456, 496	BD LO-DOSE ULTRA-FINE	460, 502
BD BULK SYRINGE SLIP		.....	BD SYRINGE CATHETER
TIP.....	456, 457, 496	434, 498	TIP.....
BD ECCENTRIC TIP		BD LUER-LOK BULK	460, 502
SYRINGE.....	457, 496	SYRINGE.....	BD SYRINGE LUER-LOK
		457, 498	NONSTERILE.....
		BD LUER-LOK SYRINGE	460, 502
		.....	BD SYRINGE LUER-LOK
		457, 458, 498, 499	STERILE.....
		BD LUER-LOK TIP	460, 502
		CONTROL SYRING....	BD SYRINGE SLIP TIP
		458, 499	NONSTERILE.....
		BD MAGNI-GUIDE	460, 502
		SYRINGE MAGNIFI....	BD SYRINGE-DUAL
		402, 499	CANNULA.....
		BD MICROTAINER	461, 502
		LANCET.....	BD TUBERCULIN SLIP-TIP
		402, 403, 499	.....
		BD NANO 2ND GEN PEN	461, 502
		NEEDLE.....	BD TUBERCULIN SYRINGE
		434, 499	.....
		BD POSIFLUSH NORMAL	461, 502, 503
		SALINE 0.9.....	BD ULTRA FINE LANCETS
		292	.....
		BD PRECISIONGLIDE	403, 503
		458, 499	BD ULTRA-FINE II
		BD PRE-FILLED NORMAL	LANCETS.....
		SALINE.....	403
		292	BD ULTRA-FINE MICRO
			PEN NEEDLE.....
			434, 503

BD ULTRA-FINE MINI PEN NEEDLE.....	434	<i>betamethasone, augmented</i> 231	<i>bosentan</i>	120
BD ULTRA-FINE NANO PEN NEEDLE.....	434	BETASERON.....	BOSULIF.....	81
BD ULTRA-FINE ORIG PEN NEEDLE.....	434	<i>betaxolol</i>	BOYS TRAINING PANTS 4T-5T.....	431, 503
BD ULTRA-FINE SHORT PEN NEEDLE.....	434	BETIMOL.....	BP 10-1.....	202
BD VEO INSULIN SYR HALF UNIT.....	435	BETOPTIC S.....	BPCO.....	262
BD VEO INSULIN SYRINGE UF.....	435	BEVESPI AEROSPHERE... 600	BPO.....	205
BEANAID.....	343	<i>bexarotene</i>	BRAFTOVI.....	75
BEAU RX.....	250	BEXSERO.....	BRAVELLE.....	314
BECONASE AQ.....	605	<i>bicalutamide</i>	BREATHERITE MDI SPACER.....	477
Bekyree (28).....	182	BIDIL.....	BREATHERITE SPACER- MASK, NEO.....	477
BELBUCA.....	23	BIJUVA.....	BREATHERITE SPACER- MASK,ADULT.....	477
<i>belladonna alkaloids-opium</i>	344	BIKTARVY.....	BREATHERITE SPACER- MASK,CHILD.....	477
BELSOMRA.....	174	<i>bimatoprost</i>	BREATHERITE SPACER- MASK,INFANT.....	477
<i>benazepril</i>	96	BINAXNOW COVID-19 AG CARD.....	BREATHERITE SPACER- MASK,S.CHLD.....	477
<i>benazepril-</i> <i>hydrochlorothiazide</i>	96	BINOSTO.....	BREATHERITE VALVED MDI CHAMBER.....	477
BENEFIX.....	369	BIONECT.....	BREATHERITE VALVED MDI SPACER.....	477
BENLYSTA.....	32	BIONIME RIGHTEST GM300 SYSTEM.....	BREEZE 2 CONTROL SOLUTION, LOW.....	403, 503
BENSAL HP.....	243	BIONIME RIGHTEST TEST STRIPS.....	BREEZE 2 CONTROL SOLUTION, NML.....	403, 503
BENZEPRO.....	205	BIOSTEP.....	BREEZE 2 CONTROL SOLUTION,HIGH.....	403, 503
BENZEPRO (MICROSPHERES).....	205	BIOSTEP AG.....	BREEZE 2 TEST STRIPS	388, 503
<i>benzhydrocodone-</i> <i>acetaminophen</i>	21	<i>bisoprolol fumarate</i>	BREO ELLIPTA.....	601
<i>benznidazole</i>	49	<i>bisoprolol-</i> <i>hydrochlorothiazide</i>	BREZTRI AEROSPHERE... 602	
BENZODOX 30.....	66	Bleph-10.....	Briellyn.....	185
BENZODOX 60.....	67	BLEPHAMIDE.....	BRILINTA.....	379
<i>benzoin (bulk)</i>	177	Blephamide S.O.P.....	<i>brimonidine</i>	587
<i>benzonatate</i>	593	Blisovi 24 Fe.....	<i>brimonidine-dorzolamide (pf)</i>	573
<i>benzoyl per-clindamycin-</i> <i>niacin</i>	202	Blisovi Fe 1.5/30 (28).....	BRIVIACT.....	132, 133
<i>benzoyl peroxide</i>	205	Blisovi Fe 1/20 (28).....	Bromfed Dm.....	607
<i>benztropine</i>	144	<i>blood glucose contrl</i> <i>hi,normal</i>	<i>bromfenac</i>	579
BEPREVE.....	576	<i>blood glucose control,</i> <i>normal</i>	<i>bromocriptine</i>	144
BERINERT.....	367	<i>blood glucose ctl</i> <i>high,nml,low</i>	<i>brompheniramine-</i> <i>pseudoeph-dm</i>	607
BESER KIT.....	239	BLOOD GLUCOSE MONITORING.....	BROMSITE.....	579
BESIVANCE.....	585	BLOOD GLUCOSE TEST... 388	BROVANA.....	599
<i>beta carotene</i>	293	<i>blood-glucose meter</i>	BRUKINSA.....	75, 81
BETADINE OPHTHALMIC PREP.....	586	<i>blunt needle, disposable</i>	BRYHALI.....	220
BETALOAN SUIK.....	314	BOCASAL.....		
<i>betamethasone dipropionate</i>	231	BONJESTA.....		
<i>betamethasone valerate</i>	231	BOOST GLUCOSE CONTROL.....		
		BOOSTRIX TDAP.....		

<i>budesonide</i>	348, 595	<i>calcium citrate-vitamin d3</i>	268	CAREONE ULTRA THIN	
BULLSEYE MINI SAFETY		<i>calcium phos,dibas-vitamin</i>		LANCET	403
LANCETS.....	403	<i>d3</i>	268	CAREPOINT LUER SLIP	
<i>bumetanide</i>	116	<i>calcium phosphate-vitamin</i>		SYRINGE.....	461, 504
BUNAVAIL.....	175	<i>d3</i>	268	CARESENS CONTROL A	
BUPRENEX.....	23	CALCIUM PNV	276, 281	AND B.....	403, 504
<i>buprenorphine</i>	24	<i>calcium-magnesium-vit d3-</i>		CARESENS CONTROL A	
<i>buprenorphine hcl</i>	24, 175	<i>boron</i>	268	NORMAL.....	403, 504
<i>buprenorphine-naloxone</i>	175	<i>calcium-vitamin d3-vitamin k</i>	268	CARESENS LANCETS	
<i>bupropion hcl</i>	141, 142	CALQUENCE	75, 81	.....	404, 504
<i>bupropion hcl (smoking</i>		CAMBIA.....	36	CARESENS N.....	404, 504
<i>deter)</i>	176	Camila.....	192	CARESENS N TEST	
<i>buspirone</i>	122	CAMRESE	183	STRIPS.....	389
Butalbital Compound		CAMRESE LO	183	CARESENS N VOICE.	404, 504
W/Codeine.....	19	<i>candesartan</i>	99	CARESENS PREM	
<i>butalbital-acetaminop-caf-</i>		<i>candesartan-</i>		LANCING DEVICE.....	404, 504
<i>cod</i>	19	<i>hydrochlorothiazid</i>	98	CARETOUCH GLUCOSE	
<i>butalbital-acetaminophen</i>	24, 25	<i>cantharidin in acetone</i>	243	MONITORING.....	404, 504
<i>butalbital-acetaminophen-</i>		CANTHARIS		CARETOUCH INSULIN	
<i>caff</i>	25	COMPOSITUM.....	333	SYRINGE.....	435, 504
<i>butalbital-aspirin-caffeine</i>	39	CAPCOF	609	CARETOUCH LANCING	
<i>butorphanol</i>	24	<i>capecitabine</i>	74	DEVICE.....	404, 504
BUTTERFLY TOUCH		CAPEX.....	231	CARETOUCH PEN	
LANCET	403, 503	CAPHOSOL.....	566	NEEDLE.....	435, 505
<i>butylated hydroxytoluene</i>	178	CAPLYTA.....	147	CARETOUCH SAFETY	
BYDUREON.....	305	CAPRELSA.....	81	LANCETS.....	404, 505
BYDUREON BCISE.....	305	Capsfenac Pak.....	247	CARETOUCH TEST STRIP	389
BYETTA.....	305	CAPSINAC	247	CARETOUCH TWIST	
BYNFEZIA.....	331, 358	CAPSULE #1	178	LANCET	404, 505
BYSTOLIC.....	110	<i>captopril</i>	96	<i>carisoprodol</i>	385
<i>cabergoline</i>	330	<i>captopril-hydrochlorothiazide</i>	96	<i>carisoprodol-aspirin</i>	385
CABLIVI.....	366	CARBAGLU.....	564	<i>carisoprodol-aspirin-codeine</i>	
CABOMETYX.....	79	<i>carbamazepine</i>	128, 129	.....	386, 387
CADEAU DHA.....	281	<i>carbidopa</i>	144	CARNITOR (SUGAR-FREE)	
CADIRA COMPLIANT		<i>carbidopa-levodopa</i>	143	.....	562
BLOOD STAT	488	<i>carbidopa-levodopa-</i>		CAROSPIR.....	97
<i>caffeine citrate</i>	160	<i>entacapone</i>	143	CARRASYN HYDROGEL	
<i>calc-d3-magnes-b6-zn-cu-</i>		<i>carbinoxamine maleate</i>		WOUND DRESS.....	261
<i>mangan</i>	268	.....	590, 591, 592	<i>carteolol</i>	582
<i>calcipotriene</i>	220	CARDIZEM LA.....	112	Cartia Xt.....	112
<i>calcipotriene-betamethasone</i>		CARDURA XL.....	119	<i>carvedilol</i>	97
.....	209	CAREFINE PEN NEEDLE		<i>carvedilol phosphate</i>	97
<i>calcitonin (salmon)</i>	310	.....	435, 504	CAYA CONTOURED...397, 505	
<i>calcitriol</i>	220, 295	CARELANCE ULT		CAYSTON.....	603
<i>calcium acetate</i>	267	LANCING DEVICE.....	403, 504	Caziant (28).....	193
<i>calcium acetate(phosphat</i>		CAREONE LANCING		<i>cefaclor</i>	56
<i>bind)</i>	360	DEVICE.....	403	<i>cefadroxil</i>	56
<i>calcium carbonate</i>	267	CAREONE THIN LANCET		CEFALY	454, 505
<i>calcium carbonate-vitamin</i>		.....	403, 504	<i>cefdinir</i>	57
<i>d3</i>	268			<i>cefditoren pivoxil</i>	57

<i>cefixime</i>	57	Chateal (28).....	185	<i>cimetidine hcl</i>	339
<i>cefpodoxime</i>	57	Chateal Eq (28).....	185	CIMZIA.....	26, 27, 349
<i>cefprozil</i>	57	CHEMET.....	44	CIMZIA POWDER FOR	
<i>cefuroxime axetil</i>	57	CHEMSTRIP BG LOG		RECONST.....	26, 27, 348
CELACYN.....	227, 484	BOOK.....	404, 505	CIMZIA STARTER KIT	
<i>celecoxib</i>	34	Chenodal.....	339	.....	26, 27, 348
CELLPAD.....	484, 505	CHILDREN'S ASPIRIN.....	39	<i>cinacalcet</i>	310
<i>cellulose (bulk)</i>	179	CHILDREN'S IRON.....	269	CINRYZE.....	367
CELONTIN.....	133	CHILDREN'S		CIPRO.....	58
CEM-UREA.....	243	MULTIVITAMIN.....	280	CIPRO HC.....	588
CENTANY AT.....	212	CHILDREN'S PROBIOTIC..	350	CIPRO XR.....	58, 362
CENTRUM ADULT 50		CHLOOXIA.....	239	<i>ciprofloxacin</i>	58
FRESH-FRUITY.....	273	<i>chlordiazepoxide hcl</i>	122	<i>ciprofloxacin hcl</i>	58, 585, 589
<i>cephalexin</i>	56	<i>chlordiazepoxide-clidinium</i> ..	344	<i>ciprofloxacin-</i>	
CEQUA.....	578	<i>chlorhexidine gluconate</i>	566	<i>dexamethasone</i>	589
CEQUR SIMPLICITY ...	485, 505	<i>chlorhexidine gluconate</i>		<i>ciprofloxacin-fluocinolone</i>	589
CEQUR SIMPLICITY		(<i>bulk</i>).....	566	<i>citalopram</i>	137
INSERTER.....	404, 505	<i>chloroquine phosphate</i>	49	CITRANATAL (DUAL-IRON)	
CERACADE.....	227	<i>chlorothiazide</i>	117	.....	281
CERAMAX.....	228	<i>chlorpromazine</i>	149	CITRANATAL 90 DHA	
CERASPORT ENDURANCE		<i>chlorthalidone</i>	117	(ALGAL OIL).....	281
.....	271	<i>chlorzoxazone</i>	385	CITRANATAL ASSURE.....	281
CERASPORT PLUS.....	271	CHOICE DM CLARUS		CITRANATAL DHA (ALGAL	
CERAVE.....	226, 227	NORM CONTROL.....	404, 505	OIL).....	282
CERAVE AM.....	253	CHOICEDM CLARUS		CITRANATAL HARMONY	
CERAVE DAILY		.....	389, 404, 505	(IRON FUM).....	282
MOISTURIZING.....	226	CHOLBAM.....	337	<i>citric acid (bulk)</i>	177
CERAVE FOAMING FACIAL		CHOLECAL DF.....	293	<i>citric acid anhydrous (bulk)</i> ..	177
.....	226	<i>cholecalciferol (vitamin d3)</i>		<i>citric acid monohydrate</i>	
CERAVE PM.....	226	.....	295, 296	(<i>bulk</i>).....	177
CERAVE SA.....	226	<i>cholestyramine (with sugar)</i> .102		Claravis.....	197
CERAVE SA (WITH		Cholestyramine Light.....	102	CLARINEX-D 12 HOUR.....	590
NIACINAMIDE).....	226	<i>choline,magnesium</i>		<i>clarithromycin</i>	62
CERDELGA.....	563	<i>salicylate</i>	39	CLEANSING EYELID	
CERTAVITE SENIOR.....	273	<i>chorionic gonadotropin,</i>		MOIST PADS.....	230
CERTAVITE-ANTIOXIDANT		<i>human</i>	319	CLEANSING EYELID	
.....	276	<i>chromium picolinate</i>	272	WIPES EXT STR.....	230
CERVIDIL.....	297	CICASIL.....	484, 505	CLEANSING WASH....	203, 252
CESAMET.....	157, 335	CICATRACE PAD.....	484, 505	CLEAR FIBER.....	354
CETACAINE.....	245	CICLODAN KIT.....	215	CLEARSHIELD SODIUM	
CETACAINE ANESTHETIC	245	<i>ciclopirox</i>	215	CHLOR FLUSH.....	292
<i>cetirizine</i>	592	<i>ciclopirox-clobetasol</i>	217	<i>clemastine</i>	591, 592
CETROTIDE.....	329	<i>ciclopirox-clobetasol-salicyl</i> .217		CLENPIQ.....	356
<i>cevimeline</i>	568	<i>ciclopirox-salicylic acid</i>	215	CLEO 90 INFUSION SET	
CHANTIX.....	177	<i>ciclopirox-ure-camph-menth-</i>		24".....	488
CHANTIX CONTINUING		<i>euc</i>	215	CLEO 90 INFUSION SET	
MONTH BOX.....	177	<i>cilostazol</i>	379	31".....	488
CHANTIX STARTING		CILOXAN.....	585	CLEOCIN.....	611
MONTH BOX.....	177	CIMDUO.....	52	CLEVER CHEK BLOOD	
Charlotte 24 Fe.....	185	<i>cimetidine</i>	339	GLUCOSE.....	404, 505

CLEVER CHEK BLOOD	CLINPRO 5000.....564	COMFORT INFUSION SET
GLUCOSE SYST.....404	<i>clobazam</i> 124	23".....489, 507
CLEVER CHEK LANCETS..404	<i>clobetasol</i> 231, 232	COMFORT INFUSION SET
CLEVER CHOICE BLOOD	<i>clobetasol-calcipotriene</i> 239	32".....489, 507
GLUC SYS.....404	<i>clobetasol-emollient</i> 232	COMFORT INFUSION SET
CLEVER CHOICE	<i>clobetasol-levocetirizine</i> 239	43".....489, 507
CHAMBER-LRG MASK.....477	<i>clobetasol-niacinamide</i> 239	COMFORT LANCETS.....405
CLEVER CHOICE	CLOBETAVIX.....232	COMFORT PAC-
CHAMBER-MED MASK.....478	<i>clocortolone pivalate</i> 232	CYCLOBENZAPRINE.....386
CLEVER CHOICE	CLODAN KIT.....241	COMFORT PAC-
CHAMBER-SM MASK.....478	<i>clomiphene citrate</i> 313	IBUPROFEN.....33
CLEVER CHOICE	<i>clomipramine</i> 142	COMFORT PAC-
GLUCOSE MONITOR.404, 505	<i>clonazepam</i> 122	MELOXICAM.....33
CLEVER CHOICE LEVEL 1	<i>clonidine</i> 115	COMFORT PAC-
CONTROL.....404, 505	<i>clonidine hcl</i> 115, 150	NAPROXEN.....33
CLEVER CHOICE LEVEL 2	<i>clopidogrel</i> 380	COMFORT PAC-
CONTROL.....404, 506	<i>clorazepate dipotassium</i> 122	TIZANIDINE.....386
CLEVER CHOICE LEVEL 3	<i>clotrimazole</i> 215, 566	COMFORT SHORT
CONTROL.....405, 506	<i>clotrimazole-betamethasone</i> 217	INSULIN PUMP 23".....489, 507
CLEVER CHOICE MICRO	Clovique.....43	COMFORT SHORT
.....405, 506	<i>clozapine</i> 147, 148	INSULIN PUMP 32".....489, 507
CLEVER CHOICE MICRO	C-NATE DHA.....282	COMFORT SHORT
TEST STRIP.....389, 506	COAGADEX.....373	INSULIN PUMP 43".....489, 507
CLEVER CHOICE	COAGUCHEK LANCETS	COMPACT SPACE
NEBULIZER.....478, 506	405, 506	CHAMBER.....478, 507
CLEVER CHOICE PEAK	COAGUCHEK XS.....387, 506	COMPACT SPACE
FLOW METER.....475, 506	<i>coal tar</i> 245	CHAMBER PLUS.....478, 507
CLEVER CHOICE PRO	COARTEM.....48	COMPACT SPACE
.....389, 405, 506	<i>cocaine</i> 604	CHAMBER-LRG MASK.....478
CLEVER CHOICE TALK	<i>codeine sulfate</i> 12	COMPACT SPACE
GLUCOSE SYS.....405, 506	<i>codeine-bitalbitol-asa-caff</i> ...19	CHAMBER-MED MASK.....478
CLEVER CHOICE TALK	<i>codeine-guaifenesin</i> 610	COMPACT SPACE
TEST.....389, 506	CODITUSSIN AC.....610	CHAMBER-SM MASK.....478
CLEVER CHOICE TEST	CODITUSSIN DAC.....610	COMP-AIR NEBULIZER
STRIPS.....389	<i>colchicine</i> 365	COMPRESSOR.....478, 507
CLEVER CHOICE VOICE+	<i>colesevelam</i> 102	COMPLERA.....54
TEST.....389	COLESTID FLAVORED.....102	COMPLETE MV ADULT 50
CLEVER CHOICE	<i>colestipol</i> 102	PLUS.....274
WHISPER AIRE PED..478, 506	COLLATYL.....261	COMPLETE NATAL DHA...282
CLICKFINE PEN NEEDLE..435	COLOR LANCETS.....405, 506	COMPLETENATE.....282
CLIMARA PRO.....311	COMBIGAN.....580	Compro.....336
CLINDACIN ETZ.....202	COMBIPATCH.....311	CONCEPTION.....507
CLINDACIN PAC.....202	COMBIVENT RESPIMAT...600	CONCERTA.....151
<i>clindamycin hcl</i> 61	COMETRIQ.....79	CONDYLOX.....243
Clindamycin Pediatric.....61	COMFORT EZ INSULIN	CONJUPRI.....113
<i>clindamycin phosphate</i> 200, 611	SYRINGE....435, 436, 506, 507	CONSENSI.....112
<i>clindamycin-benzoyl</i>	COMFORT EZ LANCETS...405	Constulose.....355
<i>peroxide</i> 203	COMFORT EZ PEN	CONTACT DETACH INFUS
<i>clindamycin-tretinoin</i> 205	NEEDLES.....436, 507	SET 23".....489
CLINDESSE.....611		

CONTACT DETACH INFUS SET 32".....	489	COSAMIN AVOCA (WITH BOSWELLIA).....	9	CURITY AMD (WITH POLYHEXAMETH)	261, 508, 509
CONTOUR CONTROL SOLUTION, HIGH.....	405, 507	COSENTYX.....	211	CURITY DRAINAGE BAG	431, 509
CONTOUR CONTROL SOLUTION, LOW.....	405, 507	COSENTYX (2 SYRINGES)	210	CURITY IODOFORM PACKING STRIP.....	399, 509
CONTOUR CONTROL SOLUTION, NML.....	405, 508	COSENTYX PEN.....	210	CUROSURF.....	604
CONTOUR METER.....	405, 508	COSENTYX PEN (2 PENS)	210	CUTAQUIG.....	87
CONTOUR NEXT EZ METER.....	405, 508	COTELLIC.....	78	CUVITRU.....	87
CONTOUR NEXT LEV 1 CONTROL SOL.....	405, 508	COTEMPLA XR-ODT.....	152	CUVPOSA.....	569
CONTOUR NEXT LEV 2 CONTROL SOL.....	405, 508	COVARYX.....	311	<i>cyanocobalamin (vitamin b- 12)</i>	294
CONTOUR NEXT LINK.....	405	COVARYX H.S.....	311	Cyclafem 1/35 (28).....	185
CONTOUR NEXT LINK 2.4	405, 508	<i>covid19 test adm.by pharmacist</i>	396, 508	Cyclafem 7/7/7 (28).....	193
CONTOUR NEXT METER	405, 508	<i>covid-19 test specimen collect</i>	396, 508	CYCLINEX-2.....	280
CONTOUR NEXT ONE METER.....	405, 508	CRALONIN.....	333	<i>cyclobenzaprine</i>	385
CONTOUR NEXT TEST STRIPS.....	389	CREON.....	338	CYCLOMYDRIL.....	572
CONTOUR TEST STRIPS..	389	CRESEMBA.....	47	<i>cyclopentolate</i>	575
CONTROL AST MONITORING SYSTEM	406, 508	CRINONE.....	313, 613	<i>cyclopen-tropic-phenyleph- watr</i>	572
COOL BLOOD GLUCOSE METER.....	406, 508	CRIXIVAN.....	65	<i>cyclopent-tropic-phen-ketr- wat</i>	572
COOL CONTROL A SOLUTION.....	406, 508	<i>cromolyn</i>	78, 583, 596	<i>cyclophosphamide</i>	72
COOL CONTROL B SOLUTION.....	406, 508	Crotan.....	258	<i>cyclop-trop-propa-phen-ket- wat</i>	572
COOL GLUCOSE TEST STRIP.....	389, 508	CRYOSERV.....	178	<i>cycloserine</i>	55
COPAXONE.....	570	Cryelle (28).....	185	CYCLOSET.....	301
COPIKTRA.....	80	CULTURELLE.....	350	<i>cyclosporine</i>	30, 383
CORDRAN.....	232	CULTURELLE BABY CALM- COMFORT.....	350	CYCLOSPORINE IN KLARITY.....	578
CORDRAN TAPE LARGE ROLL.....	232	CULTURELLE BABY GROW-THRIVE.....	350	<i>cyclosporine modified</i>	383
Coremino.....	67, 198	CULTURELLE BABY PROBIOTIC-DHA.....	350	CYCLOTENS REFILL.....	385
CORIFACT.....	373	CULTURELLE DIGESTIVE HEALTH.....	350	CYCLOTENS STARTER.....	386
CORLANOR.....	117, 118	CULTURELLE GUMMY.....	350	<i>cyproheptadine</i>	591
CORTANE-B.....	589	CULTURELLE KIDS GUMMY.....	350	Cyred.....	186
CORTIFOAM.....	348	CULTURELLE KIDS PROBIOTIC-MV.....	281	Cyred Eq.....	185
<i>cortisone</i>	314	CULTURELLE KIDS PROBIOTICS.....	350	CYSTADANE.....	563
CORTISPORIN.....	213	CULTURELLE PRENATAL PROBIOTIC.....	350	CYSTADROPS.....	581
CORTISPORIN-TC.....	589	CULTURELLE PROBIOTIC- MULTIVIT.....	274	CYSTAGON.....	358
		CULTURELLE TOTAL BALANCE.....	351	CYSTARAN.....	581
		CULTURELLE ULTIMATE..	351	DAILY FIBER.....	354
		CUPRIMINE.....	31, 43	DAILY FIBER (PSYLLIUM- ASPART).....	354
		CURAFIL GEL WOUND	261, 508	DAILY FIBER (PSYLLIUM- SUCROSE).....	354
		CURITY AMD.....	398, 509	DAILY-VITE.....	274, 276
				DAIRY DIGESTIVE.....	338
				DAIRY RELIEF.....	338
				<i>dalfampridine</i>	570

