



Santa Clara Family
Health Plan™

MEDI-CAL

Drug Formulary

List of Covered Drugs

2020

Customer Service: **1-800-260-2055** TTY: **711**

Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is free.

www.scfhp.com

THIS PAGE INTENTIONALLY LEFT BLANK



MEDI-CAL

Drug Formulary

List of Covered Drugs

2020

This Formulary was last updated **August 2020** and is subject to change. All versions that came before this one are no longer in effect. You can find the most recent Formulary and other Santa Clara Family Health Plan (SCFHP) Medi-Cal member materials, including the SCFHP Medi-Cal Member Handbook, online at www.scfhp.com/medi-cal/forms-documents.

Customer Service: **1-800-260-2055** TTY: **711**

Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is free.

THIS PAGE INTENTIONALLY LEFT BLANK

Table of contents

Other languages and formats	iv
Other languages	iv
Other formats	iv
Interpreter services	iv
Notice of non-discrimination	vii
1. Introduction to the SCFHP Medi-Cal Drug Formulary	ix
Using the Formulary.....	ix
Formulary Tiers.....	xi
Contact us.....	xi
2. Important words and abbreviations to know	xii
Words to know	xii
Abbreviations to know	xiv
3. Frequently Asked Questions	xvi
A. What is a formulary?	xvi
B. Does the SCFHP Medi-Cal Formulary change?	xvi
C. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?	xvii
D. What if I am a new SCFHP member and can't find my drug on the Formulary or have a problem getting my drug?	xvii
E. What if it's an emergency and I need a drug that I can't find on the formulary or the drug has restrictions or limits?	xviii
F. How do I ask SCFHP for a prior authorization request or an exception to cover my drug?	xviii
G. Does SCFHP cover over-the-counter (OTC) drugs?.....	xix
H. What is my copayment?.....	xix
I. How do I fill a prescription?.....	xix
J. What drugs and items are excluded from coverage under my pharmacy benefit?	xx
K. What prescription drugs cannot be billed to SCFHP and must be billed directly to Medi-Cal Fee-For-Service (FFS)?	xx
L. What prescription drugs are billed directly to California Children's Services (CCS)?.....	xxi
M. What does it mean if a drug is covered under my medical benefit?	xxi
4. List of Covered Drugs	xxiii



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to
5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Other languages and formats

Other languages

You can get this Drug Formulary and other plan materials for free in other languages. Call Customer Service at 1-800-260-2055 (TTY 711). The call is toll free.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call Customer Service at 1-800-260-2055 (TTY 711). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call Customer Service at 1-800-260-2055 (TTY 711). The call is toll free.



Call Customer Service at 1-800-260-2055 (TTY 711). Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Other languages and formats

ខ្មែរ (Mon-Khmer, Cambodian): ប្រមូលកិច្ចទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះលោកអ្នកអាចស្វែងរកសេវាជំនួយផ្នែកភាសា បានដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-800-260-2055 (TTY: 1-800-735-2929 ឬ 711)។

فارسی (Persian, Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، کمک در زمینه زبان به صورت رایگان در اختیارتان قرار خواهد گرفت. با 1-800-260-2055 (TTY 1-800-735-2929 یا 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-260-2055 (телетайп: 1-800-735-2929 или 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

Tagalog – Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-260-2055 (TTY: 1-800-735-2929 หรือ 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-260-2055 (TTY: 1-800-735-2929 hoặc 711).



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Notice of non-discrimination

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows state and federal civil rights laws. SCFHP does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

SCFHP provides:

Free aids and services to people with disabilities to help them communicate better, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats and other formats)

Free language services to people whose first language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call SCFHP Customer Service at 1-800-260-2055 (TTY 711). We are open Monday through Friday, 8:30 a.m. to 5:00 p.m.

If you believe that SCFHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the SCFHP Grievance and Appeals Department. You can file a grievance in person, in writing, by phone or by email:



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Notice of non-discrimination

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Avenue
San Jose, CA 95119
Phone: 1-800-260-2055 (TTY 711)
Fax: 1-408-374-1962
Online: www.scfhp.com

If you need help filing a grievance, SCFHP Customer Service can help you.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to
5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

1. Introduction to the SCFHP Medi-Cal Drug Formulary

This is a list of drugs that members can get in Santa Clara Family Health Plan's (SCFHP) Medi-Cal plan. We call the SCFHP Medi-Cal Drug Formulary the "Formulary" for short.

- The Formulary is updated with any changes on a monthly basis. You can always check the most recent Formulary online at www.scfhp.com/medi-cal/forms-documents.
- Pharmacy and provider networks may change throughout the year. You can check the most recent SCFHP Medi-Cal Provider and Pharmacy Directory online at www.scfhp.com/medi-cal/forms-documents.
- Limitations and restrictions on drug coverage may apply. Specific limitations and restrictions are listed in the "Coverage Requirements and Limits" column next to each drug. You can read the SCFHP Medi-Cal Member Handbook for more information.
- Your provider may submit a prior authorization or exception request if your drug is not covered or if you need an exception to the stated limitations and restrictions. The Prescription Drug Prior Authorization or Step Therapy Exception Request Form (Form 61-211) is required and is available at www.scfhp.com.