DALIRESP	597	DERMACINRX	DEXCOM G5 RECEIVER....	406
<i>danazol</i>	317	THERAZOLE PAK.....	DEXCOM G5	
<i>dantrolene</i>	386	DERMACINRX ZRM PAK...	TRANSMITTER.....	406, 509
<i>dapsone</i>	48, 200, 201	DERMAGRAFT	DEXCOM G5-G4 SENSOR	
<i>darifenacin</i>	363	DERMAWERX SURGICAL	.....	406, 509
DARIO BLOOD GLUCOSE		PLUS PAK.....	DEXCOM G6 RECEIVER	
MONITOR.....	406, 509	DERMAZENE .....	.....	406, 509
DARIO BLOOD GLUCOSE		DERMAZYL KIT	DEXCOM G6 SENSOR	
TEST STRIP	389	DERM-SILK.....	.....	406, 509
Dasetta 1/35 (28)	186	DERMULCERA.....	DEXCOM G6	
Dasetta 7/7/7 (28)	193	DESCOVY	TRANSMITTER.....	406, 510
DAURISMO	76	<i>desflurane</i>	DEXCOM RECEIVER.	406, 510
DAVOL IRRIGATION		<i>desipramine</i>	DEXERYL.....	228
SYRINGE.....	461, 509	<i>desloratadine</i>	DEXILANT	339
DAVOL PISTON		<i>desmopressin</i>	<i>dexmethylphenidate</i>	152
IRRIGATION.....	461, 509	<i>desog-e.estradiol/e.estradiol</i>	DEXONTO.....	315
Daysee.....	183	DESONATE.....	DEXTENZA.....	577
DAYTRANA.....	152	<i>desonide</i>	<i>dextroamphetamine</i>	159
DAYVIGO	174	<i>desoximetasone</i>	<i>dextroamphetamine-</i>	
DDAVP	300	<i>desoximetasone-</i>	<i>amphetamine</i>	158
DEBACTEROL.....	566	<i>niacinamide</i>	DIACOMIT	134
Deblitane	192	<i>desvenlafaxine</i>	DIADIMAXIA.....	202
Decadron.....	314	<i>desvenlafaxine succinate</i>	DIAOXIA.....	202
<i>deferasirox</i>	44	DEVILBISS DISPOSABLE	DIAPERS, UNISEX SIZE 6.	431
<i>deferiprone</i>	44	NEBULIZER.....	DIASDIMAXIA.....	202
<i>deferoxamine</i>	44	DEVILBISS PULMO-AIDE	DIASOXIA.....	202
DELESTROGEN.....	312	COMPRESSR.....	DIATRUE CONTROL SOLN	
DELSTRIGO.....	55	DEVILBISS PULMOMATE	NORMAL.....	406, 510
DELUO	84, 259	COMPRESSOR.....	DIATRUE CONTROL	
<i>demeclocycline</i>	67	DEVILBISS PULMONEB LT	SOLUTION HIGH.....	407, 510
DEMEROL (PF).....	12	COMP-NEB.....	DIATRUE CONTROL	
DEMSEER.....	119	DEVILBISS TRAVELER	SOLUTION LOW.....	407, 510
DENAVIR.....	224	COMPRESSOR.....	DIATRUE PLUS BLOOD	
DENTA 5000 PLUS.....	565	Dexabliss.....	GLUCOSE MET	407, 510
DENTAGEL.....	565	<i>dexamethasone</i>	DIATRUE PLUS TEST	
DEOXIA.....	201, 202	DEXAMETHASONE	STRIP	389, 510
Depo-Estradiol.....	312	INTENSOL.....	<i>diazepam</i>	122, 125, 155
DEPO-SUBQ PROVERA		<i>dexamethasone sodium</i>	Diazepam Intensol.....	122, 155
104	181	<i>phosphate</i>	<i>diazoxide</i>	298
DERMACINRX		<i>dexchlorpheniramine</i>	DICLO GEL.....	249
CLOHEXACIN.....	263	<i>maleate</i>	DICLO GEL-XRYLIX SHEET	
DERMACINRX		DEXCOM G4 RECEIVER....	.....	249
FOLIXAPURE.....	293	DEXCOM G4 RECEIVER	<i>diclofenac epolamine</i>	249
DERMACINRX FOLTREXYL		PEDIATRIC.....	<i>diclofenac potassium</i>	36
.....	293	DEXCOM G4 RECEIVER-	<i>diclofenac sodium</i>	
DERMACINRX LEXITRAL..	247	SHARE (PED).....	.....	36, 218, 249, 579
DERMACINRX PHN PAK....	256	DEXCOM G4 RECEIVER-	<i>diclofenac submicronized</i>	36
DERMACINRX SURGICAL		SHARE KIT	<i>diclofenac-hyaluronate-</i>	
PHARMAPAK.....	263	DEXCOM G4	<i>niacin</i>	247
		TRANSMITTER.....	<i>diclofenac-misoprostol</i>	32

DICLOFEX DC.....	248	<i>dimethyl fumarate</i>	570	<i>doxylamine-pyridoxine (vit</i>	
DICLOFONO.....	249	DIMOXIA.....	209	<i>b6)</i>	335
DICLOPAK.....	248	DIPENTUM.....	347	D-PENAMINE.....	31, 43
DICLOPR.....	248	Diphen.....	591	DRAXACE.....	203
DICLOSAICIN.....	248	<i>diphenoxylate-atropine</i>	334	DRITHOCREME HP.....	221
DICLOTRAL.....	248	<i>dipyridamole</i>	380	DRIXECE.....	203
DICLOTREX.....	248	<i>disopyramide phosphate</i>	100	DRIZALMA SPRINKLE.....	139, 161
DICLOVIX.....	247	<i>disulfiram</i>	176	<i>dronabinol</i>	335
DICLOVIX M.....	248	DITHOL.....	248	DROPLET INSULIN SYR	
<i>dicloxacillin</i>	64	DIURIL.....	117	HALF UNIT.....	436, 510
DICLOZOR.....	249	<i>divalproex</i>	125	DROPLET INSULIN	
<i>dicyclomine</i>	344	DIVIGEL.....	312	SYRINGE.....	436, 510
<i>didanosine</i>	52	DM2.....	327	DROPLET LANCETS.....	407
DIFFERIN.....	208	DMT SUIK.....	315	DROPLET LANCING	
DIFICID.....	62	<i>dofetilide</i>	101	DEVICE.....	407
<i>diflorasone</i>	234	DOJOLVI.....	278	DROPLET MICRON PEN	
<i>diflunisal</i>	39	DOLOTRANZ.....	245	NEEDLE.....	436, 511
DIFMETIOXRIME.....	215	<i>donepezil</i>	180	DROPLET PEN NEEDLE	
DIGEST ADV PROBIO		DONNATAL.....	345	.....	437, 511
PLUS GAS.....	351	Donnatal.....	345	DROPSAFE PEN NEEDLE	
DIGESTIVE ADV		DOPTelet (10 TAB PACK).....	382	.....	437, 511
MULTISTRain GMMY.....	351	DOPTelet (15 TAB PACK).....	382	<i>drospirenone-e.estradiol-</i>	
DIGESTIVE ADVANTAG		DOPTelet (30 TAB PACK).....	382	<i>lm.fa</i>	186
KID PRO-PRE.....	351	DORYX.....	67	<i>drospirenone-ethinyl</i>	
DIGESTIVE ADVANTAGE		DORYX MPC.....	67	<i>estradiol</i>	186
ADVANCED.....	351	<i>dorzolamide</i>	581	DROXIA.....	381
DIGESTIVE ADVANTAGE		<i>dorzolamide (pf)</i>	581	DRYSOL.....	219
IMMUNE.....	351	<i>dorzolamide-timolol</i>	580	DRYSOL DAB-O-MATIC.....	219
DIGESTIVE ADVANTAGE		<i>dorzolamide-timolol (pf)</i>	580	DSUVIA.....	12
INTENS BOW.....	351	Dotti.....	312	DUAKLIR PRESSAIR.....	600
DIGESTIVE ADVANTAGE		DOVATO.....	51	DUAVEE.....	310
KID PROBIO.....	351	DOVER BULB SYRINGE		DUET DHA BALANCED.....	282
DIGESTIVE ADVANTAGE		.....	461, 510	DUET DHA WITH OMEGA-3	
PROBIO-PRE.....	351	DOVER COATED LATEX		.....	282
DIGESTIVE ADVANTAGE		FOLEY.....	487, 510	DUEXIS.....	32
PROBIOTIC.....	351	DOVER FOLEY CATHETER		DULERA.....	601, 602
DIGESTIVE PROBIOTIC.....	352	.....	487, 510	<i>duloxetine</i>	139
Digitek.....	115	DOVER LATEX FOLEY		DUOBRII.....	209
Digox.....	115	CATHETER.....	487, 510	DUODOTE.....	43
<i>digoxin</i>	115	DOVER RED RUBBER		DUOPA.....	143
<i>dihydroergotamine</i>	163, 164	ROBINSON CATH.....	487, 510	DUPIXENT PEN.....	211
DILANTIN.....	127	DOVER UNIVERSAL..	487, 510	DUPIXENT SYRINGE.....	211
DILATRATE-SR.....	99	<i>doxazosin</i>	119	DUREZOL.....	577
DILAUDID (PF).....	12	<i>doxepin</i>	142, 175, 256	DURLAZA.....	40, 380
<i>diltiazem hcl</i>	112	<i>doxercalciferol</i>	562	<i>dutasteride</i>	361
DILT-XR.....	112	<i>doxycycline hyclate</i>		<i>dutasteride-tamsulosin</i>	358
DILUENT FOR ROTARIX.....	266	.....	67, 68, 69, 568	DUTOPROL.....	114
DILUTING MEDIUM FOR		<i>doxycycline monohydrate</i>		DUZALLO.....	366
NOVOLOG.....	266	.....	69, 252	Dvorah.....	20, 21
DIMENTHO.....	248			Dxevo.....	315

DYANA VEL XR.....	152, 158	EASY STEP NORMAL		EASY TOUCH	
E.E.S. 400.....	62	CONTROL SOLN.....	407, 513	SHEATHLOCK INSULIN	
EAR POPPER INFLATION		EASY TALK BLOOD		.....	439, 515
DEVICE.....	488, 511	GLUCOSE METER.....	407, 513	EASY TOUCH	
EASIVENT HOLDING		EASY TALK GLUCOSE		SHEATHLOCK SYRG-NDL	
CHAMBER.....	478	TEST.....	389, 513	.....	452, 463, 515, 516
EASIVENT MASK LARGE		EASY TALK HIGH		EASY TOUCH	
.....	478, 511	CONTROL.....	407, 513	SHEATHLOCK SYRINGE	
EASIVENT MASK MEDIUM		EASY TALK LOW		.....	463, 516
.....	479, 511	CONTROL.....	408, 513	EASY TOUCH TEST STRIP	389
EASIVENT MASK SMALL		EASY TOUCH		EASY TOUCH	
.....	479, 511	.....	438, 463, 464, 516	TUBERCULIN FLIPLOCK	
EASY CHECK BLOOD		EASY TOUCH FLIPLOCK		.....	464, 516
GLUCOSE.....	407, 511	INSULIN.....	438, 513	EASY TOUCH	
EASY COMFORT INSULIN		EASY TOUCH FLIPLOCK		TUBERCULIN SHEATHLK	
SYRINGE.....	437, 511	NEEDLE.....	462, 513	.....	464, 516
EASY COMFORT		EASY TOUCH FLIPLOCK		EASY TOUCH TWIST	
LANCETS.....	407	SYRINGE....	452, 462, 513, 514	LANCETS.....	408, 516
EASY COMFORT PEN		EASY TOUCH FLURINGE		EASY TOUCH UNI-SLIP	
NEEDLES.....	437, 511	.....	463, 514	.....	439, 464, 516
EASY GLIDE CATHETER		EASY TOUCH FLURINGE		EASY TRAK BLOOD	
TIP SYRING.....	461, 512	FLIPLOCK.....	462, 514	GLUCOSE METER.....	408, 516
EASY GLIDE DENTAL		EASY TOUCH FLURINGE		EASY TRAK GLUCOSE	
IRRIG SYRING.....	461, 512	SHEATHLOCK.....	462, 514	TEST.....	389, 516
EASY GLIDE INSULIN		EASY TOUCH GLUCOSE		EASY TRAK HIGH	
SYRINGE.....	437, 512	MONITOR.....	408	CONTROL.....	408, 517
EASY GLIDE LUER LOCK		EASY TOUCH HIGH-LOW		EASY TRAK II CTRL SOLN-	
SYRINGE.....	461, 512	CONTROL.....	408	NORMAL.....	408, 517
EASY GLIDE LUER SLIP		EASY TOUCH		EASY TRAK II TEST STRIP	
TB SYRING.....	462, 512	HYPODERMIC NEEDLE		.....	390, 517
EASY GLIDE PEN NEEDLE		.....	463, 514	EASY TRAK LOW	
.....	437, 512	EASY TOUCH INSULIN		CONTROL.....	408, 517
EASY GLUCO G2.....	389, 512	SAFETY SYR.....	438, 514, 515	EASY TWIST AND CAP	
EASY MINI EJECT		EASY TOUCH INSULIN		LANCETS.....	408, 517
LANCING DEVICE.....	407, 512	SYRINGE.....	438	EASYGLUCO METER.....	408
EASY PLUS II BLOOD		EASY TOUCH LANCETS		EASYGLUCO	
GLUCOSE MET.....	407, 512	.....	408, 515	MONITORING SYSTEM.....	408
EASY PLUS II HIGH		EASY TOUCH LANCING		EASYGLUCO PLUS....	390, 517
CONTROL.....	407, 512	DEVICE.....	408, 515	EASYGLUCO PLUS	
EASY PLUS II LOW		EASY TOUCH LUER LOCK		NORMAL CONTROL...	408, 517
CONTROL.....	407, 512	INSULIN.....	438, 515	EASYGLUCO TEST.....	390
EASY PLUS II TEST...	389, 513	EASY TOUCH LUER LOCK		EASYMAX.....	390
EASY STEP.....	389, 513	SYRINGE.....	463, 515	EASYMAX 15 LEVEL 1	
EASY STEP BLOOD		EASY TOUCH PEN		.....	408, 517
GLUCOSE METER.....	407, 513	NEEDLE.....	438, 515	EASYMAX 15 LEVEL 2	
EASY STEP HIGH		EASY TOUCH SAFETY		.....	409, 517
CONTROL SOLN.....	407, 513	LANCETS.....	408, 515	EASYMAX 15 TEST	
EASY STEP LOW		EASY TOUCH SAFETY		STRIPS.....	390
CONTROL SOLUTION	407, 513	PEN NEEDLE.....	439, 515	EASYMAX L BLOOD	
				GLUCOSE METER.....	409

EASYMAX LOW CONTROL	409	ELEMENT HIGH CONTROL	409, 518	EMBRACE TALK	
EASYMAX NG	409	ELEMENT LOW CONTROL	409, 518	CONTROL-LOW (L1)	410, 519
EASYMAX NORMAL		ELEMENT NORMAL		EMBRACE TALK	
CONTROL	409	CONTROL	409, 518	GLUCOSE MONITOR	410
EASYMAX V SPEAKING		ELEMENT PLUS BLOOD		EMBRACE TALK TEST	
GLUCOSE SYS	409	GLUCOSE KIT	410, 518	STRIPS	390
EASYMAX V2 BLOOD		ELEMENT TEST STRIPS	390, 518	EMCYT	76
GLUCOSE METER	409	ELESTRIN	312	EMEND	337
EASY-TOUCH BLOOD		<i>eletriptan</i>	164	EMFLAZA	315
GLUCOSE METER	409	ELIGARD	78	EMGALITY PEN	163
EBASE CONTROLLER	479, 517	ELIGARD (3 MONTH)	78	EMGALITY SYRINGE	121, 163
ECEOXIA	201	ELIGARD (4 MONTH)	78	Emoquette	186
ECLIPSE NEEDLE	464, 517	ELIGARD (6 MONTH)	78	EMSAM	137
ECLIPSE SYRINGE	452, 464, 517	Elinest	186	<i>emtricitabine</i>	52
EC-NAPROXEN	37	ELIQUIS	368	<i>emtricitabine-tenofovir (tdf)</i>	52
ECONASIL	216	ELIQUIS DVT-PE TREAT		EMTRIVA	53
<i>econazole</i>	216	30D START	368	EMULSION SB	228
ECONTRA EZ	196	ELITE-OB	270, 274, 282	EMVERM	46
ECONTRA ONE-STEP	196	Elixophyllin	596	<i>enalapril maleate</i>	96
ECOTRIN	40	ELLA	196	<i>enalapril-hydrochlorothiazide</i>	96
ECOZA	216	ELLZIA PAK	240	ENBRACE HR	276, 282
EDARBI	99	ELMIRON	359	ENBREL	27
EDARBYCLOR	98	ELOCTATE	371	ENBREL MINI	27
EDLUAR	174	Eluryng	195	ENBREL SURECLICK	27
ED-SPAZ	343, 363	EMBRACE BLOOD		ENDARI	381
EDURANT	51	GLUCOSE SYSTEM	390, 410, 518	ENDO AVITENE	375
EEMT	311	EMBRACE EVO BLOOD		Endocet	22, 23
EEMT HS	311	GLUCOSE KIT	410, 518	ENDOFORM	258
<i>efavirenz</i>	51	EMBRACE EVO LEVEL 1	410, 518	ENDOFORM	
<i>efavirenz-emtricitabin-</i>		EMBRACE EVO TEST		FENESTRATED	257
<i>tenofov</i>	55	STRIPS	390, 518	ENDOMETRIN	313
<i>efavirenz-lamivu-tenofov</i>		EMBRACE GLUCOSE		ENGERIX-B (PF)	87
<i>disop</i>	55	CONTROL HIGH	410, 518	ENLITE GLUCOSE	
EFFACLAR ADAPALENE	208	EMBRACE GLUCOSE		SENSOR	410, 519
EFFER-K	272	CONTROL LOW	410, 518	ENLITE SERTER	410, 519
EGATEN	46	EMBRACE LANCETS	410, 518	ENLITE SYSTEM	410, 519
EGRIFTA SV	318	EMBRACE PRO	410, 518	<i>enoxaparin</i>	378
ELEMENT COMPACT		EMBRACE PRO GLUCOSE		Enpresse	193
GLUCOSE METER	409, 517	METER	410	Enskyce	186
ELEMENT COMPACT HIGH		EMBRACE PRO TEST		ENSPRYNG	383
CONTROL	409, 517	STRIPS	390	ENSTILAR	210
ELEMENT COMPACT		EMBRACE TALK BLOOD		ENSURE CLEAR	
NORMAL CONTROL	409, 517	GLUCOSE SYS	410	THERAPEUTIC	279
ELEMENT COMPACT TEST		EMBRACE TALK		ENSURE RAPID	
STRIPS	390, 518	CONTROL-HIGH (L2)	410, 518	HYDRATION	271
ELEMENT COMPACT V				<i>entacapone</i>	144
GLUCOSE MTR	409, 518			<i>entecavir</i>	58
				ENTERAL GRAVITY BAG	
				SET-ENFIT	398, 519
				ENTEREG	44

ENTRESTO.....	99	<i>estradiol</i>	312, 612	EVICEL.....	376
ENTTY.....	228	<i>estradiol valerate</i>	313	EVOLUTION BLOOD	
Enulose.....	338	<i>estradiol-norethindrone acet</i>	311	GLUCOSE METER.....	411, 519
ENVARUSUS XR.....	383	ESTRING.....	612	EVOLUTION NORMAL	
ENVIVE.....	352	ESTROGEL.....	313	CONTROL.....	411, 519
EPANED.....	96	<i>estrogens-</i>		EVOLUTION TEST STRIPS	
EPCLUSA.....	60	<i>methylltestosterone</i>	311	.....	390, 519
EPICERAM.....	228	ESTROVEN CMPLT		EVOTAZ.....	53, 65
EPICYN.....	259	MENOPAUSE RLF.....	11	EVRYSDI.....	387
EPIDIOLEX.....	125	<i>eszopiclone</i>	174	EXCEL SYRINGE.....	464, 519
EPIDUO FORTE.....	206	<i>ethacrynic acid</i>	116	EXEL HYPODERMIC	
EPIFIX AMNIOTIC		<i>ethambutol</i>	56	NEEDLES.....	464, 519
MEMBRANE.....	257	<i>ethosuximide</i>	133	EXEL INSULIN.....	439
EPIFOAM.....	241	ETHOXIA.....	208	EXEL SYRINGE.....	464, 520
<i>epinastine</i>	576	<i>ethyl acetate</i>	178	EXELDERM.....	216
<i>epinephrine</i>	114, 593	<i>ethyl chloride</i>	247	<i>exemestane</i>	74
<i>epinephrine hcl</i>	607	<i>ethynodiol diac-eth estradiol</i>	186	EXODERM.....	215
EPISIL.....	567	<i>etidronate disodium</i>	309	EXTAVIA.....	569
Epitol.....	129, 155	<i>etodolac</i>	38	EXTRA-VIRT PLUS DHA....	282
EPIVIR HBV.....	58	<i>etonogestrel-ethinyl estradiol</i>		EYE.....	333
<i>eplerenone</i>	97	.....	195	EYE HEALTH PLUS	
EPOGEN.....	368	<i>etoposide</i>	76	LUTEIN.....	10, 274
<i>eprosartan</i>	99	EUCRISA.....	211	EYE MULTIVITAMIN WITH	
EQUETRO.....	129, 156	EURAX.....	258	LUTEIN.....	10, 274
<i>ergocalciferol (vitamin d2)</i> ...	296	EUTHYROX.....	332	EYSUVIS.....	577
<i>ergoloid</i>	181	EVAMIST.....	313	E-Z JECT LANCETS... 411, 520	
ERGOMAR.....	164	EVARREST.....	376	E-Z JECT THIN LANCETS..	411
<i>ergotamine-caffeine</i>	164	EVEKEO ODT.....	159	EZ SMART CONTROL.....	411
ERIVEDGE.....	77	EVENCARE.....	411, 519	EZ SMART LANCETS.....	411, 520
ERLEADA.....	73	EVENCARE G2... 390, 410, 411		EZ SMART PLUS SYSTEM	
<i>erlotinib</i>	71	EVENCARE G3 CONTROL	411	.....	411, 520
Errin.....	192	EVENCARE G3 GLUCOSE		EZ SMART PLUS TEST	
ERTACZO.....	216	METER.....	411	.....	390, 520
ERY PADS.....	201	EVENCARE G3 TEST.....	390	EZ SMART SYSTEM...411, 520	
Ery-Tab.....	62	EVENCARE MINI		EZ SMART TEST.....	390
Erythrocin (As Stearate).....	62	GLUCOSE CONTROL	411, 519	EZALLOR SPRINKLE.....	104
<i>erythromycin</i>	62, 585	EVENCARE MINI		<i>ezetimibe</i>	107
<i>erythromycin ethylsuccinate</i> ..	62	GLUCOSE TEST STR.....	390	<i>ezetimibe-simvastatin</i>	109
<i>erythromycin with ethanol</i>	201	EVENCARE MINI		EZ-LETS.....	411, 520
<i>erythromycin-benzoyl</i>		MONITOR SYSTEM.....	411	EZ-VAC.....	411, 520
<i>peroxide</i>	203	EVENCARE PROVIEW		FABIOR.....	208
ESBRIET.....	611	CONTROL-L2,L3.....	411, 519	FACTIVE.....	58
<i>escitalopram oxalate</i>	137	EVENCARE PROVIEW		Falmina (28).....	186
ESKATA.....	222	TEST STRIP.....	390, 519	<i>famciclovir</i>	61
ESOMEPE-EZS.....	340	EVENCARE TEST.....	390, 519	<i>famotidine</i>	339
<i>esomeprazole magnesium</i> ..	340	<i>everolimus (antineoplastic)</i>	79	FANAPT.....	147
<i>esomeprazole strontium</i>	340	<i>everolimus</i>		FARXIGA.....	303
ESPEROCT.....	371	(<i>immunosuppressive</i>).....	384	FARYDAK.....	77
Estarylla.....	186	EVERSENSE SMART		FASENRA PEN.....	595
<i>estazolam</i>	173	TRANSMITTER.....	411, 519	Fayosim.....	193

FC2 FEMALE CONDOM	FINGERSTIX LANCETS	<i>fluocinonide</i>	235
.....398, 520	412, 520	Fluocinonide-E.....	235
<i>febuxostat</i>	FINTEPLA.....	<i>fluocinonide-emollient</i>	235
FEIBA NF.....	Fioricet.....	FLUOPAR.....	240
<i>felbamate</i>	FIRDAPSE.....	<i>fluorescein-proparacaine</i>	581
<i>felodipine</i>	FIRMAGON.....	<i>fluoride (sodium)</i>	565
FEM PH.....	FIRMAGON KIT W	FLUORIDEX DAILY	
FEMALE CATHETER..	DILUENT SYRINGE.....	DEFENSE.....	565
FEMCAP.....	FIRVANQ.....	FLUORIDEX SENSITIVITY	
FEMRING.....	FISH OIL.....	RELIEF.....	565
Femynor.....	FLAREX.....	<i>fluorometholone</i>	577
<i>fenofibrate</i>	<i>flavoxate</i>	FLUOROPLEX.....	218
<i>fenofibrate micronized</i>	<i>flecainide</i>	<i>fluorouracil</i>	218
<i>fenofibrate nanocrystallized</i>	FLEXICHAMBER.....	FLUOVIX.....	235
<i>fenofibric acid</i>	FLEXICHAMBER-LG CHILD	FLUOVIX PLUS.....	235
<i>fenofibric acid (choline)</i>	MASK.....	<i>fluoxetine</i>	137
<i>fenoprofen</i>	FLEXICHAMBER-SM	<i>fluphenazine hcl</i>	149
<i>fentanyl</i>	ADULT MASK.....	<i>flurandrenolide</i>	235
<i>fentanyl citrate</i>	FLEXICHAMBER-SM	<i>flurazepam</i>	155, 173
<i>fentanyl citrate (pf)</i>	CHILD MASK.....	<i>flurbiprofen</i>	37
<i>fentanyl citrate (pf)-0.9%nacl</i>	FLEXIPAK.....	<i>flurbiprofen sodium</i>	579
FENTORA.....	FLEXI-SEAL SIGNAL FMS	<i>flutamide</i>	73
FERGON.....	431, 521	<i>fluticasone propionate</i>	235, 605
FERIVA 21-7.....	FLOLIPID.....	<i>fluticasone propion-</i>	
FERIVA FA (WITH	FLOVENT DISKUS.....	<i>salmeterol</i>	602
SUMALATE).....	FLOVENT HFA.....	<i>fluvastatin</i>	104, 105
FERRIPROX.....	FLUAD 2020-2021 (65 YR	<i>fluvoxamine</i>	137
FERRIPROX (2 TIMES A	UP)(PF).....	FLUZONE HIGHDOSE	
DAY).....	FLUAD QUAD 2020-21(65Y	QUAD 20-21 PF.....	94
<i>ferrous sulfate</i>	UP)(PF).....	FLUZONE QUAD 2020-	
FETZIMA.....	FLUARIX QUAD 2020-2021	2021.....	94
<i>fexofenadine-</i>	(PF).....	FLUZONE QUAD 2020-	
<i>pseudoephedrine</i>	FLUBLOK QUAD 2020-2021	2021 (PF).....	94
FIASP FLEXTOUCH U-100	(PF).....	FLYP NEBULIZER.....	455
INSULIN.....	FLUCELVAX QUAD 2020-	FML FORTE.....	577
FIASP PENFILL U-100	2021.....	FML S.O.P.....	577
INSULIN.....	FLUCELVAX QUAD 2020-	FOLET ONE.....	276, 282
FIASP U-100 INSULIN.....	2021 (PF).....	<i>folic acid</i>	296
FIFTY50 SAFETY SEAL	<i>fluconazole</i>	FOLIC D3.....	293
LANCETS.....	<i>flucytosine</i>	FOLIKA PROBIOTIC.....	352
FIFTY50 TEST STRIP.....	<i>fludrocortisone</i>	FOLIKA-CI.....	274
<i>filter needles</i>	FLULAVAL QUAD 2020-	FOLIKA-MG.....	274
FILTERED EXTENSION	2021 (PF).....	FOLIKA-NC.....	265
SET.....	FLUMIST QUAD 2020-2021.....	FOLIVANE-OB.....	274, 282
FINACEA.....	<i>flunisolide</i>	FOLLISTIM AQ.....	314
<i>finasteride</i>	<i>fluocinolone</i>	<i>fondaparinux</i>	378
FINE 30 UNIVERSAL	<i>fluocinolone acetone oil</i>	FORA 6 CONNECT	
LANCETS.....	<i>fluocinolone and shower cap</i>	GLUCOSE STRIP.....	391, 521
	.....	FORA D10.....	395, 412, 521
	<i>fluocinolone-niacinamide</i>		
	239		

FORA D15 GLUCOSE-BP MONITOR.....395, 412, 521	FORACARE GD40B GLUCOSE METER..... 413, 522	FREESTYLE LITE STRIPS. 391
FORA D15G STRIPS.. 391, 521	FORACARE GDH HIGH CONTROL.....413, 522	FREESTYLE NAVIGATOR GLUC SENS.....414, 523
FORA D20..... 391, 412, 521	FORACARE GDH LOW CONTROL.....413, 522	FREESTYLE PRECISION 439, 523
FORA D40D GLUCOSE-BP MONITOR.....396, 412, 521	FORACARE GDH NORMAL CONTROL.....413, 522	FREESTYLE PRECISION NEO METER..... 414
FORA D40-G31 TEST STRIPS.....391, 521	FORACARE LANCETS 413, 522	FREESTYLE PRECISION NEO STRIPS.....392
FORA G20..... 391, 412, 521	FORAXA.....254	FREESTYLE SIDEKICK II 414, 523
FORA G30A..... 412, 521	FORTEO.....308	FREESTYLE SYSTEM KIT. 414
FORA G30-PREMIUM V10 TEST STRP.....391, 521	FORTISCARE BLOOD GLUCOSE SYST.....413	FREESTYLE TEST..... 392
FORA GD50 BLOOD GLUCOSE SYSTEM... 412, 521	FORTISCARE GLUCOSE TEST STRIPS..... 391, 523	FREESTYLE UNISTIK 2 414, 523
FORA GD50 TEST STRIPS 391, 521	FORTISCARE HIGH... 413, 523	FROTEK.....249
FORA GTEL GLUCOSE TEST STRIP.....391, 521	FORTISCARE LOW... 413, 523	<i>frovatriptan</i> 165
FORA HIGH CONTROL 412, 521	FORTISCARE NORMAL 413, 523	FULPHILA..... 373
FORA LANCING DEVICE... 412	FOSAMAX PLUS D.....309	<i>furosemide</i> 116
FORA LOW CONTROL 412, 521	<i>fosamprenavir</i> 65	FUZEON.....50
FORA NORMAL CONTROL 412	<i>fosfomycin tromethamine</i> 47	Fyavolv..... 311
FORA PREMIUM V10 GLUCOSE METER..... 412, 521	<i>fosinopril</i> 96	FYCOMPA.....123, 124
FORA TEST N'GO VOICE METER.....412, 521	<i>fosinopril-</i> <i>hydrochlorothiazide</i> 96	G TUSSIN AC.....610
FORA TEST STRIP.....391	FOSRENOL.....360	GABACAINE.....126, 171
FORA TN'G VOICE METER 412, 522	FRAGMIN.....378, 379	GABAPAL.....126, 171
FORA TN'G VOICE TEST STRIPS.....391, 522	FREESTYLE CONTROL.....413	<i>gabapentin</i> 126
FORA V10..... 391, 412, 522	FREESTYLE FLASH SYSTEM.....413, 523	GALAFOLD..... 564
FORA V10-V12-D10-D20 STRIPS.....391	FREESTYLE FREEDOM 413, 523	<i>galantamine</i> 180
FORA V12 BLOOD GLUCOSE SYSTEM 412, 413, 522	FREESTYLE FREEDOM LITE.....413	GALZIN.....43
FORA V12 GLUCOSE.....391	FREESTYLE INSULINX 391, 414	GAMMAGARD LIQUID.....88
FORA V20..... 391, 413, 522	FREESTYLE INSULINX TEST STRIPS..... 391, 523	GAMMAKED.....88
FORA V30A.....391, 413, 522	FREESTYLE LANCETS 414, 523	GAMUNEX-C.....88
FORACARE GD20..... 391, 522	FREESTYLE LIBRE 14 DAY READER.....414, 523	<i>ganirelix</i> 329
FORACARE GD20 GLUCOSE METER..... 413, 522	FREESTYLE LIBRE 14 DAY SENSOR..... 414, 523	GARDASIL 9 (PF)..... 92, 93
FORACARE GD40 TEST STRIPS.....391, 522	FREESTYLE LIBRE 2 READER.....414, 523	GAS RELIEF-PREVENTION 343
FORACARE GD40A GLUCOSE METER..... 413, 522	FREESTYLE LIBRE 2 SENSOR..... 414, 523	<i>gatifloxacin</i> 585
	FREESTYLE LITE METER. 414	GATTEX 30-VIAL..... 357
		GATTEX ONE-VIAL..... 357
		GAVILYTE-C..... 355
		Gavilyte-G.....355
		Gavilyte-N.....355
		GAVRETO..... 82
		GDRIVE.....414, 523
		GE100 BLOOD GLUCOSE SYSTEM.....414, 524
		GE100 BLOOD GLUCOSE TEST STRIP.....392
		GE100 CONTROL SOLUTION NORMAL.....414

GELCLAIR.....	567	GLUCAGON EMERGENCY		<i>glucosam-chondr-vit c-mn-</i>	
GELFILM.....	375, 584	KIT (HUMAN).....	298	<i>boron</i>	9
GEL-FLOW.....	375	GLUCERNA HUNGER		<i>glucosamine hcl-hyaluronic</i>	9
GEL-FLOW NT.....	375	SMART.....	279	<i>glucosamine sulfate</i>	9
GELFOAM.....	375	GLUCERNA SNACK BAR...279		<i>glucosamine-chondroitin</i>	9
GELFOAM JMI POWDER...375		GLUCO NAVII GLUCOSE		<i>glucosamine-d3-hyaluronic</i>	
GELFOAM JMI SPONGE...375		MONITOR.....	414, 524	<i>acid</i>	9
GELFOAM SPONGE SIZE		GLUCO NAVII TEST STRIP	392	<i>glucosamine-msm-chondr-</i>	
200.....	375	GLUCOCARD 01 HI-		<i>d3-bosw</i>	9
GELNIQUE.....	364	NORMAL CONTROL.....	414	<i>glucosamine-msm-hyaluron</i>	
GELX.....	567, 568	GLUCOCARD 01 METER...414		<i>acid</i>	9
<i>gemfibrozil</i>	103	GLUCOCARD 01 NORMAL		<i>glucose</i>	298
Gemmily.....	186	CONTROL.....	414	GLUCOSE CONTROL.....	415
GENADEK STEP 1.....	274	GLUCOCARD 01 SENSOR		GLUCOSE KETONE	
GENADEK STEP 2.....	274	PLUS.....	392	CONTROL SOLN.....	415
GENADUR.....	257	GLUCOCARD		<i>glutaraldehyde</i>	85
GENADUR (WITH		EXPRESSION.....	392, 415	GLUTAREX-2.....	278, 279
LEXINAL).....	257	GLUCOCARD SHINE.....	415	<i>glutathione (bulk)</i> ... 10, 177, 264	
Generlac.....	338	GLUCOCARD SHINE		<i>glyburide</i>	304
Gengraf.....	30, 383	CONNEX METER.....	415	<i>glyburide micronized</i>	303
GENOTROPIN.....	318	GLUCOCARD SHINE		<i>glyburide-metformin</i>	303
GENOTROPIN MINISQUICK	318	EXPRESS METER.....	415	<i>glycerin</i>	230
GENSTRIP TEST STRIP... 392		GLUCOCARD SHINE		<i>glyceryl monostearate</i>	179
Gentak.....	585	METER.....	415	<i>glycine urologic solution</i>	359
<i>gentamicin</i>	211, 585	GLUCOCARD SHINE		<i>glycopyrrolate</i>	344
GENULTIMATE TEST		METER KIT.....	415	Glydo.....	254
STRIP.....	392	GLUCOCARD SHINE TEST		GLYXAMBI.....	303
GENVOYA.....	54	STRIPS.....	392	GM100.....	392, 415, 524
GERBER GOOD START		GLUCOCARD SHINE XL		GOCOVRI.....	145
GROW KIDS.....	352	METER.....	415	GOJJI BLOOD GLUCOSE	
GERBER GOOD START		GLUCOCARD VITAL.....	415	TEST STRIP.....	392, 524
GROW TODDLER.....	352	GLUCOCARD VITAL		GOJJI GLUCOSE CNTRL	
GERBER GROW MIGHTY..281		SENSOR.....	392	SOL-NORMAL.....	415, 524
GERBER LIL BRAINIES.....280		GLUCOCARD VITAL TEST		GOJJI LANCETS.....	416, 524
GIANVI (28).....	186	STRIPS.....	392	GOJJI LANCING DEVICE	
GILENYA.....	571	GLUCOCOM AUTOLINK		.....	416, 524
GILOTRIF.....	72	.....	415, 524	GOLYTELY.....	356
GIMOTI.....	343	GLUCOCOM BLOOD		GONAL-F.....	314
<i>ginkgo biloba leaf extract</i> 11		GLUCOSE.....	415	GONAL-F RFF.....	314
GIRLS TRAINING PANTS		GLUCOCOM CONTROL		GONAL-F RFF REDI-JECT.314	
4T-5T.....	431, 524	HIGH.....	415, 524	GONITRO.....	99
<i>glatiramer</i>	570	GLUCOCOM CONTROL		GOODLIFE AC-302	
Glatopa.....	570	NORMAL.....	415, 524	GLUCOSE METER.....	416, 524
GLEOSTINE.....	72	GLUCOCOM GLUCOSE		GOODLIFE AC-302 TEST	
<i>glimepiride</i>	303	.....	392, 524	STRIP.....	392, 524
<i>glipizide</i>	303	GLUCOCOM LANCETS		GRAFIX CORE.....	257
<i>glipizide-metformin</i>	303	.....	415, 524	GRAFIX PRIME.....	257
GLOPERBA.....	365	GLUCOSA IMMUNE		GRAFIX XC.....	257
GLUCAGEN HYPOKIT.....298		BOOSTER.....	11	GRALISE.....	171
				<i>granisetron hcl</i>	336

GRANIX.....	373	HARMONY GLUCOSE		HIGH POTENCY	
GRASTEK.....	86	TEST STRIP	392, 525	MULTIVITAMIN	276
<i>griseofulvin microsize</i>	48	HARVONI.....	60	HISTEX-AC.....	609
<i>griseofulvin ultramicrosize</i>	48	HAVRIX (PF).....	87	HI-VOLUME PUMPING	
<i>guaiacol</i>	177	HEALTHPRO GLUCOSE		CHAMBER SET	452, 525
GUAIAUSSIN AC.....	610	MONITOR.....	416	HIZENTRA.....	88
GUAIFENESIN AC.....	610	HEALTHPRO HIGH-LOW		HOMATROPAIRE.....	575
GUAIFENESIN DAC.....	610	CONTROL.....	416	HOME NEBULIZER PLUS	
<i>guanfacine</i>	115, 150	HEALTHPRO TEST STRIPS		SIDESTREAM.....	479
<i>guanidine</i>	385	.....	392	HOMINEX-2.....	279
GUARDIAN CONNECT		HEALTHWISE INSULIN		HORIZANT.....	168
TRANSMITTER.....	416	SYRINGE.....	439, 525	HPR.....	228
GUARDIAN LINK 3		HEALTHWISE PEN		HPR PLUS.....	228
TRANSMITTER.....	416	NEEDLE.....	439, 525	HPR PLUS HYDROGEL....	227
GUARDIAN REAL-TIME		HEALTHY ACCENTS		HPR PLUS-MB HYDROGEL	
GLU MONITOR.....	416, 524	AUTOLET.....	416	.....	227
GUARDIAN RT CHARGER		HEALTHY ACCENTS		HUMALOG JUNIOR	
.....	416, 524	UNIFINE PENTIP	440, 525	KWIKPEN U-100.....	326
GUARDIAN RT MONITOR		HEALTHY ACCENTS		HUMALOG KWIKPEN	
SYSTEM.....	416, 524	UNILET LANCET	416	INSULIN.....	326
GUARDIAN RT TEST PLUG		Heather.....	192	HUMALOG MIX 50-50	
DEVICE.....	416	HELIDAC.....	357	INSULN U-100.....	321
GUARDIAN RT		HEMADY.....	315	HUMALOG MIX 50-50	
TRANSMITTER TAPE.....	416, 525	HEMANGEOL.....	111	KWIKPEN.....	321
GUARDIAN SENSOR 3.....	416	HEMATEX.....	269, 270	HUMALOG MIX 75-25	
GVOKE HYPOPEN 1-PACK		HEMATOGEN FORTE.....	270	KWIKPEN.....	321
.....	298	HEMLIBRA.....	373	HUMALOG MIX 75-25(U-	
GVOKE HYPOPEN 2-PACK		HEMOFIL M HIGH.....	371	100)INSULN.....	321
.....	298	HEMOFIL M LOW.....	371	HUMALOG U-100 INSULIN	326
GVOKE PFS 1-PACK		HEMOFIL M MID.....	371	HUMATE-P.....	371
SYRINGE.....	298	HEMOFIL M SUPER HIGH.....	371	HUMATROPE.....	318
GVOKE PFS 2-PACK		HEP FLUSH-10 (PF).....	377	HUMIRA.....	26, 28, 349
SYRINGE.....	298	<i>heparin (porcine)</i>	377	HUMIRA PEN.....	349
GYNAZOLE-1.....	612	<i>heparin (porcine) in 0.9%</i>		HUMIRA PEN CROHNS-	
GYNOL II.....	196	<i>nacl</i>	377	UC-HS START.....	26, 27, 349
HAEGARDA.....	367	<i>heparin (porcine) in 5 % dex</i>	377	HUMIRA PEN PSOR-	
Hailey.....	187	<i>heparin flush(porcine)-</i>		UVEITS-ADOL HS...26, 27, 349	
Hailey 24 Fe.....	186	<i>0.9nacl</i>	377	HUMIRA(CF).....	26, 28, 349
Hailey Fe 1.5/30 (28).....	186	HEPARIN LOCK.....	378	HUMIRA(CF) PEDI	
Hailey Fe 1/20 (28).....	187	HEPARIN LOCK FLUSH....	378	CROHNS STARTER	
HAIR,SKIN AND NAILS(FA-		<i>heparin lock flush (porcine)</i>	377	.....	26, 28, 349
BIOTIN).....	274	HEPARIN		HUMIRA(CF) PEN.....	349
<i>halcinonide</i>	236	LOCKFLUSH(PORCINE)(PF		HUMIRA(CF) PEN	
<i>halobetasol propionate</i>	221, 236	).....	378	CROHNS-UC-HS....	26, 28, 349
HALOG.....	236	<i>heparin, porcine (pf)</i>	377, 378	HUMIRA(CF) PEN PSOR-	
<i>haloperidol</i>	148	HEPLISAV-B (PF).....	87	UV-ADOL HS.....	26, 28, 349
<i>haloperidol lactate</i>	148	HETLIOZ.....	162	HUMULIN 70/30 U-100	
HALUCORT.....	228	HICON.....	82	INSULIN.....	319
HARMONY CONTROL		Hidex.....	315	HUMULIN 70/30 U-100	
L1,L3.....	416, 525			KWIKPEN.....	319

HUMULIN N NPH INSULIN		<i>hydroxocobalamin</i>	294	<i>imiquimod</i>	242
KWIKPEN.....	320	<i>hydroxychloroquine</i>	49	<i>imiquimod-levocetirizin-</i>	
HUMULIN N NPH U-100		<i>hydroxyethyl</i>		<i>niacin</i>	243
INSULIN.....	320	<i>methacrylate,bulk</i>	177	<i>imiquimod-tretinoin-levocetir</i>	243
HUMULIN R REGULAR U-		<i>hydroxypropyl cellulose</i>	179	IMPAVIDO.....	49
100 INSULN.....	321	<i>hydroxyurea</i>	74	IMPEKLO.....	237
HUMULIN R U-500 (CONC)		<i>hydroxyzine hcl</i>	121	IMPOYZ.....	221
INSULIN.....	321	<i>hydroxyzine pamoate</i>	121	INAVIX.....	33
HUMULIN R U-500 (CONC)		HYGEL.....	250	INBRIJA.....	144
KWIKPEN.....	321	HYLAGUARD.....	228	Incassia.....	192
HYCANTIN.....	83	HYLATOPIC.....	228	IN-CHECK NASAL WITH	
HYCLODEX.....	84	HYLATOPICPLUS.....	228	MASK.....	475, 525
<i>hydralazine</i>	115	HYLAZINC.....	296	IN-CHECK ORAL FLOW	
HYDRO 35.....	243	HYOPHEN.....	63	METER.....	475, 526
<i>hydrochloric acid (bulk)</i>	178	<i>hyoscyamine sulfate</i>	343	INCONTROL LANCING	
<i>hydrochlorothiazide</i>	117	HYOSYNE.....	343, 364	DEVICE.....	416, 526
<i>hydrocodone bitartrate</i>	13	HYPER-SAL.....	179	INCONTROL PEN NEEDLE	
<i>hydrocodone-</i>		HYPERSONIQ NEBULIZER		.....	440, 526
<i>acetaminophen</i>	22	CARTRIDGE.....	479, 525	INCONTROL SUPER THIN	
<i>hydrocodone-</i>		HYPOCYN.....	230	LANCETS.....	417, 526
<i>chlorpheniramine</i>	608	HYPOLANCE AST		INCONTROL ULTRA THIN	
<i>hydrocodone-homatropine</i> ...	609	LANCING.....	416	LANCETS.....	417, 526
<i>hydrocodone-ibuprofen</i>	22	<i>hypromellose</i>	179	INCRELEX.....	328
<i>hydrocortisone</i>		HYQVIA.....	88	INCRUSE ELLIPTA.....	597
.....	41, 237, 316, 348	HYQVIA HY COMPONENT.....	332	<i>indapamide</i>	117
<i>hydrocortisone acetate</i>	41	HYQVIA IG COMPONENT....	88	INDERAL XL.....	111
<i>hydrocortisone butyrate</i>		HYSINGLA ER.....	14	INDOCIN.....	38
.....	236, 237	<i>ibandronate</i>	309	<i>indomethacin</i>	38
<i>hydrocortisone butyr-</i>		IBRANCE.....	75	<i>indomethacin submicronized</i>	38
<i>emollient</i>	237	Ibu.....	37	INFASURF.....	604
<i>hydrocortisone valerate</i>	237	IBUPAK.....	37	INFINITY CONTROL	
<i>hydrocortisone-acetic acid</i> ...	589	<i>ibuprofen</i>	37	SOLUTION HIGH.....	417, 526
<i>hydrocortisone-iodoquinol-</i>		<i>ibuprofen-oxycodone</i>	22, 23	INFINITY CONTROL	
<i>aloe2</i>	213	<i>icatibant</i>	112	SOLUTION LOW.....	417, 526
<i>hydrocortisone-iodoquinol</i> ...	217	Iclevia.....	187	INFINITY CONTROL	
<i>hydrocortisone-iodoquinol-</i>		ICLUSIG.....	79	SOLUTION NORM.....	417, 526
<i>aloe</i>	213	ID NOW COVID-19 TEST		INFINITY METER KIT.....	417, 526
<i>hydrocortisone-pramoxine</i>		KIT.....	396, 525	INFINITY STARTER KIT.....	417
.....	42, 241	IDELVION.....	369	INFINITY TEST STRIPS.....	393
HYDROFERA BLUE....	261, 525	IDHIFA.....	79	INFINITY VOICE CTRL	
HYDROFERA BLUE		IGLUCOSE BLOOD		SOLN-LVL 2.....	417, 526
READY.....	261, 525	GLUCOSE MONITOR.....	416	INFINITY VOICE GLUCOSE	
<i>hydrogen peroxide</i>	85	IGLUCOSE TEST STRIP....	392	MONITOR.....	417, 526
<i>hydrogen peroxide (bulk)</i>		ILEVRO.....	579	INFINITY VOICE TEST	
.....	85, 177	ILIDERM.....	245	STRIP.....	393, 526
Hydromet.....	609	<i>imatinib</i>	81	INFLAMMACIN.....	33
<i>hydromorphone</i>	13, 14	IMBRUVICA.....	75, 81	INFLAMMA-K.....	248
<i>hydromorphone (pf)-0.9 %</i>		IMIOXIA.....	215	INFLATHERM(DICLOFENA	
<i>nacl</i>	13	<i>imipramine hcl</i>	142	C-MENTHOL).....	33
<i>hydroquinone</i>	225	<i>imipramine pamoate</i>	142	INGREZZA.....	167, 168

INGREZZA INITIATION	INTEGRA SYRINGE	ITHOXIA.....	208
PACK.....	.....	<i>itraconazole</i>	48
INJECT EASE LANCETS	INTELENCE.....	I-VALEX-2.....	278
.....	INTERLINK LEVER LOCK	<i>ivermectin</i>	46, 258
INLYTA.....	CANNULA.....	IXINITY.....	369
INNOPRAN XL.....	INTERLINK SYRINGE AND	Jaimiess.....	183
INNOSPIRE DELUXE.....	CANNULA.....	JAKAFI.....	77
INNOSPIRE ELEGANCE....	INTRON A.....	Jantoven.....	367
INNOSPIRE ESSENCE.....	Introvale.....	JANUMET.....	306
INNOSPIRE GO	INVACARE LANCETS.....	JANUMET XR.....	306
NEBULIZER.....	INVELTYS.....	JANUVIA.....	301
INNOSPIRE MINI.....	INVIGOFLEX AMPM.....	JARDIANCE.....	303
INNOSPIRE	INVIGOFLEX CS.....	Jasmiel (28).....	187
REPLACEMENT FILTER	INVIGOFLEX D.....	JATENZO.....	299
.....	INVIGOFLEX GS.....	JAZZ WIRELESS 2 METER	
INOVA.....	INVIRASE.....	KIT.....	417
INOVA 4-1.....	INVOKAMET.....	JELMYTO.....	83
INOVA 8-2.....	INVOKAMET XR.....	Jencycla.....	192
INPEN (FOR HUMALOG)...	INVOKANA.....	JENTADUETO.....	306
INPEN (FOR NOVOLOG	IODOFLEX.....	JENTADUETO XR.....	306
OR FIASP).....	IODOSORB.....	Jinteli.....	311
INQOVI.....	IOPIDINE.....	JIVI.....	371
INREBIC.....	I-PORT.....	JOLESSA.....	187
INSPIRACHAMBER....	I-PORT ADVANCE 6 MM	JORNAY PM.....	152
INSPIRACHAMBER WITH	INJEC PORT.....	JUBLIA.....	217
MASK-LARGE.....	I-PORT ADVANCE 9 MM	Juleber.....	187
INSPIRACHAMBER WITH	INJEC PORT.....	JULUCA.....	51
MASK-MED.....	<i>ipratropium bromide</i>	Junel 1.5/30 (21).....	187
INSPIRACHAMBER WITH	<i>ipratropium-albuterol</i>	Junel 1/20 (21).....	187
MASK-SMALL.....	<i>irbesartan</i>	Junel Fe 1.5/30 (28).....	187
INSPIRATION ELITE	<i>irbesartan-</i>	Junel Fe 1/20 (28).....	187
FILTER.....	<i>hydrochlorothiazide</i>	Junel Fe 24.....	187
INSUFLON.....	IRESSA.....	JUXTAPID.....	109
INSUL-CAP.....	<i>iron bisglycinate chelate</i>	JYNARQUE.....	117, 333, 360
INSUL-EZE.....	IRRIGATION SYRINGE	Kaitlib Fe.....	187
<i>insulin asp prt-insulin aspart</i>	.....	KALETRA.....	53
<i>insulin aspart u-100</i>	ISENTRESS.....	Kalliga.....	188
<i>insulin syr/ndl u100 half</i>	ISENTRESS HD.....	KALYDECO.....	603
<i>mark</i>	Isibloom.....	KAMDOY.....	245
INSULIN SYRINGE....	I-SIGHT.....	KANGAROO 924 SAFETY	
INSULIN SYRINGE	<i>isoflurane</i>	SCREW.....	398, 528
MICROFINE.....	<i>isoniazid</i>	KANGAROO EPUMP SET	
<i>insulin syringe needleless</i>	<i>isopropyl alcohol</i>.....	.....	398, 528
.....	<i>isosorbide dinitrate</i>	KANGAROO GRAVITY SET	
<i>insulin syringe-needle u-100</i>	<i>isosorbide mononitrate</i>.....	.....	398, 528
.....	<i>isotretinoin</i>	KAPSPARGO SPRINKLE...	110
INSUPEN.....	<i>isoxxsuprine</i>	KARBINAL ER.....	591, 592
INSYTE IV CATHETER	<i>isradipine</i>	Kariva (28).....	183
.....	ISTURISA.....	KATARYA.....	225
	IS-ZC 50.....	KATARYAXN.....	225

KATERZIA.....	113	KLARITY-L (LOTEPRED- CHOND)(PF).....	577	LAMPIT.....	49
KAXM.....	225	Klor-Con M10.....	272	<i>lancets</i>	417
KEIDO.....	225	Klor-Con M15.....	272	LANCETS, SUPER THIN	
KELARX.....	250	Klor-Con M20.....	272	.....	417, 528
Kelnor 1/35 (28).....	188	KOATE.....	371	LANCETS, THIN.....	417, 528
Kelnor 1-50 (28).....	188	KOGENATE FS.....	372	LANCETS, ULTRA THIN	
KELOTOP.....	484, 528	KOMBIGLYZE XR.....	306	.....	417, 528
KENDALL DISINFECTANT CAP.....	474, 528	KORLYM.....	301	<i>lancing device</i>	417
KENGUARD FOLEY		KOSELUGO.....	78	LANCING DEVICE WITH	
CATHETER.....	487, 528	KOSHER PRENATAL PLUS		LANCETS.....	417
KERAFOAM.....	243	IRON.....	283	<i>lancing device with lancets</i> ..	417
KERAGEL.....	261, 528	KOVALTRY.....	372	LANCING SYSTEM....	417, 528
KERAGELT.....	261	KOVANAZE.....	565	LANOLIN (HPA).....	230
KERALYT SCALP		K-PHOS NO 2.....	361	LANOXIN.....	115
COMPLETE.....	243	K-PHOS ORIGINAL.....	361	<i>lansoprazole</i>	340
KERAMATRIX.....	258	KRINTAFEL.....	49	<i>lanthanum</i>	360
KERLIX AMD.....	261	Kristalose.....	355	LANTUS SOLOSTAR U-100	
KERYDIN.....	217	KRISTALOSE.....	355	INSULIN.....	323
KESIMPTA PEN.....	569	Kurvelo (28).....	188	LANTUS U-100 INSULIN....	323
<i>ketamine</i>	40	KUTARYAXM.....	225	LANZO LANCING DEVICE	
KETARYA.....	225	KUTARYAXMPA.....	226	.....	417, 528
<i>ketoconazole</i>	47, 216	KUTEA.....	225	<i>lapatinib</i>	71
<i>ketoconazole-niacinamide</i> ..	215	KUVARYA.....	226	Larin 1.5/30 (21).....	188
Ketodan.....	216	KUVARYE.....	226	Larin 1/20 (21).....	188
KETODAN KIT.....	216	KUXM.....	225	Larin 24 Fe.....	188
KETONE CARE.....	487, 528	KYLEENA.....	182	Larin Fe 1.5/30 (28).....	188
KETONE URINE TEST.....	528	KYNMOBI.....	145	Larin Fe 1/20 (28).....	188
KETONEX-2.....	279	<i>l norgest/le.estradiol-e.estrad</i>		Larissia.....	188
<i>ketoprofen</i>	37	.....	183, 193	LASTACRAFT.....	576
<i>ketorolac</i>	34, 35, 579	L.E.T. (LIDO-EPINEPH- TETRA).....	254	<i>latanoprost</i>	587
KETOSTIX.....	528	<i>labetalol</i>	97	<i>latanoprost (pf)</i>	587
KEVARYA.....	225	LACRISERT.....	572	LATUDA.....	146
KEVEYIS.....	384	<i>lactated ringers</i>	267	LAYOLIS FE.....	188
KEVZARA.....	31	<i>lactic acid-niacinamide</i>	226	LAZANDA.....	14
KEXM.....	225	<i>lactobacillus acidophilus</i>	352	LC PLUS.....	455
KEYA.....	225	<i>lactobacillus acidoph-l.bulgar</i>		LC PLUS NEBULIZER-PED	
KINERET.....	30	.....	352	MASK.....	455, 528
KIONEX (WITH SORBITOL)		<i>lactulose</i>	338, 355	LDO PLUS.....	245, 251, 254
.....	266	LAMICTAL XR STARTER		LEENA 28.....	193
KISQALI.....	75	(BLUE).....	131	<i>leflunomide</i>	32
KISQALI FEMARA CO- PACK.....	77	LAMICTAL XR STARTER		LENVIMA.....	81
KIVIK.....	230	(GREEN).....	131	Lessina.....	188
KLARITY (CHONDROITIN) (PF).....	572	LAMICTAL XR STARTER		<i>letrozole</i>	75
KLARITY-A (AZITHRO- CHONDR)(PF).....	586	(ORANGE).....	131	<i>leucovorin calcium</i>	84
KLARITY-B (BETAMETH- CHOND)(PF).....	577	LAMIOFLUR.....	333	LEUKERAN.....	72
		<i>lamivudine</i>	53, 58	LEUKINE.....	374
		<i>lamivudine-zidovudine</i>	54	<i>leuprolide</i>	78
		<i>lamotrigine</i>	131, 156	<i>levalbuterol hcl</i>	599
				<i>levalbuterol tartrate</i>	599
				LEVATOL.....	111

LEVEMIR FLEXTOUCH U-100 INSULN.....	323	LIDOTREX (WITH VITAMIN E).....	255	LONHALA MAGNAIR STARTER.....	597
LEVEMIR U-100 INSULIN...	323	LIDOVEX.....	255	LONSURF.....	74
levetiracetam.....	133	LIDOVIX.....	34	loperamide.....	334
LEVICYN ANTIPRURITIC.....	256, 263	LIDTOPIC MAX.....	255	lopinavir-ritonavir.....	53
LEVICYN ANTIPRURITIC SG.....	228	LILETTA.....	182	LOPROX KIT.....	215
LEVICYN DERMAL.....	259	Lillow (28).....	189	lorazepam.....	122
levobunolol.....	582	lindane.....	258	Lorazepam Intensol.....	122, 155
levocarnitine.....	264, 563	linezolid.....	64	LORBRENA.....	73
levocarnitine (with sugar)....	562	LINZESS.....	354	LORMATE.....	294
levocetirizine.....	593	liothyronine.....	332	LORTAB ELIXIR.....	21, 22
levofloxacin.....	58, 585	LIPOCHOL PLUS.....	107	Loryna (28).....	189
Levonest (28).....	193	LIPRITIN.....	126, 172	losartan.....	99
levonorgestrel.....	196	LIPRITIN II.....	126, 171	losartan-hydrochlorothiazide.	98
levonorgestrel-ethinyl estrad	188	LIQUID C.....	295	LOTEMAX.....	577
levonorg-eth estrad triphasic	194	lisinopril.....	96	LOTEMAX SM.....	577
Levora-28.....	188	lisinopril-hydrochlorothiazide.	96	loteprednol etabonate.....	577
levorphanol tartrate.....	14	LITE COAT ASPIRIN.....	40	LOUTREX.....	223, 228
levothyroxine.....	332	LITE TOUCH INSULIN PEN		lovastatin.....	105
LEVULAN.....	250	NEEDLES.....	441, 528	Low-Ogestrel (28).....	189
LEXETTE.....	221	LITE TOUCH INSULIN SYRINGE.....	441, 529	loxapine succinate.....	148
LEXIVA.....	65	LITE TOUCH LANCETS.....	418, 529	LOYON.....	228
LEXIXRYL.....	249	LITE TOUCH LANCING DEVICE.....	418, 529	Lo-Zumandimine (28).....	189
LIALDA.....	347	LITE TOUCH-MEDIUM MASK.....	480, 529	LUCEMYRA.....	175
LICART.....	249	LITEAIRE MDI CHAMBER.....	480, 529	LUER LOCK SYRINGE.....	465, 529
LIDO BDK.....	488	LITETOUCH-LARGE MASK.....	480, 529	LUER SLIP TIP SYRINGE TRAY.....	465, 529
lidocaine.....	41, 254	LITETOUCH-SMALL MASK.....	480, 529	LUER-LOK TIP.....	465, 529
lidocaine hcl.....	41, 254, 567	lithium carbonate.....	157	LUGOLS.....	85, 269
lidocaine hcl-hydrocortison		lithium citrate.....	157	luliconazole.....	216
ac.....	42, 241	LITHOSTAT.....	361	LUMIGAN.....	587
Lidocaine Viscous.....	567	LIVALO.....	105	LUPANETA PACK (1 MONTH).....	329
lidocaine-hydrocortisone-aloe	42	LIVER PROTECT.....	11	LUPANETA PACK (3 MONTH).....	329
lidocaine-prilocaine.....	245	LMR PLUS.....	246	lutein-zeaxanthin.....	11
lidocaine-racepinep-tetracaine	254	LO LOESTRIN FE.....	183	Lutera (28).....	189
lidocaine-tetracaine.....	254	LO-DOSE ASPIRIN.....	40, 380	LUVIRA.....	107
LIDOMARK 1-5.....	41	LOFRIC.....	487, 529	LUXAMEND.....	229
LIDOMARK 2-5.....	41	LOFRIC ORIGO.....	487, 529	Lyllana.....	313
LIDOPAC.....	254	LOFRIC PRIMO NELATON CATHETER.....	487	LYNPARZA.....	80
LIDOPIN.....	254	Lojaimiess.....	183	LYRICA.....	126, 161
LIDOPURE PATCH.....	254	LOKELMA.....	266	LYRICA CR.....	160, 161, 170, 171, 172
LIDORX.....	254	LONHALA MAGNAIR REFILL.....	597	lysine hcl.....	264, 265
LIDORXKIT.....	246			LYSODREN.....	73
LIDOTIN.....	126, 171			LYUMJEV KWIKPEN U-100 INSULIN.....	327
LIDOTRANS 5 PAK.....	254				
LIDOTREX.....	255				

LYUMJEV KWIKPEN U-200	MAVYRET	59	<i>mefenamic acid</i>	34
INSULIN.....	MAXICOMFORT II PEN		<i>mefloquine</i>	49
LYUMJEV U-100 INSULIN..	NEEDLE.....	442, 530	MEGARED ADV TOTAL	
Lyza.....	MAXICOMFORT INSULIN		BODY REFRESH.....	107
<i>mafenide acetate</i>	SYRINGE.....	442, 530	MEGARED ADVANCED 4-	
<i>mag citrate-potassium citrate</i>	MAXI-COMFORT INSULIN		IN-1.....	108
.....	SYRINGE.....	442, 530	MEGARED ADVANCED	
MAGELLAN INSULIN	MAXICOMFORT SAFETY		TOTAL BODY.....	108
SAFETY SYRNG.442, 529, 530	PEN NEEDLE.....	442	MEGARED OMEGA-3	
MAGELLAN SAFETY	MAXIDEX.....	578	KRILL OIL.....	108
NEEDLE.....	MAXI-TUSS AC.....	610	<i>megestrol</i>	80, 264
MAGELLAN SAFETY	MAXI-TUSS CD.....	609	MEKINIST.....	79
SYRINGE.....	MAYZENT.....	571	MEKTOVI.....	79
MAGELLAN SYRINGE	MAYZENT STARTER PACK		<i>melatonin</i>	11, 162
.....	.....	571	Melodetta 24 Fe.....	189
MAGIC3 INTERMITTENT	MB HYDROGEL.....	227	<i>meloxicam</i>	35
CATHETER.....	MB HYDROGEL		<i>meloxicam submicronized</i>	36
<i>magnesium chloride</i>	(CYCLOMETHICONE).....	227	<i>melphalan</i>	72
<i>magnesium citrate</i>	M-CLEAR WC.....	610	<i>memantine</i>	180
MAGNESIUM COMPLEX....	MCT OIL.....	278	MEN 50 PLUS	
<i>magnesium glycinate-mag</i>	<i>meclizine</i>	335	MULTIVITAMIN.....	274
<i>oxide</i>	<i>meclofenamate</i>	34	MENACTRA (PF).....	91
<i>magnesium oxide</i>	<i>mecobalamin (vitamin b12)</i> ..	294	M-END PE.....	609
<i>malathion</i>	MEDIHONEY (CAL		Menest.....	313
<i>maprotiline</i>	ALGINATE-HONEY)....	261, 531	MENEST.....	313
MAR-COF BP.....	MEDIHONEY (HONEY).....	261	MENOPUR.....	313
MAR-COF CG.....	MEDIHONEY		MENOSTAR.....	313
Marlissa (28).....	(HYDROCOLLOID-HONEY)		MEN'S 50 PLUS	
MARNATAL-F.....	.....	261, 531	MULTIVITAMIN.....	275
MARPLAN.....	MEDISENSE.....	418	MENTAX.....	214
MARVONA SUIK (PF).....	MEDISENSE CONTROLS		MENTHO-CAINE.....	246
MATRISTEM.....	1-HI 1-LO.....	418, 531	MENVEO A-C-Y-W-135-DIP	
MATRISTEM	MEDISENSE GLUCOSE		(PF).....	91
MICROMATRIX.....	KETONE.....	418	<i>meperidine</i>	14
MATULANE.....	MEDISENSE MID		<i>meperidine (pf)</i>	14
Matzim La.....	CONTROL.....	418	<i>meprobamate</i>	122
MAVENCLAD (10 TABLET	MEDISENSE THIN		<i>mercaptopurine</i>	74
PACK).....	LANCETS.....	418	Merzee.....	189
MAVENCLAD (4 TABLET	MEDLANCE PLUS		<i>mesalamine</i>	347
PACK).....	LANCETS.....	418	<i>mesalamine with cleansing</i>	
MAVENCLAD (5 TABLET	MEDLANCE PLUS		<i>wipe</i>	347
PACK).....	SPECIAL BLADE.....	418	MESNEX.....	84
MAVENCLAD (6 TABLET	MEDPOINT NORMAL		Metadate Er.....	152
PACK).....	CONTROL.....	418, 531	<i>metaproterenol</i>	600
MAVENCLAD (7 TABLET	MEDROL.....	316	Metaxall.....	386
PACK).....	MEDROLOAN II SUIK.....	316	<i>metaxalone</i>	386
MAVENCLAD (8 TABLET	MEDROLOAN SUIK.....	316	METER-CHECK.....	418
PACK).....	<i>medroxyprogesterone</i> ..	182, 330	<i>metformin</i>	328
MAVENCLAD (9 TABLET	MEDTRONIC REMOTE		<i>methadone</i>	14, 15
PACK).....	CONTROL.....	418, 531	Methadone Intensol.....	14

Methadose.....	15	MICRODOT BLOOD	MINIMED 630G GUARDIAN
<i>methamphetamine</i>	159	GLUCOSE SYSTEM	START KT.....
<i>methazolamide</i>	116	393, 418, 531	419, 532
<i>methenamine hippurate</i>	62	MICRODOT HIGH-LOW	MINIMED 630G INSULIN
<i>methenamine mandelate</i>	62	CONTROL.....	PUMP.....
<i>methen-sod phos-meth blue-</i>		MICRODOT INSULIN PEN	486, 532
<i>hyos</i>	63, 363	NEEDLE.....	MINIMED 670G INSULIN
<i>methimazole</i>	308	442	PUMP.....
METHITEST.....	299	MICRODOT NORMAL	486
<i>methocarbamol</i>	386	CONTROL.....	MINIMED INFUSION SET...
METHOCEL E 4 M.....	179	418	489
<i>methotrexate sodium</i>	28	MICRODOT XTRA BLOOD	MINIMED INFUSION SET-
<i>methotrexate sodium (pf)</i>	74	GLUCOSE.....	MMT 390.....
<i>methoxsalen</i>	219	393, 531	489, 532
<i>methscopolamine</i>	343	Microgestin 1.5/30 (21).....	MINIMED INFUSION SET-
<i>methyl salicylate</i>	256, 257	189	MMT 391.....
<i>methyldopa</i>	115	189	489, 532
<i>methyldopa-</i>		Microgestin 24 Fe.....	MINIMED INFUSION SET-
<i>hydrochlorothiazide</i>	115	189	MMT 392.....
<i>methylergonovine</i>	330	Microgestin Fe 1.5/30 (28)...	489, 532
<i>methylphenidate hcl</i>	153	189	MINIMED INFUSION SET-
<i>methylprednisolone</i>	316	Microgestin Fe 1/20 (28).....	MMT 393.....
<i>methyltestosterone</i>	299	MICROLET 2 LANCING	489, 532
<i>metipranolol</i>	582	DEVICE.....	MINIMED MIO 18".....
<i>metoclopramide hcl</i>	343	419, 531	489
<i>metolazone</i>	117	MICROLET LANCET.....	MINIMED MIO 23".....
<i>metoprolol succinate</i>	110	419	489
<i>metoprolol ta-</i>		MICROLET NEXT LANCING	MINIMED MIO 32".....
<i>hydrochlorothiaz</i>	114	DEVICE.....	489
<i>metoprolol tartrate</i>	110	419, 531	MINIMED QUICK SET 18"
<i>metronidazole</i> 50, 201, 252, 612		MICROLIFE PEAK FLOW	490, 532
<i>metryrosine</i>	119	METER.....	MINIMED QUICK SET 23"..
<i>mexiletine</i>	101	475, 531	490
MIACALCIN.....	310	MICROSPACER.....	MINIMED QUICK SET 32"..
Mibelas 24 Fe.....	189	480	490
<i>miconazole nitrate-zinc ox-</i>		MICROVIX LP.....	MINIMED QUICK SET 43"..
<i>pet</i>	216	246	490
MICONAZOLE-3.....	612	<i>midazolam</i>	MINIMED QUICK-SERTER-
MICRO BLOOD GLUCOSE		40, 173	MMT 305.....
.....393, 531		<i>midazolam (pf)</i>	419, 532
MICRO THIN LANCETS.....	418	40	MINIMED QUICK-SERTER-
MICROAIR MESH		<i>midodrine</i>	MMT 395.....
NEBULIZER.....	455	115	419, 532
MICROBORE EXTENSION		MIFEPREX.....	MINIMED QUICK-SERTER-
SET.....	453, 531	298	MMT 395.....
MICROCHAMBER.....	480	<i>mifepristone</i>	419, 532
MICROCYN.....	85, 259	298	MINIMED SILHOUETTE 18"
		MIGERGOT.....	490, 532
		<i>miglitol</i>	MINIMED SILHOUETTE 23"
		301	490
		<i>miglustat</i>	MINIMED SILHOUETTE 32"
		563	490
		MIGRANOW.....	MINIMED SILHOUETTE 43"
		165	490
		Mili.....	MINIMED SURE T 18".490, 532
		190	MINIMED SURE T 23".....
		MILLIPRED.....	490
		316	MINIMED SURE T 32".....
		MILLIPRED DP.....	490
		316	MINIMED SYRINGE
		Mimvey.....	RESERVOIR.....
		311	443, 532
		MINERIN CREME.....	Minitran.....
		229	100
		MINI LANCING DEVICE	<i>minocycline</i>
		419, 531	69, 198
		MINI PLUS NEBULIZER	MINOLIRA ER.....
		455, 531	70, 198
		MINI ULTRA-THIN II....	<i>minoxidil</i>
		442, 532	115
		MINI WRIGHT PEAK FLOW	MIO INFUSION SET.....
		METER.....	490
		475	MIRCERA.....
		MINILINK REAL-TIME	369
		TRANSMITTER.....	MIRENA.....
		419, 532	182
		MINIMED 530G INSULIN	<i>mirtazapine</i>
		PUMP.....	136
		485	

MIRVASO.....	252	MONOJECT PHARMACY	MOVANTIK.....	44
<i>misoprostol</i>	342	TRAY REG TIP.....	MOVE FREE JOINT	
MISTASSIST.....	480, 532	MONOJECT REG TIP NON-	HEALTH.....	10
MISTASSIST KIT.....	480, 532	STERILE.....	MOVE FREE PLUS MSM.....	10
MITOSOL.....	576	MONOJECT REGULAR	MOVE FREE PLUS MSM-	
MKO (MIDAZOLAM-		LUER.....	VIT D3.....	10
KETAMINE-ONDAN).....	175	MONOJECT SAFETY LUER	MOVE FREE ULTRA	
M-M-R II (PF).....	95	LOCK TIP.....	FASTER COMFORT.....	269
M-NATAL PLUS.....	283	MONOJECT SAFETY	MOVE FREE ULTRA	
<i>modafinil</i>	169	SYRINGES..	TURMERIC-TAMAR.....	11
MODERNA COVID-19		MONOJECT SMARTIP	MOXATAG.....	45
VACCINE (EUA).....	85	CANNULA.....	<i>moxifloxacin</i>	58, 585
<i>moexipril</i>	96	MONOJECT SYRINGE	MUCOSITISRX.....	567
<i>molindone</i>	148	.....	MUGARD.....	568
<i>mometasone</i>	237, 238, 605	MONOJECT SYRINGE	MULPLETA.....	382
Mondoxyne NI.....	70	ECCENTRI LUER.....	MULTAQ.....	101
MONO-FLO DRAINAGE		MONOJECT SYRINGE	MULTI PRO.....	275
BAG.....	431, 533	LUER LOK.....	MULTI-LANCET DEVICE 2	
MONOJECT 140CC		MONOJECT SYRINGE	.....	419, 537
PISTON SYRINGE.....	465	REGULAR LUER.....	<i>multivitamin</i>	276
MONOJECT 35CC		MONOJECT SYRINGE	MULTIVITAMIN WOMEN 50	
SYRINGE CATH TIP...	465, 533	TOOMEY TYPE.....	PLUS.....	275
MONOJECT 3CC SYR		MONOJECT TB.....	MULTIVITAMIN-ZINC-	
25GX1".....	465, 533	MONOJECT TB LUER LOK	STRESS.....	265
MONOJECT ALLERGY		.....	<i>multivit-min-ferrous fumarate</i>	
TRAY.....	465, 466, 533	MONOJECT TB REGULAR	.....	275
MONOJECT ALLERGY		LUER TIP.....	<i>mupirocin</i>	212
TRAY DETACH.....	465, 533	MONOJECT TB SAFETY	<i>mupirocin calcium</i>	212
MONOJECT BLOOD		SYRINGE.....	<i>mupirocin-lidocaine</i>	212
COLLECTION.....	387, 533	MONOJECT TUBERCULIN	MURI-LUBE.....	178
MONOJECT CONTROL		SYRINGE.....	MY CHOICE.....	196
SYRINGE LUER.....	466, 533	MONOJECT ULTRA	MY MDI PORTABLE	
MONOJECT DISPOSABLE		COMFORT INSULIN...	NEBULISER.....	480, 537
SYRINGE.....	466	MONOLET LANCETS.....	MY WAY.....	196
MONOJECT ECCENTRIC		MONOLET THIN LANCETS	MYALEPT.....	328
NON-STERILE.....	466, 533	.....	MYCAPSSA.....	331
MONOJECT HYPODERMIC		Mono-Linyah.....	<i>mycophenolate mofetil</i>	383
NEEDLES.....	466, 533	MONONINE.....	<i>mycophenolate sodium</i>	383
MONOJECT INSULIN		MONSEL'S.....	MYDAYIS.....	153, 158
SAFETY SYRING 443, 533, 534		<i>montelukast</i>	MYDRIATIC4(TROP-PROP-	
MONOJECT INSULIN		MORGIDOX 1X 50.....	PE-KTRLC).....	583
SYRINGE.....	443, 534	MORGIDOX 1X100.....	<i>myelogram tray</i>	474, 537
MONOJECT LUER		MORGIDOX 2X100.....	MYGLUCOHEALTH	
ADAPTER.....	474, 534	<i>morphine</i>.....	.....	393, 419, 537
MONOJECT LUER-LOCK		<i>morphine (pf)</i>	MYGLUCOHEALTH	
TIP.....	466, 534	<i>morphine concentrate</i>	CONTROL SOLUTION	419, 537
MONOJECT MAGELLAN		<i>morphine in 0.9 % sodium</i>	MYGLUCOHEALTH	
SYRINGE.....	466, 534	<i>chlor</i>	LANCETS.....	419, 537
MONOJECT PHARMACY		MOTEGRITY.....	MYLERAN.....	72
TRAY LUER 466, 467, 534, 535		MOTOFEN.....	MYNATAL.....	283

MYNATAL ADVANCE.....	283	<i>neomycin-polymyxin-hc</i>	574, 589	<i>nimodipine</i>	113
MYNATAL PLUS.....	283	Neo-Polycin.....	584	NINJACOF-XG.....	610
MYNATAL-Z.....	283	Neo-Polycin Hc.....	574	NINLARO.....	80
MYNATE 90 PLUS.....	283	NEOSALUS.....	229	<i>nisoldipine</i>	113
Myorisan.....	197	NEO-SYNALAR.....	214	<i>nitazoxanide</i>	49
MYRBETRIQ.....	359	NEO-SYNALAR KIT.....	213	<i>nitisinone</i>	563
MYTESI.....	334	NEOVITE.....	275	Nitro-Bid.....	100
MYXREDLIN.....	321	NEPHRON FA.....	265	NITRO-DUR.....	100
<i>nabumetone</i>	35	NERLYNX.....	72	<i>nitrofurantoin</i>	362
<i>nadolol</i>	111	NESTABS ABC.....	283	<i>nitrofurantoin macrocrystal</i> ..	362
<i>nadolol-bendroflumethiazide</i>	118	NESTABS DHA.....	283	<i>nitrofurantoin monohydr/m-</i>	
<i>naftifine</i>	214	NESTABS ONE.....	277, 283	<i>cryst</i>	362
NAFTIN.....	214	Neuac.....	203	<i>nitroglycerin</i>	100
<i>nalbuphine</i>	24	NEUAC KIT.....	203	NITROMIST.....	100
Nalocet.....	23	NEULASTA.....	373	Nitro-Time.....	100
<i>naloxone</i>	45	NEULASTA ONPRO.....	373	NITYR.....	563
<i>naltrexone</i>	45	NEUPOGEN.....	373	NIVATOPIC PLUS.....	229
NAMENDA XR.....	180	NEUPRO.....	145	NIVESTYM.....	374
NAMZARIC.....	181	NEURAPTINE.....	247	<i>nizatidine</i>	339
NAPRELAN CR.....	38	NEURCAINE.....	256	NOC DURNA (MEN).....	300
<i>naproxen</i>	38	NEURIVA DE-STRESS.....	12	NOC DURNA (WOMEN).....	300
<i>naproxen sodium</i>	38	NEUTEK 2TEK TEST		NOCTIVA.....	300
<i>naproxen-esomeprazole</i>	32	STRIPS.....	393	NOOTROPIC COFFEE-PS... 12	
<i>naratriptan</i>	165	NEUTRASAL.....	567	NOPIOID-LMC KIT.....	386
NARCAN.....	45	NEVANAC.....	579	NOPIOID-TC KIT.....	386
NASCOBAL.....	294	<i>nevirapine</i>	52	NORA-BE.....	192
NATACHEW (FE BIS-GLYCINATE).....	283	NEW DAY.....	196	NORDITROPIN FLEXPRO..	318
NATACYN.....	586	NEWGEN.....	284	<i>noreth-ethinyl estradiol-iron</i> ..	190
NATAZIA.....	193	NEXA PLUS.....	284	<i>norethindrone</i>	
<i>nateglinide</i>	302	NEXAVAR.....	79	(contraceptive).....	192
NATESTO.....	299	NEXAVIR.....	245	<i>norethindrone acetate</i>	330
NATPARA.....	330	NEXIUM PACKET.....	341	<i>norethindrone ac-eth</i>	
NAYZILAM.....	125	NEXIVA.....	453, 537	<i>estradiol</i>	190, 311
NEBUPENT.....	63	NEXLETOL.....	102	<i>norethindrone-e.estradiol-</i>	
NEBUSAL.....	179	NEXLIZET.....	108	<i>iron</i>	190
Necon 0.5/35 (28).....	190	NEXPLANON.....	181	Norgesic Forte.....	385
<i>nefazodone</i>	138	<i>niacin</i>	106, 294	<i>norgestimate-ethinyl</i>	
NEOCERA.....	229	<i>niacinamide</i>	295	<i>estradiol</i>	190, 194
<i>neomycin</i>	45	Niacor.....	106	NORITATE.....	201, 252
<i>neomycin-bacitracin-poly-hc</i>	574	<i>nicardipine</i>	113	Norlyda.....	192
<i>neomycin-bacitracin-</i>		<i>nicotine</i>	176	NORMAL SALINE FLUSH...292	
<i>polymyxin</i>	584	<i>nicotine (polacrilex)</i>	176	NORM-JECT.....	469, 470, 537
<i>neomycin-polymyxin b gu</i>	359	NICOTROL.....	176	NORM-JECT TUBERKULIN	
<i>neomycin-polymyxin b-</i>		NICOTROL NS.....	176	.....	470, 537
<i>dexameth</i>	574	<i>nifedipine</i>	113	NORMLGEL AG.....	212
<i>neomycin-polymyxin-</i>		NIGHTTIME UNDERPANTS		NORPACE CR.....	100
<i>gramicidin</i>	584	L-XL.....	431, 537	NORTHERA.....	115
		Nikki (28).....	190	Nortrel 0.5/35 (28).....	190
		<i>nilutamide</i>	73	NORTREL 1/35 (21).....	190
				Nortrel 1/35 (28).....	190

Nortrel 7/7/7 (28).....	194	NUCYNTA.....	16	OBAGI NU-DERM	
<i>nortriptyline</i>	142	NUCYNTA ER.....	16	BLENDER.....	225
NORVIR.....	65	NUDERMRXPAK.....	221	OBAGI NU-DERM CLEAR..	225
NOSE CLIP.....	480, 538	NUDICLO SOLUPAK.....	248	OBAGI NU-DERM	
NOURIANZ.....	143	NUDICLO TABPAK.....	33	SUNFADER.....	226
NOVA MAX BLOOD		NUDROXIPAK.....	34	OBAGI-C CLARIFYING	
GLUCOSE METER.....	419	NUDROXIPAK DSDR-50.....	33	SERUM.....	226
NOVA MAX GLUCOSE		NUDROXIPAK DSDR-75.....	33	OBAGI-C THERAPY NIGHT	
CONTROL.....	419, 538	NUDROXIPAK E-400.....	33	.....	226
NOVA MAX GLUCOSE		NUDROXIPAK I-800.....	33	OBIZUR.....	372
TEST.....	393	NUDROXIPAK N-500.....	34	OBREDON.....	611
NOVA SAFETY LANCETS..	419	NUEDEXTA.....	173	OBSTETRIX DHA.....	284
NOVA SUREFLEX		NUFOLA.....	293	OBSTETRIX EC.....	284
LANCETS.....	419, 538	NU-IRON.....	270	OBSTETRIX ONE.....	277
NOVACORT.....	241	NULYTELY LEMON-LIME..	356	O-CAL PRENATAL.....	284
NOVAMAX PLUS GLU-KET		NUMAQULA VITAMIN...11,	275	OCALIVA.....	382
.....	419, 538	NUMBONEX.....	255	OCELLA.....	190
NOVAREL.....	319	NUMBRINO.....	604	<i>octreotide acetate</i>	331
NOVOEIGHT.....	372	NUMOISYN.....	12, 567	ODACTRA.....	86
NOVOFINE 32.....	443, 538	NUPLAZID.....	150	ODEFSEY.....	55
NOVOFINE AUTOCOVER		NURTEC ODT.....	163	ODOMZO.....	77
.....	443, 538	NUSURGEPAK SURGICAL		OFEV.....	81, 611
NOVOFINE PLUS.....	444, 538	PREP.....	263	<i>ofloxacin</i>	58, 585, 589
NOVOLIN 70/30 U-100		NUTRASEB.....	229	<i>olanzapine</i>	156
INSULIN.....	320	NUTROPIN AQ NUSPIN....	318	<i>olanzapine-fluoxetine</i>	157
NOVOLIN 70-30 FLEXPEN		NUVAIL.....	251	<i>olmesartan</i>	99
U-100.....	320	NUVAKAAN.....	246, 484	<i>olmesartan-amlodipin-</i>	
NOVOLIN N FLEXPEN.....	320	NUVESSA.....	612	<i>hcthiiazid</i>	98
NOVOLIN N NPH U-100		NUWIQ.....	372	<i>olmesartan-</i>	
INSULIN.....	320	NUZYRA.....	70	<i>hydrochlorothiazide</i>	98
NOVOLIN R FLEXPEN.....	321	Nyamyc.....	214	<i>olopatadine</i>	576, 605
NOVOLIN R REGULAR U-		NYMALIZE.....	113	OLUMIANT.....	31
100 INSULN.....	321	Nymyo.....	190	OMBRA COMPRESSOR	
NOVOLOG FLEXPEN U-		<i>nystatin</i>	47, 214, 566	SYSTEM.....	480, 538
100 INSULIN.....	327	<i>nystatin-triamcinolone</i> ..	217, 218	OMECLAMOX-PAK.....	357
NOVOLOG MIX 70-30 U-		Nystop.....	214	<i>omega 3-dha-epa-fish oil-</i>	
100 INSULN.....	322	NYVEPRIA.....	374	<i>krill</i>	108
NOVOLOG MIX 70-		OASIS ULTRA		<i>omega-3 acid ethyl esters</i> ...	107
30FLEXPEN U-100.....	322	FENESTRATED.....	259, 538	<i>omega-3 fatty acids-fish oil</i> ..	108
NOVOPEN ECHO.....	444, 538	OASIS WOUND MATRIX		<i>omeprazole</i>	341
NOVOSEVEN RT.....	370	FENESTRATED.....	259, 538	<i>omeprazole-sodium</i>	
NOVOTWIST.....	444, 538	OASIS WOUND MATRIX		<i>bicarbonate</i>	342
NOXAFIL.....	48	MESHED.....	259, 538	OMNARIS.....	606
NOXIPAK.....	240	OB COMPLETE...270, 275,	284	OMNIPOD DASH 5 PACK	
NP THYROID.....	331	OB COMPLETE ONE.....	284	POD.....	454, 538
NUBEQA.....	73	OB COMPLETE PETITE....	284	OMNIPOD DASH PDM KIT	
NUCALA.....	596, 597	OB COMPLETE PREMIER		.....	444, 538
NUCARACLINPAK.....	202	.....	270, 284	OMNIPOD INSULIN	
NUCARARXPAK.....	203	OB COMPLETE WITH DHA	284	MANAGEMENT.....	486, 538
NUCORT.....	240	OBAGI ELASTIDERM.....	225		

OMNIPOD INSULIN REFILL 454, 539	ONETOUCH ULTRA BLUE TEST STRIP 393	ORACIT 362
OMNITROPE 318	ONETOUCH ULTRA CONTROL 420	ORAFATE 568
ON CALL EXPRESS CONTROL 420, 539	ONETOUCH ULTRA2 METER 421	ORALAIR 86
ON CALL EXPRESS METER 420, 539	ONETOUCH ULTRAMINI 421	Oralone 567
ON CALL EXPRESS TEST STRIP 393, 539	ONETOUCH ULTRASOFT LANCETS 421, 540	ORAMAGICRX 568
ON CALL LANCET 420, 539	ONETOUCH VERIO FLEX METER 421	ORAPEUTIC 568
ON CALL LANCING DEVICE 420, 539	ONETOUCH VERIO FLEX START 421	ORAQIX 566
ON CALL PLUS CONTROL 420, 539	ONETOUCH VERIO HIGH CONTROL 421, 540	ORAVIG 47
ON CALL PLUS LANCET 420, 539	ONETOUCH VERIO IQ METER 421, 540	ORENCIA 30
ON CALL PLUS LANCING DEVICE 420, 539	ONETOUCH VERIO METER 421, 540	ORENCIA CLICKJECT 30
ON CALL PLUS METER 420, 539	ONETOUCH VERIO MID CONTROL 421, 540	ORENITRAM 119
ON CALL PLUS TEST STRIP 393, 539	ONETOUCH VERIO REFLECT METER 421, 540	ORFADIN 563
ON CALL VIVID CONTROL 420, 539	ONETOUCH VERIO REFLECT START 421, 540	ORGOVYX 78
ON CALL VIVID METER 420, 539	ONETOUCH VERIO TEST STRIPS 393	ORIAHNN 329
ON CALL VIVID PAL METER 420, 539	ONEXTON 203	ORILISSA 329
ON CALL VIVID TEST STRIP 393	ONGENTYS 144	ORKAMBI 603
<i>ondansetron</i> 336	ONGLYZA 301	ORLADEYO 95
<i>ondansetron hcl</i> 336	ON-THE-GO LANCETS 421	<i>orphenadrine citrate</i> 386
ONE DAILY MULTIVITAMIN 277	ONUREG 74	<i>orphenadrine-asa-caffeine</i> ...385
ONE DAILY WOMEN'S 275	ONZETRA XSAIL 165	Orphengesic Forte 385
ONE-A-DAY MEN'S COMPLETE 275	OPCICON ONE-STEP 196	Orsythia 190
ONE-A-DAY PRENATAL-1 . 284	<i>opium tincture</i> 334	ORTIKOS 348
ONE-A-DAY WOMEN'S COMPLETE 275	OPSUMIT 120	OSCIMIN 344, 364
ONETOUCH DELICA LANC DEVICE 420, 539	OPTICHAMBER ADULT MASK-LARGE 480, 540	OSCIMIN SL 344, 364
ONETOUCH DELICA LANCETS 420, 539	OPTICHAMBER DIAMOND LG MASK 480, 540	OSCIMIN SR 344, 364
ONETOUCH DELICA PLUS LANC DEV 420, 539	OPTICHAMBER DIAMOND VHC 480, 540	<i>oseltamivir</i> 61
ONETOUCH DELICA PLUS LANCET 420, 539	OPTICHAMBER DIAMOND- MED MSK 480, 540	OSMOLEX ER 145
ONETOUCH SURESOFT LANCING DEV 420, 539	OPTICHAMBER DIAMOND- SML MASK 480, 540	OSMOPREP 356
	OPTION-2 196	OTEZLA 31
	OPTIUM EZ 393	OTEZLA STARTER 31, 222
	OPTIUM TEST 393	OTIPRIO 589
	OPTUMRX 393, 421, 540	OTREXUP (PF) 28
		OVACE PLUS 223
		OVACE PLUS SHAMPOO .. 223
		OVAL TAPE 421, 540
		OVIDREL 319
		<i>oxandrolone</i> 299
		<i>oxaprozin</i> 38
		OXAYDO 16
		<i>oxazepam</i> 122
		OXBRYTA 381
		<i>oxcarbazepine</i> 129
		OXERVATE 581
		<i>oxiconazole</i> 216
		OXISTAT 216
		OXTELLAR XR 129, 130
		<i>oxybutynin chloride</i> 364
		<i>oxycodone</i> 16

<i>oxycodone-acetaminophen</i>	PARI BABY CONV KIT -	<i>peg-electrolyte soln</i>	356
.....22, 23	SIZE 2.....	PEGINTRON.....	59
<i>oxycodone-aspirin</i>	PARI BABY CONV KIT -	PEG-PREP.....	356
OXYCONTIN.....	SIZE 3.....	PEMAZYRE.....	76
<i>oxymorphone</i>	PARI LC SPRINT	PEN NEEDLE.....	444
OXYTROL.....	NEBULIZER SET.....	<i>pen needle, diabetic</i>	444, 541
OYSTER SHELL CALCIUM	PARI LC SPRINT SINUS	<i>penicillamine</i>	31, 43, 44
500.....	.....	<i>penicillin v potassium</i>	64
OZEMPIC.....	PARI SINUS AEROSOL	PENLEN.....	229
OZOBAX.....	SYSTEM.....	PENNSAID.....	249
Pacerone.....	PARI TREK S COMBO	<i>pentamidine</i>	63
PACNEX HP.....	PACK.....	PENTASA.....	347
PACNEX LP.....	PARI TREK S COMPACT	<i>pentazocine-naloxone</i>	24
PAIN EASE MEDIUM	COMPRESSOR.....	PENTICAN.....	127, 173
STREAM SPRAY.....	PARI TREK S PORTABLE	PENTIPS.....	444
PAIN EASE MIST SPRAY...246	PWR KIT.....	<i>pentoxifylline</i>	374
PAINGO KFT.....	<i>paricalcitol</i>	<i>peppermint oil</i>	12
PALFORZIA (LEVEL 1).....	Paroex Oral Rinse.....	PERFOROMIST.....	599
PALFORZIA (LEVEL 2).....	<i>paromomycin</i>	<i>perindopril erbumine</i>	96
PALFORZIA (LEVEL 3).....	<i>paroxetine hcl</i>	Periogard.....	566
PALFORZIA (LEVEL 4).....	<i>paroxetine</i>	<i>permethrin</i>	258
PALFORZIA (LEVEL 5).....	<i>mesylate(menop.sym)</i>	<i>perphenazine</i>	149
PALFORZIA (LEVEL 6).....	PASER.....	<i>perphenazine-amitriptyline</i> ..	141
PALFORZIA (LEVEL 7).....	PAXIL.....	PERSONAL BEST FULL	
PALFORZIA (LEVEL 8).....	P-CARE D40G.....	RANGE.....	475, 542
PALFORZIA (LEVEL 9).....	P-CARE D80G.....	PERSONAL BEST LOW	
PALFORZIA (LEVEL 10).....	P-CARE K40G.....	RANGE.....	475, 542
PALFORZIA (LEVEL 11 UP-	P-CARE K80G.....	PERTZYE.....	338
DOSE).....	P-CARE MG (PF).....	<i>petrolatum, yellow (bulk)</i>	178
PALFORZIA INITIAL DOSE..	PCCA ACCUPEN-15...398, 541	PEXEVA.....	138
PALFORZIA LEVEL 11	PEAK AIR PEAK FLOW	PFIZER COVID-19	
MAINTENANCE.....	METER.....	VACCINE (EUA).....	86
<i>paliperidone</i>	PEDIA IRON.....	PFLEX INSPIRATORY	
PALYNZIQ.....	PEDIALYTE SPARKLING	TRAINER.....	481, 542
PANCREAZE.....	RUSH.....	PHARMABASE BARRIER...251	
PANDEL.....	PEDIATRIC COMP-AIR	PHARMACIST CHOICE	
PANRETIN.....	COMPRES NEB.....	393, 542	
<i>pantoprazole</i>	PEDIATRIC DINOSAUR	PHARMACIST CHOICE	
<i>papaverine</i>	NEBULIZER.....	GLUCOSE SYS.....	421
PARADIGM REMOTE	PEDIATRIC DOG	PHASEAL ASSEMBLY	
CONTROL.....	NEBULIZER.....	FIXTURE.....	474, 542
PARADIGM RESERVOIR	PEDIATRIC FROG	PHASEAL CONNECTOR	
.....444, 541	NEBULIZER.....	LUER LOCK.....	474
PARADIGM SILHOUETTE	<i>pediatric multivitamin no.171</i>	PHASEAL INFUSION	
INFUS SET.....	280	ADAPTER.....	474, 542
PARAGARD T 380A.....	PEDIZOL PAK.....	PHASEAL INFUSION	
PAREMYD.....	<i>peg 3350-electrolytes</i>	CLAMP.....	474
PARI BABY CONV KIT -	<i>peg3350-sod sul-nacl-kcl-</i>	PHASEAL INJECTOR LUER	
SIZE 1.....	<i>asb-c</i>	474, 542	
481, 541	PEGASYS.....		59

PHASEAL INJECTOR LUER LOCK.....	474	PIQRAY.....	80	PR CREAM.....	250
PHASEAL PROTECTOR.....	474, 542	Pirmella.....	191, 194	PR NATAL 400.....	285
PHASEAL SECONDARY SET.....	453, 542	<i>piroxicam</i>	36	PR NATAL 400 EC.....	285
PHASEAL Y-SITE.....	453, 542	PIXEL COVID19 HOME COLLECT KIT.....	396, 542	PR NATAL 430.....	285
<i>phenazopyridine</i>	362	PLANTAGO-HOMACCORD.....	333	PR NATAL 430 EC.....	285
<i>phenelzine</i>	137	PLEGRIDY.....	569, 570	PRADAXA.....	382
PHENEX-1.....	265, 280	PLENVU.....	356	<i>pralidoxime</i>	43
PHENEX-2.....	280	PLEXION CLEANSING CLOTHS.....	203	PRALUENT PEN.....	109
<i>phenobarb-hyoscy-atropine-scop</i>	345	PNEUMOVAX-23.....	91	<i>pramipexole</i>	145, 146
<i>phenobarbital</i>	173	PNV 29-1.....	284	PRAMOSONE.....	241
PHENOHYTRO.....	346	PNV-DHA.....	277, 285	<i>prasugrel</i>	380
<i>phenol</i>	85	PNV-DHA + DOCUSATE... ..	285	<i>pravastatin</i>	105
<i>phenoxybenzamine</i>	119	PNV-FERROUS FUMARATE-DOCU-FA.....	285	<i>praziquantel</i>	46
<i>phenylephrine hcl</i>	581	PNV-OMEGA.....	275, 285	<i>prazosin</i>	119
<i>phenyleph-tropicamide in water</i>	573	PNV-SELECT.....	285	PRECISION.....	421, 542
<i>phenytoin</i>	127	POCKET CHAMBER.....	481	PRECISION GLUCOSE CONTROL SOLN.....	422, 543
<i>phenytoin sodium extended</i>	127	POCKET PEAK FLOW METER.....	475, 542	PRECISION	
PHEODOYO.....	213	POD-CARE 100CG.....	314	GLUCOSE/KETONE CONTR.....	422, 543
PHEXXI.....	181, 196	POD-CARE 100KG.....	316	PRECISION PCX PLUS TEST.....	393
PHEYO.....	218	PODOCON.....	243	PRECISION PCX TEST.....	393
Philith.....	191	<i>podofilox</i>	243	PRECISION POINT OF CARE TEST.....	394
PHLAG SPRAY.....	230	POLY HUB NEEDLE... ..	470, 542	PRECISION Q-I-D TEST.....	394
PHOSLYRA.....	360	Polycin.....	584	PRECISION XTRA MONITOR.....	422
PHOSPHASAL.....	63	<i>polymyxin b sulf-trimethoprim</i>	584	PRECISION XTRA TEST... ..	394
PHOSPHOLINE IODIDE....	572	<i>polysaccharide iron complex</i>	270	PRED MILD.....	578
PHOTREXA.....	573	<i>polysorbate 80</i>	179	PRED-G.....	574
PHOTREXA CROSS-LINKING KIT.....	573	POLYTOZA.....	484, 542	PRED-G S.O.P.....	574
PHOTREXA VISCOUS.....	573	POLY-TUSSIN AC.....	609	<i>prednicarbate</i>	238
PHYSIOLYTE.....	267	POLY-VITA DROPS.....	280	<i>prednisol ace-gatiflox-bromfen</i>	575
PHYSIOSOL IRRIGATION..	267	POLY-VITA WITH IRON.....	281	<i>prednisoln sp-gatiflox-bromfen</i>	575
<i>phytonadione (vitamin k1)</i> ...	297	POMALYST.....	83	<i>prednisoln sp-moxiflox-bromfen</i>	575
PICATO.....	218	PONTOCAINE.....	256	<i>prednisolone</i>	316
PIFELTRO.....	52	POPULUS COMPOSITUM..	333	<i>prednisolone acetate</i>	578
PIKO 1.....	475, 542	PORTABLE NEBULIZER SYSTEM.....	481, 542	<i>prednisolone acetate (pf)</i>	578
PILLOW MASK CHILD.....	481, 542	Portia 28.....	191	<i>prednisolone acetate-bromfenac</i>	581
<i>pilocarpine hcl</i>	568, 572	<i>posaconazole</i>	48	<i>prednisolone acetate-nepafenac</i>	581
<i>pimecrolimus</i>	224	POTABA.....	297	<i>prednisolone acet-gatifloxacin</i>	574
<i>pimozide</i>	149	<i>potassium chloride</i>	272	<i>prednisolone sod ph-moxiflox</i>	574
Pimtreea (28).....	183	<i>potassium citrate</i>	362		
<i>pindolol</i>	111	<i>potassium gluconate</i>	272		
<i>pioglitazone</i>	328	<i>potassium, sodium phosphates</i>	271		
<i>pioglitazone-glimepiride</i>	304	PR BENZOYL PEROXIDE..	206		
<i>pioglitazone-metformin</i>	304				
PIP LANCET.....	421, 542				

<i>prednisolone sodium phosphate</i>	316, 578	PRENATE CHEWABLE.....	277, 287	PRIMLEV.....	22, 23
<i>prednisolone-moxiflo-nepafenac</i>	575	PRENATE DHA.....	277, 287	PRIMSOL.....	47
<i>prednisolone-moxifloxacin hcl</i>	574	PRENATE DHA (FERR ASP GLYCIN).....	287	PRIZOTRAL.....	246
<i>prednisolone-moxiflox-bromfen</i>	575	PRENATE ELITE.....	287	PRIZOTRAL-II.....	246
<i>prednisone</i>	317	PRENATE ELITE (IRON ASP GLYC).....	287	PRO COMFORT INSULIN SYRINGE.....	444, 543
PREDNISON INTENSOL.....	317	PRENATE ENHANCE.....	287	PRO COMFORT LANCET.....	422, 543
PREFEST.....	312	PRENATE ESSENTIAL.....	277, 287	PRO COMFORT PEN NEEDLE.....	445, 543
<i>pregabalin</i>	127	PRENATE ESSENTIAL(IRON-ASP-GL).....	277, 287	PRO COMFORT SPACER-ADULT MASK.....	481, 543
PREGNYL.....	319	PRENATE MINI (FERR ASP GLYCIN).....	287	PRO COMFORT SPACER-CHILD MASK.....	481, 544
PRELIEF.....	333	PRENATE PIXIE.....	287	PRO COMFORT TENS ELECTRODE.....	454, 544
PREMARIN.....	313, 613	PRENATE RESTORE.....	287	PRO COMFORT TENS UNIT.....	454, 544
PREMIER BLU GLUCOSE METER.....	422, 543	PRENATE STAR.....	288	PRO VOICE V8 GLUCOSE MONITOR.....	422, 544
PREMIER COMPACT GLUCOSE METER.....	422, 543	PREPIDIL.....	297	PRO VOICE V8-V9 TEST STRIP.....	394, 544
PREMIER TEST STRIP.....	394	PREPLUS.....	288	PRO VOICE V9 GLUCOSE MONITOR.....	422, 544
PREMIER VOICE GLUCOSE METER.....	422, 543	PRESERA.....	229	PROAIR DIGIHALER.....	599
PREMIUM BLOOD GLUCOSE MONITOR.....	422	PRESSURE ACTIVATED LANCETS.....	422, 543	PROAIR RESPICLICK.....	599
PREMIUM V10.....	394, 422, 543	PRESTALIA.....	95	<i>probenecid</i>	365
PREMPHASE.....	312	PRESTO PRO BLOOD GLUCOSE METER.....	422, 543	<i>probenecid-colchicine</i>	365
PREMPRO.....	312	PRETAB.....	288	PROBICHEW.....	352
PRENA1 CHEW.....	285	<i>pretomanid</i>	55	PROBIOTIC (S.BOULARDII).....	352
PRENA1 PEARL.....	285	Prevalite.....	102	PROBIOTIC (WITH VITAMIN D3).....	352
PRENA1 TRUE.....	285	PREVENT DROPSAFE PEN NEEDLE.....	444, 543	PROBIOTIC FORMULA (INULIN).....	352
PRENAISSANCE.....	285	PREVIDENT.....	565	PROCARE COMPRESSOR NEBULIZER.....	482, 544
PRENAISSANCE PLUS.....	286	PREVIDENT 5000 DRY MOUTH.....	565	PROCARE PEDIATRIC NEBULIZER.....	482
PRENATA.....	286	PREVIDENT 5000 ENAMEL PROTECT.....	565	PROCARE SPACER WITH ADULT MASK.....	482, 544
PRENATABS FA.....	286	PREVIDENT 5000 SENSITIVE.....	565	PROCARE SPACER WITH CHILD MASK.....	482, 544
PRENATABS RX.....	286	Previfem.....	191	PRO-CEPTION.....	454, 544
PRENATAL 19.....	286	PREVYMIS.....	57	PROCHAMBER.....	482, 544
PRENATAL 19 (WITH DOCUSATE).....	286	PREZCOBIX.....	53, 64	<i>prochlorperazine</i>	336
PRENATAL LOW IRON.....	286	PREZISTA.....	65	<i>prochlorperazine maleate</i>	149
PRENATAL MULTIVITAMINS.....	286	PRIFTIN.....	56	PROCORT.....	42
PRENATAL PLUS.....	286	PRILO PATCH.....	256	PROCRIT.....	369
PRENATAL PLUS (CALCIUM CARB).....	286	PRIOSEC.....	341	Proctofoam Hc.....	42
PRENATAL PLUS DHA.....	286	PRIMACARE.....	288		
PRENATAL VITAMIN PLUS LOW IRON.....	286	<i>primaquine</i>	49		
PRENATAL-U.....	277, 286	PRIMEAIRE.....	481, 543		
PRENATE AM.....	277, 287	<i>primidone</i>	124		

Procto-Med Hc.....	42	PROPIMEX-2.....	280	QUAD-PROBIOTIC.....	352
Procto-Pak.....	42, 238	<i>propranolol</i>	111	QUAKE VIBRATORY PEP	
Proctosol Hc.....	42, 238	<i>propranolol-</i>		.....	482, 545
Proctozone-Hc.....	42	<i>hydrochlorothiazid</i>	118	<i>quazepam</i>	173
PROCYSBI.....	358	<i>propylthiouracil</i>	308	<i>quetiapine</i>	157
PRODIGY AUTOCODE		PROSILK.....	484, 545	QUICK-SET PARADIGM.....	490
METER.....	422	PROSILK GEL.....	250	QUICK-SET PARADIGM 43"	
PRODIGY AUTOCODE		PROSTIN E2.....	298	.....	490, 545
MONITOR SYST.....	422, 544	PROTHELIAL.....	568	QUILLICHEW ER.....	153, 154
PRODIGY CONTROL		PROTONIX.....	341	QUILLIVANT XR.....	154
SOLUTION, LOW.....	422	<i>protriptyline</i>	142	<i>quinapril</i>	97
PRODIGY CONTROL		PROTYL AG.....	262	<i>quinapril-hydrochlorothiazide</i>	96
SOLUTION,HIGH.....	422, 544	PROVENT.....	482, 545	<i>quinidine gluconate</i>	100
PRODIGY INSULIN		PROVENT STARTER.....	482, 545	<i>quinidine sulfate</i>	100
SYRINGE.....	445, 544	PROVIDA OB.....	288	<i>quinine sulfate</i>	49
PRODIGY LANCETS..	422, 545	PRUCLAIR.....	229	QUINIXIL.....	240
PRODIGY LANCING		PRUMYX.....	229	QUINJA.....	212
DEVICE.....	423, 545	PSORINOHEEL.....	333	QUINTET AC.....	394, 423, 545
PRODIGY MINI-MIST		PULMICORT FLEXHALER.....	595	QUINTET BLOOD	
NEBULIZER.....	455	PULMO-AIDE		GLUCOSE METER.....	423, 545
PRODIGY NO CODING.....	394	COMPRESSOR.....	482	QUINTET GLUCOSE TEST	
PRODIGY POCKET METER		PULMONEB LT		STRIPS.....	394, 545
.....	423	COMPRESSOR NEBUL		QUIT 2.....	176, 177
PRODIGY TWIST TOP		.....	482, 545	QUIT 4.....	177
LANCET.....	423	PULMOZYME.....	604	QUTENZA.....	257
PRODIGY VOICE		PURE COMFORT		QVAR REDIHALER.....	595
GLUCOSE METER.....	423, 545	LANCETS.....	423, 545	<i>rabeprazole</i>	342
PROFILNINE.....	369	PURE COMFORT PEN		RADIAGEL.....	230
<i>progesterone</i>	330	NEEDLE.....	445, 545	RADIAPLEXRX.....	250
<i>progesterone micronized</i>	330	PURE COMFORT SAFETY		RADIOGARDASE.....	43
PROGRAF.....	383	LANCETS.....	423, 545	RAGWITEK.....	86
PROLASTIN-C.....	604	PURECOMFORT PEAK		<i>raloxifene</i>	330
Prolate.....	23	FLOW METER.....	475	<i>ramelteon</i>	162
PROLENSA.....	579	PUREFE OB PLUS.....	275, 288	<i>ramipril</i>	97
PROMACTA.....	382	PURIXAN.....	74	<i>ranolazine</i>	100
PROMELLA.....	352	PUSH BUTTON SAFETY		RAPPORT VACUUM	
<i>promethazine</i>	336, 591, 592	LANCETS.....	423, 545	THERAPY.....	453, 546
<i>promethazine-codeine</i>	608	PYLERA.....	357	<i>rasagiline</i>	144
<i>promethazine-dm</i>	608	<i>pyrazinamide</i>	55	RASUVO (PF).....	28, 29
<i>promethazine-phenyleph-</i>		<i>pyridostigmine bromide</i>	384, 385	RATE FLOW REGULATOR	
<i>codeine</i>	609	<i>pyridoxine (vitamin b6)</i>	295	IV SET.....	453, 546
<i>promethazine-phenylephrine</i>		<i>pyrimethamine</i>	49	RAVICTI.....	563
.....	590	QBRELIS.....	97	RAYALDEE.....	562
Promethegan.....	336, 591, 592	QBREXZA.....	214	RAYOS.....	317
PROMISEB.....	223	Q-CARE RX Q2.....	397	READYLANCE SAFETY	
PRONEB ULTRA II FILTER		Q-CARE RX Q4.....	397	LANCETS.....	423, 546
ASSEM.....	482, 545	QDOLO.....	17	REBIF (WITH ALBUMIN)....	570
<i>propafenone</i>	101	QINLOCK.....	81	REBIF REBIDOSE.....	570
<i>propantheline</i>	344	QNASL.....	606	REBIF TITRATION PACK...	570
<i>proparacaine</i>	583	QTERN.....	303	REBINYN.....	370

RECEDO.....	250	RELION ULTRA THIN PLUS		RIFAMATE.....	56
Reclipsen (28).....	191	LANCETS.....	424, 546	<i>rifampin</i>	56
RECOMBINATE.....	372	RELISTOR.....	44, 45	RIFATER.....	56
RECOMBIVAX HB (PF).....	87	RELIZORB.....	398, 547	RIGHTEST CONTROL	
RECONSTITUTE.....	454, 546	REMEDIENT.....	275	SOLUTION HIGH.....	424, 547
RECOTHROM.....	375	RENACIDIN.....	359	RIGHTEST CONTROL	
RECOTHROM SPRAY KIT.....	375	RENAMENT.....	279	SOLUTION NORM.....	424, 547
RECTIV.....	41	RENEEL.....	333	RIGHTEST GC250S CNTRL	
<i>red yeast rice</i>	12	<i>repaglinide</i>	302	SOL NORM.....	424, 547
REFUAH PLUS.....	394, 546	<i>repaglinide-metformin</i>	302	RIGHTEST GD500	
REFUAH PLUS GLUCOSE		REPATHA PUSHTRONEX..	109	LANCING DEVICE.....	424, 547
CONTROL.....	423, 546	REPATHA SURECLICK.....	110	RIGHTEST GL300	
REFUAH PLUS GLUCOSE		REPATHA SYRINGE.....	110	LANCETS.....	424, 547
MONITOR.....	423, 546	REPLICARE DRESSING		RIGHTEST GM250S	
REGENECARE.....	255	.....	262, 547	GLUCOSE METER.....	424, 547
REGENECARE WITH ALOE		REPLICARE THIN.....	262, 547	RIGHTEST GM260	
.....	255	REPLICARE ULTRA		GLUCOSE METER.....	424, 547
REGIOCIT (EUA).....	366	DRESSING.....	262, 547	RIGHTEST GM550	
REGRANEX.....	262	RESPA-AR.....	590	SYSTEM.....	424, 547
REGULOID (ASPARTAME).....	354	RESTASIS.....	578	RIGHTEST GS250S TEST	
REGULOID (PSYLLIUM		RESTASIS MULTIDOSE.....	578	STRIPS.....	394, 547
HUSK).....	354	RESTORE.....	262, 399, 547	RIGHTEST GS260 TEST	
REGULOID (PSYLLIUM		RESTORE CALCIUM		STRIPS.....	394, 547
HUSK-SUCRO).....	354	ALGINATE.....	262	RIGHTEST GS550 TEST	
RELAFEN DS.....	35	RESTORE CONTACT		STRIPS.....	394, 547
RELAGARD.....	612	LAYER SILVER.....	262	<i>riluzole</i>	384
RELENZA DISKHALER.....	61	RESTORE FOAM		<i>rimantadine</i>	61
Rel maxxii.....	154	DRESSING SILVER.....	262	<i>ringer's</i>	267
RELIAMED LANCET ..	423, 546	RETACRIT.....	369	RINVOQ.....	31
RELIAMED MINI LANCING		RETEVMO.....	82	RIOMET ER.....	328
DEVICE.....	423, 546	RETIN-A MICRO PUMP.....	208	<i>risedronate</i>	309, 310
RELIAMED SAFETY SEAL		REUSABLE NEBULIZER		<i>risperidone</i>	147
LANCETS.....	423, 546	KIT.....	482	RITEFLO AEROCHAMBER	
RELIAMED TWIST AND		REVCovi.....	562	.....	482, 548
CAP LANCET.....	423, 546	REVEAL BLOOD		<i>ritonavir</i>	65
RELION ALL-IN-ONE		GLUCOSE METER.....	424	<i>rivastigmine</i>	180
METER.....	423, 546	REVEAL TEST STRIP.....	394	<i>rivastigmine tartrate</i>	180
RELION CONFIRM.....	423	REVEL PEDIATRIC		RIVELSA.....	193
RELION CONFIRM-MICRO	394	PROGRAM PUMP.....	486, 547	RIXUBIS.....	370
RELION MICRO GLUCOSE		REVEL PROGRAMMABLE		<i>rizatriptan</i>	165
MONITOR.....	423, 424, 546	PUMP.....	486	R-NATAL OB.....	288
RELION NEEDLES.....	445, 546	REVLIMID.....	83	ROBINSON CLEAR VINYL	
RELION PEN NEEDLES		REXULTI.....	150	CATHETER.....	487, 548
.....	445, 546	REYATAZ.....	65	ROCKLATAN.....	584
RELION PRIME METER.....	424	REYVOW.....	166	<i>ropinirole</i>	146
RELION PRIME TEST		RHOFADe.....	252	Rosadan.....	202, 252
STRIPS.....	394	RHOPRESSA.....	588	ROSADAN.....	252
RELION THIN LANCETS		<i>ribavirin</i>	60, 65	ROSANIL.....	204
.....	424, 546	RIDAURA.....	30	ROSULA.....	204
RELION ULTIMA.....	394, 546	<i>rifabutin</i>	56, 66		

ROSULA CLEANSING		SANCUSO.....	336	SHINGRIX ADJUVANT	
CLOTHS.....	204	SANDIMMUNE.....	30, 383	COMPONENT-PF.....	180
<i>rosuvastatin</i>	106	SANTYL.....	230	SHINGRIX GE ANTIGEN	
ROTARIX.....	89	<i>sapropterin</i>	564	COMPONENT.....	94
ROTATEQ VACCINE.....	89	SAVAYSA.....	368	SHOHL'S MODIFIED.....	362
ROZLYTREK.....	81	SAVELLA.....	140, 162	SIDESTREAM.....	455
RUBBER MOUTHPIECE		SCALACORT DK.....	238	SIDESTREAM MASK..	482, 549
.....	482, 548	SCARCARE.....	251, 484	SIDESTREAM NEBULIZER	455
RUBRACA.....	80	SCARCIN GEL.....	250	SIDESTREAM PLUS...	456, 549
RUCONEST.....	367	SCARCIN ROLL-ON.....	250	SIGNIFOR.....	331
<i>rufinamide</i>	134	SCARCINPAD.....	484, 548	SIKLOS.....	381
RUKOBIA.....	50	SCARSILK.....	484, 548	SILA III.....	238
RUZURGI.....	571	SCARSILK GEL.....	251	SILALITE PAK.....	238
RYBELSUS.....	305	<i>scopolamine base</i>	335	SILASTIC FOLEY	
RYDAPT.....	81	SEBUDERM.....	229	CATHETER.....	487, 549
RYDEX.....	609	SECONAL SODIUM.....	173	SILAZONE-II.....	238
RYNODERM.....	243	SECUADO.....	146	<i>sildenafil</i>	
RYTARY.....	143	SEEBRI NEOHALER.....	597	(<i>pulm.hypertension</i>).....	121
SABAL-HOMACCORD.....	333	SEGLUROMET.....	302	SILHOUETTE.....	453
SABRIL.....	127	SELECT-OB.....	288	SILHOUETTE 23"-FULL	
<i>saccharin</i>	266	SELECT-OB (FOLIC ACID).....	288	SET.....	453, 490, 549
<i>saccharomyces boulardii</i>	352	SELECT-OB + DHA.....	288	SILHOUETTE 43"-FULL	
SAF-CLENS AF DERMAL		<i>selegiline hcl</i>	144	SET.....	453, 490, 549
WOUND.....	253	<i>selenium sulfide</i>	223	SILICONE MASK.....	482
SAFE-CLIP NEEDLE		SELF-CATHETER, FEMALE		SILICONE MASK - INFANT	
STORAGE DEV.....	454, 548	.....	487, 548	.....	482, 549
SAFESNAP INSULIN		SELZENTRY.....	50	SILIPAC.....	251
SYRINGE.....	445	SEMGLEE PEN U-100		SILIQ.....	211
SAFESNAP SYRINGE	470, 548	INSULIN.....	323	SILIVEX.....	484
SAFETY LANCETS.....	424, 548	SEMGLEE U-100 INSULIN.....	324	SIL-K.....	484, 549
<i>safety needles</i>	470, 548	SEMPREX-D.....	590	<i>silodosin</i>	361
SAFETY PEN NEEDLE.....	445	SE-NATAL 19 CHEWABLE.....	288	SILTREX.....	485, 549
SAFETY SEAL LANCETS...	424	SE-NATAL-19.....	288	<i>silver nitrate</i>	212
SAFETY-LET LANCETS		SEREVENT DISKUS.....	599	<i>silver nitrate applicators</i>	243
.....	424, 548	SERNIVO.....	238	<i>silver sulfadiazine</i>	224
SAIZEN.....	319, 358	SEROQUEL XR.....	149	SILVRSTAT.....	212
SAIZEN SAIZENPREP.....	319	SEROSTIM.....	319	SIMBRINZA.....	573
<i>salicylic acid</i>	244	<i>sertraline</i>	138	SIMILAC PROBIOTIC TRI-	
<i>salicylic acid-ceramides no.1</i>		<i>sesame oil</i>	178	BLEND.....	353
.....	244	Setlakin.....	191	Simliya (28).....	183
<i>salicylic-cimetidine-lidocaine</i>	243	<i>sevelamer carbonate</i>	360	Simpesse.....	183
SALIMEZ FORTE.....	244	<i>sevelamer hcl</i>	360	SIMPONI.....	27, 28, 349
SALIVAMAX.....	567	SEVENFACT.....	370	SIMPONI ARIA.....	27, 28
<i>salsalate</i>	40	<i>sevoflurane</i>	40	<i>simvastatin</i>	106
SALVAX.....	244	SEYSARA.....	71, 198	SINGLE-LET.....	424, 549
SALVAX DUO PLUS.....	243	SF.....	565	SINUSTAR AEROSOL.....	483
SAMI THE SEAL.....	482, 548	SF 5000 PLUS.....	565	SINUSTAR NEBULIZER	
SAMI THE SEAL MASK		Sharobel.....	192	.....	456, 549
.....	482, 548	SHINGRIX (PF).....	94	SINUVA.....	603, 607
SANADERMRX.....	240			<i>sirolimus</i>	384

SIRTURO.....	55	<i>sodium phenylbutyrate</i> 563, 564	SPACE CHAMBER.....	483, 550
SITAVIG.....	61	SODIUM POLYSTYRENE	SPACE CHAMBER PLUS	
SIVEXTRO.....	64	(SORB FREE).....	.....	483, 550
SKLICE.....	258	<i>sodium polystyrene</i>	SPACE CHAMBER WITH	
SKYLA.....	182	<i>sulfonate</i>	LARGE MASK.....	483, 550
SKYRIZI.....	210	<i>sodium succinate</i>	SPACE CHAMBER WITH	
SLOW RELEASE IRON.....	270	SOFIA SARS ANTIGEN FIA	MEDIUM MASK.....	483, 550
SLYND.....	192	.....	SPACE CHAMBER WITH	
SMART CARESENS N424, 549		SOFIA2 FLU-SARS	SMALL MASK.....	483, 550
SMART SENSE LANCETS		ANTIGEN FIA.....	SPECTRAGEL.....	262, 550
.....	424, 549	SOFT TOUCH LANCETS	SPECTRAVITE WOMEN....	277
SMART SENSE		.....	SPEEDICATH (FEMALE)	
MONITORING SYSTEM.....	424	SOLARAVIX.....	.....	487, 550
SMART SENSE TEST		<i>solifenacin</i>	<i>spinosad</i>	258
STRIPS.....	394	SOLQUA 100/33.....	SPIRIVA RESPIMAT.....	597
SMARTDIABETES		SOLOSEC.....	SPIRIVA WITH	
VANTAGE.....	425, 549	SOLOX GEL.....	HANDIHALER.....	597
SMARTEST CONTROL		SOLTAMOX.....	<i>spironolactone</i>	97
.....	425, 549	SOLU-CORTEF.....	<i>spironolacton-</i>	
SMARTEST EJECT.....	425	SOLU-CORTEF ACT-O-	<i>hydrochlorothiaz</i>	116
SMARTEST LANCET..	425, 549	VIAL (PF).....	SPRAVATO.....	137
SMARTEST PERSONA		SOLUPAK.....	SPRAY AND STRETCH.....	246
GLUCOSE METER.....	425, 549	SOLUS V2 AUDIBLE	Sprintec (28).....	191
SMARTEST PERSONA		METER.....	SPRITAM.....	133
STARTER.....	425, 549	SOLUS V2 CONTROL	SPRIX.....	35
SMARTEST PRONTO		SOLUTION, LOW.....	SPRYCEL.....	81
GLUCOSE METER.....	425, 549	SOLUS V2 CONTROL	Sps (With Sorbitol).....	267
SMARTEST PRONTO		SOLUTION,HIGH.....	SPS (WITH SORBITOL).....	267
STARTER.....	425, 549	SOLUS V2 LANCETS..	Sronyx.....	191
SMARTEST PROTEGE.....	425	SOLUS V2 LANCING	SSD.....	224
SMARTEST SMART CODE		DEVICE.....	SSKI.....	269
METER.....	425	SOLUS V2 TEST STRIPS	SSS 10-5.....	204, 213
SMARTEST TALKING		.....	ST JOSEPH ASPIRIN.....	40
METER.....	425	SOMAVERT.....	ST. JOSEPH ASPIRIN.....	40
SMARTEST TEST.....	394, 550	SONAFINE.....	<i>stavudine</i>	53
<i>sodium chlor 0.9%</i>		SOOLANTRA.....	STEGLATRO.....	303
<i>bacteriostat</i>	266	SOOTHENEB	STEGLUJAN.....	303
<i>sodium chloride</i>		COMPRESSOR	STELARA.....	210, 347
.....	179, 247, 266, 267	NEBULIZER.....	STERILANCE TL.....	425, 550
<i>sodium chloride 0.45 %</i>	292	SOOTHENEB MESH	STERILE HYDROGEL FOR	
<i>sodium chloride 0.9 %</i> ..	266, 292	NEBULIZER.....	JELMYTO.....	266
<i>sodium chloride 0.9 %</i>		SOPORDREN.....	STIOLTO RESPIMAT.....	600
(flush).....	292	<i>sorbitol</i>	STIVARGA.....	79
<i>sodium citrate</i>	366	<i>sorbitol-mannitol</i>	STOP SMOKING AID.....	177
<i>sodium citrate in 0.9 % nacl</i> ..	366	SORILUX.....	STRATACTX.....	262, 551
SODIUM FLUORIDE 5000		Sorine.....	STRATAGRT.....	262, 551
PLUS.....	565	<i>sotalol</i>	STRATAMARK.....	251
<i>sodium fluoride-pot nitrate</i> ...	565	Sotalol Af.....	STRATATRIZ.....	251
<i>sodium iodide-123</i>	263	SOTYLIZE.....	STRATAXRT.....	262, 551
<i>sodium iodide-131</i>	263	SOVALDI.....	STRAVIX.....	257

STRENSIQ.....	562	SURE COMFORT INS.		SYMLINPEN 120.....	304
STRESSTABS ENERGY.....	265	SYR. U-100.....	445, 551	SYMLINPEN 60.....	304
STRIBILD.....	54	SURE COMFORT INSULIN		SYMPAZAN.....	125
STRIVERDI RESPIMAT.....	598	SYRINGE.....	445, 446, 551	SYMPROIC.....	45
STRONG IODINE.....	85, 269	SURE COMFORT		SYMTUZA.....	54
SUBSYS.....	17	LANCETS.....	426, 551	SYNALAR CREAM KIT.....	240
Subvenite.....	131	SURE COMFORT LANCING		SYNALAR OINTMENT KIT.....	240
Subvenite Starter (Blue) Kit		PEN.....	426, 551	SYNALAR TS.....	241
.....	132, 156	SURE COMFORT PEN		SYNAREL.....	329
Subvenite Starter (Green)		NEEDLE.....	446, 551	SYNDROS.....	157, 264, 335
Kit.....	132, 156	SURE RESULT DSS		SYNERA.....	255
Subvenite Starter (Orange)		PREMIUM PACK.....	248	SYNERDERM.....	230
Kit.....	132, 156	SURE-FINE PEN NEEDLES		SYNJARDY.....	302
SUCRAID.....	339	.....	446	SYNJARDY XR.....	302
<i>sucralfate</i>	357	SUREFLEX DEVICE WITH		SYNRIBO.....	83
<i>sulconazole</i>	217	LANCETS.....	426	<i>syringe (disposable)</i>	471, 552
<i>sulfacetamide sodium</i> ..	223, 586	SUREFLEX LANCING		SYRINGE 3CC/20GX1"	
<i>sulfacetamide sodium (acne)</i>		DEVICE.....	426, 551	.....	471, 552
.....	202	SURE-JECT INSULIN		SYRINGE 3CC/21GX1"	
<i>sulfacetamide sodium-sulfur</i>	204	SYRINGE.....	446, 551, 552	.....	471, 552
<i>sulfacetamide sod-sulfur-</i>		SURE-LANCE.....	426, 552	SYRINGE 3CC/21GX1-1/2"	
<i>urea</i>	204, 253	SURE-LANCE ULTRA THIN		.....	471, 552
<i>sulfacetamide-prednisolone</i> .	574	.....	426	SYRINGE 3CC/22GX1"	
<i>sulfacetamide-sulfur-</i>		SURE-PEN LANCING		.....	471, 552
<i>cleansr</i> 23.....	204	DEVICE.....	426, 552	SYRINGE 3CC/22GX3/4"	
SULFACLEANSE 8-4.....	204	SURE-T INFUSION SET		.....	472, 552
<i>sulfadiazine</i>	66	.....	474, 552	SYRINGE 3CC/25GX1"	
<i>sulfamethoxazole-</i>		SURE-T PARADIGM.....	491	.....	472, 552
<i>trimethoprim</i>	47	SURE-TEST EASYPLUS		SYRINGE AVITENE.....	376
SULFAMYLON.....	224	MINI.....	394, 426	<i>syringe with needle</i>	472, 552
<i>sulfasalazine</i>	348	SURE-TEST EASYPLUS		<i>syringe with needle, safety</i>	
SULFATRIM.....	47	MINI METER.....	426	.....	472, 552
<i>sulindac</i>	35	SURE-TOUCH LANCET		SYRINGE WITHOUT	
SUMADAN.....	204	.....	426, 552	NEEDLE.....	472, 552
SUMADAN XLT.....	204, 253	SURFAXIN.....	604	SYZYGIUM COMPOSITUM	333
<i>sumatriptan</i>	165	SURGIFLO.....	376	SZOSIL.....	485
<i>sumatriptan succinate</i>	165	SURGUARD2 SAFETY		T.E.D. ANTI-EMBOLISM	
<i>sumatriptan-naproxen</i>	167	.....	471, 552	STOCKING.....	454
SUMAXIN CP.....	205	SURVANTA.....	604	T.E.D. KNEE LENGTH-M-	
SUNOSI.....	169	SUSTIVA.....	52	LONG.....	396, 553
SUNRISE COMPRESSOR-		SUTAB.....	356	T.E.D. KNEE LENGTH-S-	
NEBULIZER.....	483, 551	SUTENT.....	81	REGULAR.....	396, 553
SUPER THIN LANCETS		SUVICORT.....	255	T:30 INFUSION SET.....	491
.....	425, 551	SWEET CHEEKS.....	299	T:90 INFUSION SET 23".....	491
SUPLENA CARB STEADY.....	279	Syeda.....	191	T:90 INFUSION SET 43".....	491
SUPRANE.....	40	SYLATRON.....	77	T:FLEX.....	454
SUPRAX.....	57	SYMAX DUOTAB.....	344, 364	T:FLEX INSULIN DELIVERY	
SUPREP BOWEL PREP KIT		SYMBICORT.....	602	PUMP.....	486, 553
.....	356	SYMDEKO.....	604	T:SLIM.....	455, 553
		SYMJEPI.....	114	T:SLIM G4.....	454, 553

T:SLIM G4 INSULIN PUMP	TARON-PREX PRENATAL-	<i>terazosin</i>	119
.....486, 553	DHA.....278, 289	<i>terbinafine hcl</i>	47
T:SLIM INSULIN DELIVERY	TAROXIA.....206	<i>terbutaline</i>	600
SYSTEM.....486	TASIGNA.....82	<i>terconazole</i>	612
T:SLIM X2.....455, 553	TASOPROL.....238	<i>teriparatide</i>	308
T:SLIM X2 BASAL-IQ	<i>tavaborole</i>	Terrell.....	40
INSULIN PMP.....486	TAVALISSE.....367	TERSI FOAM.....	223
T:SLIM X2 CONTROL-IQ....	<i>tazarotene</i>	TERUMO ALLERGY	
486	TAZORAC.....222	SYRINGE.....	472, 553
T:SLIM X2 INSULIN PUMP.	Taztia Xt.....113	TERUMO HYPODERMIC	
486	TAZVERIK.....76	NEEDLE/SYRIN.....	472, 553
TAB-A-VITE.....277	TD GOLD BLOOD	TERUMO INSULIN	
TAB-A-VITE MULTIVITAMIN	GLUCOSE MONITOR.....	SYRINGE.....	447, 554
W-IRON.....276, 277	426	TERUMO SYRINGE....	472, 554
TABLOID.....74	TD GOLD LEVEL 1	TEST N'GO BLOOD	
TABRECTA.....82	CONTROL.....	GLUCOSE SYSTEM...	427, 554
TACHOSIL.....376	426	TEST N'GO TEST.....	395, 554
<i>tacrolimus</i>	TD GOLD LEVEL 2	<i>testosterone</i>	299, 300
224, 383	CONTROL.....	<i>testosterone cypionate</i>	299
<i>tacrolimus-hyaluronate-</i>	426	<i>testosterone enanthate</i>	299
<i>niacin</i>	TD GOLD LEVEL 3	<i>tetrabenazine</i>	167
224	CONTROL.....	<i>tetracaine hcl</i>	583
<i>tacrolimus-niacinamide</i>	426	<i>tetracaine hcl (pf)</i>	583
224	TD GOLD TEST STRIP.....	<i>tetracycline</i>	71
<i>tacrolimus-vehicle base</i>	395	TETRIX.....	251
<i>no.238</i>	TD GOLD VOICE	TEXACORT.....	238
225	GLUCOSE MONITOR.....	THALOMID.....	48
<i>tadalafil</i>	426	THEO-24.....	596
264	TDVAX.....91	Theochron.....	596
<i>tadalafil (pulm. hypertension)</i>	TECHLITE INSULIN SYR	<i>theophylline</i>	596
.....121	HALF UNIT.....	THEREMS MULTIVITAMIN.	278
TAFINLAR.....75	446, 447	<i>thiamine hcl (vitamin b1)</i>	293
TAGRISSO.....72	TECHLITE INSULIN	<i>thiamine mononitrate (vit b1)</i>	294
TAKE ACTION.....196	SYRINGE.....	.....	294
TAKHZYRO.....119	447	THICK AND EASY.....	179
TALICIA.....357	TECHLITE LANCETS.....	THIN LANCETS.....	427
TALTZ AUTOINJECTOR....	426	THINPRO INSULIN	
211	TECHLITE PEN NEEDLE...	SYRINGE.....	447, 554
TALTZ AUTOINJECTOR (2	447	THIOLA.....	359
PACK).....	299	THIOLA EC.....	359
211	TEGSEDI.....	<i>thioridazine</i>	149
TALTZ AUTOINJECTOR (3	121	<i>thiothixene</i>	149
PACK).....	TEKTRNA HCT.....	THRESHOLD IMT TRAINER	
211	121	.....	483, 554
TALTZ SYRINGE.....	TELCARE BGM.....	THRESHOLD PEP DEVICE	
211	426, 553	.....	483, 554
TALZENNA.....80	TELCARE BLOOD	THRIVITE RX.....	289
<i>tamarind seed-turmeric</i>	GLUCOSE KIT.....	THROMBI-GEL.....	376
<i>extract</i>	426, 553	THROMBIN-JMI.....	376
<i>tamoxifen</i>	TELCARE CONTROL.	THROMBI-PAD.....	376
82	426, 553		
<i>tamsulosin</i>	TELCARE LANCETS..		
361	427, 553		
Taperdex.....	TELCARE TEST STRIPS		
317	.....		
TAPERDEX.....	395, 553		
317	<i>telmisartan</i>		
TARDEOXIA.....	99		
205	<i>telmisartan-amlodipine</i>		
TARDIMAXIA.....	98		
206	<i>telmisartan-</i>		
TARGRETIN.....	<i>hydrochlorothiazid</i>		
219	98		
Tarina 24 Fe.....	<i>temazepam</i>		
191	173		
Tarina Fe 1/20 (28).....	TEMIXYS.....		
191	52		
Tarina Fe 1-20 Eq (28).....	<i>temozolomide</i>		
191	73		
TARON-C DHA.....	Tencon.....		
276, 288	25		
	TENIVAC (PF).....		
	91		
	<i>tenofovir disoproxil fumarate</i> .		
	53		
	TENS 502.....		
	455, 553		
	TENS 504.....		
	455, 553		

THYROLAR-1.....	331	TOPCARE CLICKFINE.....	447, 554	Tri Femynor.....	194
THYROLAR-1/2.....	331	TOPCARE ULTRA		<i>triacetin</i>	218
THYROLAR-1/4.....	331	COMFORT.....	448, 555	<i>triamcinolone acetonide</i>	
THYROLAR-2.....	331	TOPCARE UNIVERSAL1		.....	239, 567
THYROLAR-3.....	331	LANCET.....	427, 555	<i>triamcinolone-niacinamide</i> ...	239
Tiadylt Er.....	113	<i>topiramate</i>	130	<i>triamterene</i>	116
<i>tiagabine</i>	127	<i>toremifene</i>	82	<i>triamterene-</i>	
TIBSOVO.....	79	TORONOVA II SUIK.....	35	<i>hydrochlorothiazid</i>	116
TICALAST.....	605	TORONOVA SUIK.....	35	Trianex.....	239
TICANASE.....	606	<i>torseamide</i>	116	<i>triazolam</i>	173
TICASPRAY.....	606	TOSYMRA.....	165	TRICARE.....	289
TIGLUTIK.....	384	TOUCH-TROL.....	487, 555	TRI-CHLOR.....	244
Tilia Fe.....	194	TOUJEO MAX U-300		<i>trichloroacetic acid</i>	244
<i>timol-brimon-dorzo-</i>		SOLOSTAR.....	324	Triderm.....	239
<i>latanop(pf)</i>	573	TOUJEO SOLOSTAR U-300		<i>trientine</i>	44
<i>timolol maleate</i>	112, 582	INSULIN.....	324	Tri-Estarylla.....	194
<i>timolol maleate (pf)</i>	582	TOVET KIT.....	240	<i>trifluoperazine</i>	149
<i>timolol-brimonidi-</i>		TOVIAZ.....	365	<i>trifluridine</i>	586
<i>dorzolam(pf)</i>	580	TPOXX (NATIONAL		<i>trihexyphenidyl</i>	144
<i>timolol-dorzolamid-</i>		STOCKPILE).....	71	TRIJARDY XR.....	308
<i>latanop(pf)</i>	580	TRACLEER.....	120	TRIKAFTA.....	604
<i>timolol-latanoprost(pf)</i>	580	TRADJENTA.....	301	Tri-Legest Fe.....	194
TIMOPTIC OCUDOSE (PF)	582	<i>tramadol</i>	17, 18	Tri-Linyah.....	194
<i>tinidazole</i>	50	<i>tramadol-acetaminophen</i>	24	TRILOAN II SUIK.....	317
TIROSINT.....	332	<i>trandolapril</i>	97	TRILOAN SUIK.....	317
TIROSINT-SOL.....	332	<i>trandolapril-verapamil</i>	95	Tri-Lo-Estarylla.....	194
TISSEEL VHSD		<i>tranexamic acid</i>	374	Tri-Lo-Marzia.....	194
(APRO TININ, SYN).....	253, 254	<i>tranylcypromine</i>	137	Tri-Lo-Mili.....	194
TIS-U-SOL PENTALYTE.....	267	TRANZAREL.....	255	Tri-Lo-Sprintec.....	194
TIVICAY.....	51	<i>travoprost</i>	587	TRI-LUMA.....	226
TIVICAY PD.....	51	<i>trazodone</i>	138	Trilyte With Flavor Packets..	356
TIVORBEX.....	39	TRECATOR.....	56	<i>trimethobenzamide</i>	336
<i>tizanidine</i>	386	TRELEGY ELLIPTA.....	602	<i>trimethoprim</i>	47
TOBI PODHALER.....	603	TREMFYA.....	210	Tri-Mili.....	194
TOBRADEX.....	575	<i>treprostinil sodium</i>	119	<i>trimipramine</i>	142
TOBRADEX ST.....	575	TRESIBA FLEXTOUCH U-		TRIMO-SAN JELLY.....	612
<i>tobramycin</i>	585, 603	100.....	324	TRINATE.....	289
<i>tobramycin in 0.225 % nacl.</i>	603	TRESIBA FLEXTOUCH U-		TRINTELLIX.....	141
<i>tobramycin with nebulizer</i> ...	603	200.....	324	Tri-Previfem (28).....	194
<i>tobramycin-dexamethasone</i>	575	TRESIBA U-100 INSULIN...	324	Tri-Sprintec (28).....	194
TOBREX.....	585	<i>tretinoin</i>	208	TRISTART DHA.....	289
TODAY CONTRACEPTIVE		<i>tretinoin (antineoplastic)</i>	82	TRIUMEQ.....	54
SPONGE.....	196	<i>tretinoin microspheres</i>	208	TRIVEEN-DUO DHA.....	289
TOLAK.....	218	<i>tretinoin-benzoyl-clinda-niac</i>	205	TRIVEEN-PRX RNF.....	289
<i>tolcapone</i>	143	<i>tretinoin-clinda-spiron-niacin</i>	205	Trivora (28).....	195
<i>tolmetin</i>	35	<i>tretinoin-hyaluronate-niacin</i> ..	206	Tri-Vylibra.....	195
TOLSURA.....	48	TRETIN-X.....	209	Tri-Vylibra Lo.....	195
<i>tolterodine</i>	364	TRETIN-X CREAM KIT.....	209	TRIXYLITRAL.....	247
<i>tolvaptan</i>	117	TRETEN.....	373	TROKENDI XR.....	130, 131
TOOMEY SYRINGE.....	472, 554	TREXALL.....	29, 74	<i>tropicamide</i>	576

<i>tropic-proparacai-pe-ketor-wat</i>	583	TRUSTEEL INFUSION SET 32".....	491	ULTILET CLASSIC LANCETS.....	428, 556
<i>trospium</i>	365	TRUVADA.....	52	ULTILET INSULIN SYRINGE.....	449, 556
TRUE COMFORT INSULIN SYRINGE.....	448, 555	TRUZONE PEAK FLOW METER.....	476, 556	ULTILET LANCETS.....	428, 557
TRUE COMFORT LANCET.....	427, 555	TUBERCULIN SYRINGE.....	472, 556	ULTILET PEN NEEDLE.....	449, 557
TRUE COMFORT PEN NEEDLE.....	448, 555	<i>tuberculin-allergy syringes</i>	472, 556	ULTILET SAFETY LANCETS.....	428, 557
TRUE METRIX AIR GLUCOSE METER.....	427	TUDORZA PRESSAIR.....	598	ULTIMA MONITOR.....	428
TRUE METRIX GLUCOSE METER.....	427	TUKYSA.....	76	ULTIMA TEST STRIPS.....	395
TRUE METRIX GLUCOSE TEST STRIP.....	395	Tulana.....	193	ULTIMATE FLORA BABY PROBIOTIC.....	353
TRUE METRIX GO GLUCOSE METER.....	427	TURALIO.....	82	ULTRA B-100 COMPLEX (FOODBASE).....	265
TRUE METRIX LEVEL 1.....	427	<i>turmeric-turmeric root extract</i>	12	ULTRA CMFT INS SYR HALF UNIT.....	450, 557
TRUE METRIX LEVEL 2.....	427	TUSSICAPS.....	608	ULTRA COMFORT INSULIN SYRINGE.....	450, 557
TRUE METRIX LEVEL 3.....	427	TUXARIN ER.....	608	ULTRA FINE LANCETS.....	428, 557
TRUE METRIX PRO TEST STRIP.....	395	TUZISTRA XR.....	608	ULTRA FLO INSULIN SYRINGE.....	450, 557
TRUE2GO BLOOD GLUCOSE SYSTEM... ..	427, 555	TWINRIX (PF).....	86	ULTRA FLO PEN NEEDLE.....	450, 557
TRUECONTROL LEVEL 0.....	427, 555	TWIRLA.....	195	ULTRA PRENATAL PLUS DHA.....	289
TRUECONTROL LEVEL 1.....	427, 555	TWIST LANCETS.....	428	ULTRA THIN II LANCETS.....	428, 557
TRUEDRAW LANCING DEVICE.....	427	TYBLUME.....	191	ULTRA THIN LANCETS.....	428, 557
TRUEPLUS INSULIN.....	448	TYBOST.....	564	ULTRA THIN PEN NEEDLE.....	450, 557
TRUEPLUS KETONE.....	555	Tydemy.....	191	ULTRA THIN PLUS LANCETS.....	428, 557
TRUEPLUS LANCETS.....	427, 555	TYMLOS.....	308	ULTRA TLC LANCETS.....	428
TRUEPLUS PEN NEEDLE.....	448	TYREX-2.....	280	ULTRACARE INSULIN SYRINGE.....	450, 557
TRUERESULT BLOOD GLUCOSE SYSTM.....	427, 555	TYVASO.....	120	ULTRA-CARE LANCETS.....	428, 558
TRUETEST TEST STRIPS.....	395	TYVASO INSTITUTIONAL START KIT.....	120	ULTRACARE PEN NEEDLE.....	451, 558
TRUETRACK BLOOD GLUCOSE SYSTEM.....	428	TYVASO REFILL KIT.....	120	ULTRAFOAM.....	376
TRUETRACK SMART SYSTEM.....	428, 555	TYVASO STARTER KIT.....	120	ULTRALANCE LANCETS.....	428, 558
TRUETRACK TEST.....	395	TYZINE.....	607	ULTRASAL-ER.....	244
TRULANCE.....	337, 346	UBRELVY.....	163	ULTRA-THIN II (SHORT) INS SYR.....	451, 558
TRULICITY.....	305	UCERIS.....	348	ULTRA-THIN II (SHORT) PEN NDL.....	451, 558
TRUMENBA.....	92	UDENYCA.....	374		
TRUNEB NEBULIZER.....	456, 556	ULESFIA.....	258		
TRUSKIN.....	257	ULTICARE.....	449, 473		
TRUSTEEL INFUSION SET 23".....	491	ULTICARE INSULIN SYR HALF UNIT.....	448		
		ULTICARE INSULIN SYRINGE.....	449		
		ULTICARE PEN NEEDLE... ..	449		
		ULTICARE SAFETY SYRINGE....	453, 472, 473, 556		
		ULTICARE TB SAFETY SYRINGE.....	473, 556		
		ULTIGUARD SAFE PACK... ..	449		
		ULTI-LANCE.....	428, 556		
		ULTILET BASIC LANCETS.....	428, 556		

ULTRA-THIN II INS PEN NEEDLES.....451, 558	UNISTIK 3 NEONATAL 429, 559	VAGINAL CONTRACEPTIVE FILM..... 196
ULTRA-THIN II INSULIN SYRINGE..... 451, 558	UNISTIK 3 NEONATAL DEVICE..... 429, 559	VAGINAL CONTRACEPTIVE FOAM...197
ULTRA-THIN II LANCETS 428, 558	UNISTIK 3 NORMAL LANCET..... 429, 559	<i>valacyclovir</i> 61
ULTRATRAK..... 395	UNISTIK CZT LANCET 429, 559	VALCHLOR..... 218
ULTRATRAK GLUCOSE METER..... 428	UNISTIK PRO LANCET 429, 559	<i>valerian root extract-hops</i> 11
ULTRATRAK HIGH-LOW CONTROL..... 428	UNISTIK SAFETY..... 429, 559	<i>valerian-flower-hops-lemon</i> ... 12
ULTRATRAK NORMAL CONTROL..... 428	UNISTIK TOUCH LANCETS 430, 559	<i>valganciclovir</i> 57
ULTRATRAK ULTIMATE 395, 429, 558	UNISTRIP HIGH CONTROL 430, 559	<i>valproic acid</i> 125
ULTRAVATE..... 222	UNISTRIP LOW CONTROL 430, 559	<i>valproic acid (as sodium salt)</i> 125, 156
UMECTA..... 244	UNISTRIP1 TEST STRIP 395, 559	<i>valsartan</i> 99
UNIFINE PENTIPS.....451, 558	UNIVERSAL 1 LANCETS...430	<i>valsartan- hydrochlorothiazide</i> 98
UNIFINE PENTIPS MAXFLOW..... 451	UP4 PROBIOTICS ADULT..353	VALTOCO..... 125, 155
UNIFINE PENTIPS PLUS... 451	UP4 PROBIOTICS ADULT 50 PLUS..... 353	Vanatol Lq..... 25
UNIFINE PENTIPS PLUS MAXFLOW..... 451	UP4 PROBIOTICS KIDS CUBES..... 353	Vanatol S..... 25
UNILET COMFORTOUCH LANCET..... 429	UP4 PROBIOTICS PLUS PREBIOTIC..... 353	<i>vancomycin</i> 58
UNILET EXCELITE II LANCET..... 429	UP4 PROBIOTICS ULTRA..353	VANDAZOLE..... 612
UNILET EXCELITE LANCET..... 429	UP4 PROBIOTICS WOMEN'S..... 353	VANISHPOINT INSULIN SYRINGE..... 452, 559
UNILET GP LANCET..... 429	UP4 PROBIOTICS- PREBIOTICS KIDS..... 353	VANISHPOINT SYRINGE 452, 473, 559
UNILET LANCET.....429	UPNEEQ (PF)..... 573	VANISHPOINT TUBERCULIN SYRINGE.... 473
UNILET LANCETS..... 429	UPTRAVI..... 118	VANOXIDE-HC.....206
UNILET SUPER THIN LANCETS..... 429	URAMAXIN.....244	VAPRO PLUS INTERMITT CATHETER..... 487, 559
UNISPEND ANHYDROUS SWEET..... 179	URAMAXIN GT.....243	VAQTA (PF)..... 87
UNISTIK 2 DEVICE..... 429	<i>urea</i> 244	VARDIMAXIA..... 207
UNISTIK 2 EXTRA..... 429	UREA NAIL STICK..... 244	VARISOFT INFUSION SET 23"..... 491
UNISTIK 2 NORMAL LANCET,DEVICE..... 429	URETRON D-S.....63, 362	VARISOFT INFUSION SET 32"..... 491
UNISTIK 3..... 429	UREVAZ..... 244	VARISOFT INFUSION SET 43"..... 491
UNISTIK 3 COMFORT DEVICE..... 429	URIMAR-T..... 63, 363	VARITHENA ADMINISTRATION PACK 475, 559
UNISTIK 3 COMFORT LANCET..... 429, 558	URIN DS.....63, 363	VARIVAX (PF)..... 94
UNISTIK 3 EXTRA LANCET 429	URO-458..... 63, 363	VAROPHEN (DICLOFENAC)..... 248
UNISTIK 3 GENTLE..... 429	UROGESIC-BLUE..... 63	VAROXIA.....207
UNISTIK 3 LANCETS..429, 559	URO-MP..... 64, 363	VARUBI..... 337
	UROQID-ACID NO.2.... 63, 362	VASCEPA.....106, 107
	<i>ursodiol</i> 339	VASELINE WHITE PETROLEUM..... 251
	USTELL..... 64, 363	VASHE WOUND THERAPY259
	UTIBRON NEOHALER.....601	

VAXCHORA ACTIVE COMPONENT.....	89, 92	VIIBRYD.....	140	VIVAGUARD INO CTRL SOLN-L1,2,3.....	430, 560
VAXCHORA BUFFER COMPONENT.....	180	VIMPAT.....	126	VIVAGUARD INO CTRL SOLN-L1,L3.....	430, 560
VAXCHORA VACCINE... 89, 92		VINATE CARE.....	278, 289	VIVAGUARD INO CTRL SOLN-L2.....	430, 560
VCF CONTRACEPTIVE FILM.....	197	VINATE DHA RF.....	278, 289	VIVAGUARD INO GLUCOSE METER.....	430, 560
VCF CONTRACEPTIVE GEL.....	197	VINATE GT.....	289	VIVAGUARD INO SMART GLUC METER.....	430, 560
VECAMYL.....	117	VINATE II.....	289	VIVAGUARD INO TEST STRIP.....	395
Velivet Triphasic Regimen (28).....	195	VINATE M.....	290	VIVAGUARD LANCET.....	430, 560
VELPHORO.....	360	VINATE ONE.....	290	VIVAGUARD LANCING DEVICE.....	430, 560
VELTASSA.....	267	VINATE ULTRA.....	290	VIVLODEX.....	36
VEMLIDY.....	59	VIOKACE.....	338	VIVOTIF.....	89, 91
VENA-BAL DHA.....	289	Viorele (28).....	184	VIXONE NEBULIZER..	456, 560
VENCLEXTA.....	75	VIOS AEROSOL DELIVERY SYSTEM.....	483	VIXONE NEBULIZER-ADULT MASK.....	456, 560
VENCLEXTA STARTING PACK.....	75	VIRACEPT.....	65	VIXONE NEBULIZER-PEDIATRIC MSK.....	456, 560
VERELEX.....	263	VIREAD.....	53, 59	VIZIMPRO.....	72
<i>venlafaxine</i>	140	VIRT-C DHA.....	276, 290	Volnea (28).....	184
VENTAVIS.....	120	VIRT-FEFA PLUS.....	270	VONVENDI.....	374
<i>verapamil</i>	101, 114	VIRT-NATE DHA.....	290	<i>voriconazole</i>	48
VERASENS BLOOD GLUCOSE METER.....	430, 559	VIRT-PN DHA.....	278, 290	VORTEX HOLDING CHAMBER.....	483, 560
VERASENS CONTROL SOLN-LEVEL 1.....	430, 559	VIRT-PN PLUS.....	276, 290	VORTEX VHC FROG MASK-CHILD.....	483, 560
VERASENS METER STARTER KIT.....	430, 559	VIRTUSSIN AC.....	611	VORTEX VHC LADYBUG MASK-TODDLR.....	483, 560
VERASENS TEST STRIP... 395		VIRTUSSIN DAC.....	610	VOSEVI.....	59
VERDESO.....	239	VISTASEAL-FIBRIN SEALANT.....	377	VOTRIENT.....	82
VEREGEN.....	242	VISTOGARD.....	84	VP-CH PLUS.....	291
VERIFINE PEN NEEDLE.....	452, 560	<i>vit a palmitate-vit c-vit d3</i>	280	VP-CH-PNV.....	291
VERSACLOZ.....	148	VITABEX IRON.....	270	VP-PNV-DHA.....	291
VERTIGOHEEL.....	333	VITAFOL FE PLUS.....	290	VRAYLAR.....	150, 157
VERZENIO.....	76	VITAFOL FE+ (WITH DOCUSATE).....	290	Vtol Lq.....	25
VEXASYN.....	255	VITAFOL GUMMIES.....	290	VUMERITY.....	570
V-GO 20.....	485, 560	VITAFOL NANO.....	290	Vyfemla (28).....	192
V-GO 30.....	485, 560	VITAFOL ULTRA.....	290	Vylibra.....	192
V-GO 40.....	485, 560	VITAFOL-OB.....	290	VYNDAMAX.....	299
VIBERZI.....	354	VITAFOL-OB+DHA.....	291	VYNDAQEL.....	299
VIBRAMYCIN.....	71	VITAFOL-ONE.....	291	VYVANSE.....	154
Vicodin Hp.....	21, 22	VITAJoy ADULT MULTI.....	276	VYZULTA.....	587
VICTOZA 2-PAK.....	305	VITAL AF 1.2 CAL.....	279	WAKIX.....	169
VICTOZA 3-PAK.....	305	VITAMED MD ONE RX.....	291	<i>warfarin</i>	367
VIEKIRA PAK.....	60	VITAMIN C FIZZY DRINK... 292		<i>water for irrigation, sterile</i>	267
Vienna.....	191	Vitamin D2.....	296	WAVESENSE AMP.....	430, 560
<i>vigabatrin</i>	127	<i>vitamin d3-vitamin k2</i>	295		
Vigadrone.....	127	<i>vitamin e (dl, acetate)</i>	296		
		<i>vitamin e acetate (bulk)</i>	178, 296		
		<i>vitamin e mixed</i>	296		
		Vitamin K.....	297		
		Vitamin K1.....	297		
		<i>vitamin k2</i>	297		
		VITRAKVI.....	83		
		VIVA DHA.....	291		

WAVESENSE CONTROL SOLUTION.....	430, 561	XCLAIR.....	229	YOGURT PLUS CALCIUM GUMMIES.....	269
WAVESENSE JAZZ.....	395	XCOPRI.....	135, 136	YONSA.....	71, 73
WAVESENSE PRESTO.....	395, 430, 561	XCOPRI MAINTENANCE PACK.....	135	YOSPRALA.....	380
WEEKLY-D.....	296	XCOPRI TITRATION PACK.....	136	YUPELRI.....	598
Wera (28).....	192	XELITRAL.....	249	Yuvaferm.....	613
WESTAB MAX.....	293, 297	XELJANZ.....	31, 348	<i>zafirlukast</i>	596
WESTAB MINI.....	293, 297	XELJANZ XR.....	31, 348	<i>zaleplon</i>	174
WESTAB ONE.....	293, 297	XELPROS.....	588	ZALVIT.....	292
WESTGEL DHA.....	291	XEMBIFY.....	88	Zarah.....	192
WESTHROID.....	331	XENAFLAMM.....	34	ZARXIO.....	374
WHITE WAX (BEESWAX).....	178	XENLETA.....	64	ZATEAN-PN DHA.....	278, 291
WHYTEDERM SURGIPAK.....	263	XEPI.....	212	ZATEAN-PN PLUS.....	276, 291
WHYTEDERM TDKAK.....	240	XERESE.....	224	ZCORT.....	317
WHYTEDERM TRILASIL PAK.....	240	XERMELO.....	334	Zebutal.....	25
WIDE-SEAL DIAPHRAGM 60.....	397, 561	XEROFORM.....	399, 561	ZEJULA.....	80
WIDE-SEAL DIAPHRAGM 65.....	397, 561	XEROFORM NON-OCCLUSIVE.....	399, 561	ZELAPAR.....	145
WIDE-SEAL DIAPHRAGM 70.....	397, 561	XEROFORM PETROLATUM DRESSING.....	399, 561	ZELBORAF.....	75
WIDE-SEAL DIAPHRAGM 75.....	397, 561	XEROFORM PETROLATUM OVERWRAP.....	399, 561	ZELNORM.....	346, 354
WIDE-SEAL DIAPHRAGM 80.....	397, 561	XEROSTOMIA RELIEF.....	567	ZEMAIRA.....	604
WIDE-SEAL DIAPHRAGM 85.....	397, 561	XHANCE.....	606	ZEMBRACE SYMTOUCH... ..	166
WIDE-SEAL DIAPHRAGM 90.....	397, 561	XIFAXAN.....	66	Zenatane.....	197
WIDE-SEAL DIAPHRAGM 95.....	397, 561	XIGDUO XR.....	302	ZENPEP.....	338
WILATE.....	372	XIIDRA.....	578	Zenzedi.....	154, 155, 159, 160, 169, 170
WILLIS THE WHALE COMPRESSR NEB.....	483, 561	XILAPAK.....	241	ZENZEDI.....	154, 155, 159, 160, 169, 170
WINLEVI.....	197	XIMINO.....	199	ZEPATIER.....	59
WINTERGREEN OIL.....	257	XOFLUZA.....	61	ZEPOSIA.....	572
WOMEN'S 50 PLUS MULTIVITAMIN.....	276	XOLEGEL.....	217	ZEPOSIA STARTER KIT.....	572
WPR PLUS.....	246	XOSPATA.....	76	ZEPOSIA STARTER PACK.....	572
Wymzya Fe.....	192	XPOVIO.....	82	ZERVIAE.....	576
WYNZORA.....	210	XRYLIDERM.....	255	ZETONNA.....	607
XADAGO.....	145	XRYLIX (DICLOFENAC-KINES TAPE).....	250	ZEYOCAINE.....	255
XALIX.....	245	XTAMPZA ER.....	18, 19	<i>zidovudine</i>	53
XALKORI.....	73	XTANDI.....	73	ZIEXTENZO.....	374
XARELTO.....	368	XULANE.....	195	ZILACAINA PATCH.....	255, 485
XARELTO DVT-PE TREAT 30D START.....	368	XULTOPHY 100/3.6.....	307	<i>zileuton</i>	593
XATMEP.....	30	XURIDEN.....	563	ZILXI.....	253
		Xylon 10.....	22	<i>zinc gluconate</i>	273
		XYNTHA.....	372	<i>zinc oxide</i>	251
		XYNTHA SOLOFUSE.....	372	<i>zinc stearate</i>	179
		XYOSTED.....	300	<i>zinc sulfate</i>	273
		XYREM.....	168	ZINGIBER.....	292, 293
		XYWAV.....	168	ZIOPTAN (PF).....	588
				<i>ziprasidone hcl</i>	157
				ZIPSOR.....	37
				ZIRGAN.....	586
				ZITHRANOL.....	222
				ZOHYDRO ER.....	19

ZOKINVY	562
ZOLINZA.....	77
<i>zolmitriptan</i>	166
ZOLPAK.....	217
<i>zolpidem</i>	174
ZOLPIMIST.....	174
ZOMACTON.....	319
ZOMIG.....	166
<i>zonisamide</i>	134
ZONTIVITY	381
ZORBTIVE.....	319, 358
ZORTRESS.....	384
ZORVOLEX.....	37
ZOSTAVAX (PF).....	94
Zovia 1/35E (28).....	192
Zovia 1-35 (28).....	192
ZTLIDO.....	255
Z-TUSS AC.....	608
ZUBSOLV.....	175
Zumandimine (28).....	192
ZUPLENZ.....	336, 337
ZYCLARA.....	242
ZYDELIG.....	80
ZYFLO.....	593
ZYKADIA.....	73
ZYLET.....	575
ZYPITAMAG.....	106
ZYPRAM.....	42
ZYTIGA.....	71, 73



KAISER PERMANENTE®

Kaiser Permanente Insurance Company Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-788-2949. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios lingüísticos sin ningún costo. Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-2949. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

免費語言服務。 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電 1-800-788-2949 與我們聯絡。如需進一步協助，請致電 1-800-927-4357 與加州保險局聯絡。聽障及語障電話專線使用者請致電 711。Chinese

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-788-2949. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

T'áá jíik'e ata' hane'go saad bee háká e'elwo'. Ata' halne'í naaltsoos nich'í' yídóotah t'áá ninizaad bee. Bee níká i'doolwołgo béesh bee hodílnih koji' 1-800-788-2949 éi doodago naaltsoos bee nééhózinígíí bikáá'ígíí. CA Dept. of Insurance bich'í' hodílnih 1-800-927-4357 áká e'elyeed nínizingo. TTY chodayool'ínígíí éi 711. Navajo

Các dịch vụ trợ giúp ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Để được giúp đỡ, xin gọi chúng tôi theo số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-788-2949. Để được giúp đỡ thêm, vui lòng gọi Bộ Bảo hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 원하시는 언어로 통역 및 낭독 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-788-2949 번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357 번으로 문의하십시오. TTY 사용자 번호 711. Korean

Mga Libreng Serbisyo para sa Wika. Maaari kang makakuha ng tagapagsalin-wika at hinging basahin ang mga dokumento para sa iyo sa iyong sariling wika. Para humingi ng tulong, tumawag sa numerong nakasulat sa iyong ID card o 1-800-788-2949. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Mga gumagamit ng TTY, tumawag sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեզ համար կարդան Ձեր լեզվով: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-788-2949 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY -ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на вашем языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-788-2949. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

無料の言語サービス。 通訳サービスを利用して、日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、ID カードに記載の番号、または 1-800-788-2949 にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁（1-800-927-4357）にお電話ください。TTY ユーザーの方は、711 にお電話ください。Japanese

خدمات زبان به طور رایگان. می توانید از خدمات مترجم شفاهی بهره مند شده و ترتیبی بدهید تا نوشته ها به زبان خودتان برای شما خوانده شوند. برای دریافت کمک و راهنمایی، با شماره ای که روی کارت شناسایی شما قید شده یا 1-800-788-2949 تماس بگیرید. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਦੁਆਬੀਏ ਦੀ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-2949 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ, ਕੈਲੀਫੋਰਨੀਆਂ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូម ទូរស័ព្ទមកយើងតាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-788-2949។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅ ក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات لغوية مجانية. بإمكانك الحصول على مترجم فوري وطلب قراءة الوثائق عليك بلغتك. لطلب المساعدة، ما عليك سوى الاتصال بنا على الرقم الوارد في بطاقة الهوية الخاصة بك أو على الرقم 1-800-788-2949. للحصول على المزيد من المساعدة، يرجى الاتصال بدائرة كاليفورنيا للتأمين على الرقم 1-800-927-4357. على مستخدمي TTY طلب الرقم 711. Arabic

Cov Kev Pab Txhais Lus Dawb. Koj thov tau ib tug neeg txhais lus thiab muab tau cov ntaub ntawv nyeem rau koj ua koj hom lus. Xav tau kev pab, hu rau peb tus xov tooj ntawm koj daim yuaj ID los yog 1-800-788-2949. Xav taukev pab ntxiv, hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu 711. Hmong

मुफ्त भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और दस्तावेज़ आपको आपकी भाषा में पढ़ कर सुनाये जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-788-2949 पर हमें फोन करें। अधिक सहायता के लिए कैलीफ़ोर्निया डिपार्टमेंट ऑफ़ इंशोरेंस को 1-800-927-4357 पर फोन करें। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการทางภาษาที่ไม่เสียค่าใช้จ่ายใด ๆ คุณสามารถขอใช้บริการล่ามและบริการอ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดติดต่อหมายเลขโทรศัพท์ที่ปรากฏบนบัตรประจำตัวของคุณหรือติดต่อหมายเลข 1-800-788-2949 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อกรมการประกันภัยของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 ผู้ใช้เครื่อง TTY โปรดติดต่อหมายเลข 711. Thai

Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-464-4000** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator can help you.

KPIC Civil Rights Coordinator
Grievance 1557
5855 Copley Drive, Suite 250
San Diego, CA 92111
1-888-251-7052

You may also contact the California Department of Insurance regarding your complaint.

By Phone:
California Department of Insurance
1-800-927-HELP
(1-800-927-4357)
TDD: 1-800-482-4TDD
(1-800-482-4833)

By Mail:
California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street
Los Angeles, CA 90013

Electronically:
www.insurance.ca.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.