Using the Formulary

There are two ways to find a drug:

1. You can search alphabetically under each drug class or in the index.

- Drugs are listed alphabetically by their brand or generic names under each drug class and in the index.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

1 | Introduction to the SCFHP Medi-Cal Drug Formulary

- The generic name of a brand name drug is included after the brand name in parentheses and all ***bold and italicized*** lowercase letters.
- If a generic drug is the same as a brand name drug and both are available and covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized*** lowercase letters.
- If the generic of a brand name drug is not available or is not covered, the drug will not be listed separately by its generic name.
- If a generic drug is marketed under a brand name, you will find the generic name in ***bold and italicized*** lowercase letters followed by the brand name in parentheses listed in regular typeface with the first letter of each word capitalized. Here is an example of what this will look like on the formulary:

Drug	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionatesalmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-509 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)

2. You can search by medical condition.

- The drugs on the formulary are grouped into categories depending on the type of medical conditions they are used to treat.
- For example, if you have a heart condition, you should look in the category, “Cardiovascular Therapy Agents – Drugs For the Heart”. That is where you will find drugs that treat heart conditions.

Please note that the presence of a drug on the formulary does not guarantee that you will be prescribed that drug by your health care provider for your medical condition.



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Formulary Tiers

Tiers are groups of drugs on the SCFHP Medi-Cal Drug Formulary.

TIERS	DESCRIPTION	EXPLANATION
1	Generic & Brand Drugs	These drugs are covered. Some of these drugs may have restrictions. See page 14 for restriction abbreviations.
MB	Medical Benefit	SCFHP may cover this drug as a medical benefit. Prior authorization (pre-approval) may be required.

Contact us

SCFHP is here to help. If you need more information about drug coverage, copayments, the process for submitting a prior authorization or exception request, or if you would like this information for free in other languages, call SCFHP Customer Service at 1-800-260-2055 (TTY 711), Monday through Friday, 8:30 a.m. to 5:00 p.m., except holidays. The call is toll free.

- If you would like to make a standing request to receive materials in a language other than English or in an alternative format, call Customer Service or send a request in writing to:

Attn: Customer Service Department
 Santa Clara Family Health Plan
 PO Box 18880
 San Jose, CA 95158



Call Customer Service at 1-800-260-2055 (TTY 711).
 Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

2. Important words and abbreviations to know

Words to know

Age limit – A drug that is limited to certain ages.

Brand name drug – A drug that is marketed under a proprietary, trademark protected name. Brand name drugs are listed in all CAPITAL letters.

Copayment – A payment members make, generally at the time of service, in addition to the insurer's payment.

Drug Tier – A group of prescription drugs on the formulary.

Exception request – A request for coverage of a prescription drug. If a member, their designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, SCFHP must cover the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

Exigent circumstances – When a member is suffering from a health condition that may seriously jeopardize the member's life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a non-formulary drug.

Fee-for-Service drug – A drug that is carved out to Medi-Cal Fee-For-Service Program and billed directly to the State.

Formulary – The complete list of drugs preferred for use and eligible for coverage under SCFHP's Medi-Cal plan, and includes all drugs covered under the outpatient prescription drug benefit of SCFHP's Medi-Cal plan. Formulary is also known as a prescription drug list.

Generic drug – The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. Generic drugs are listed in ***bold and italicized*** lowercase letters.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

2 | Important words and abbreviations to know

Member – Any eligible Medi-Cal individual enrolled with SCFHP who is entitled to receive covered services.

Non-formulary drug – A prescription drug that is not listed on the SCFHP's Formulary.

Out-of-pocket cost – Copayments plus all costs for health care services that are not covered by SCFHP.

Prescribing provider – A health care provider authorized to write a prescription to treat a medical condition for an SCFHP member.

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

Prescription drug – A drug that is prescribed by the member's prescribing provider and requires a prescription under applicable law.

Prior Authorization (PA) – SCFHP's requirement that the member or the member's prescribing provider obtain SCFHP's authorization for a prescription drug before SCFHP will cover the drug. SCFHP shall grant a prior authorization when it is medically necessary for the member to obtain the drug.

Specialty pharmacy drug – A drug that is required to be dispensed at a preferred specialty pharmacy.

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



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

Abbreviations to know

The following abbreviations may be used on the formulary.

ABBREVIATION	DESCRIPTION	EXPLANATION
AGE	Age Limit	SCFHP limits this drug for certain ages.
CT	Contraceptives	This drug may be used as birth control.
DD	Diabetic Drugs and Devices	This drug or device may be used for the treatment or control of diabetes.
FFS	Fee-For-Service	This drug is carved out to Medi-Cal Fee-For-Service and billed directly to the State. See the full list of Medi-Cal carved out drugs on page COD-1.
MB	Medical Benefit	SCFHP may cover this drug as a medical benefit. Prior authorization (pre-approval) may be required.
CA	Oral Cancer Drugs	This drug is used to treat cancer and is taken by mouth.
PA	Prior Authorization	Pre-approval from SCFHP is required before you can fill your prescription for this drug.
QL	Quantity Limit	SCFHP limits the amount of this covered drug per prescription or within a specific time frame.
SP	Specialty Pharmacy	This drug is required to be dispensed at a preferred specialty pharmacy. This drug may also have other restrictions.



Call Customer Service at 1-800-260-2055 (TTY 711).
 Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

2 | Important words and abbreviations to know

ST	Step Therapy	Before SCFHP will provide coverage for this drug, you must first try another drug(s) to treat your medical condition.
----	--------------	---



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

3. Frequently Asked Questions

Find answers here to questions you may have about this Formulary.

A. What is a formulary?

A formulary is a complete list of preferred drugs covered by SCFHP's Medi-Cal plan. It includes all drugs covered under the outpatient prescription drug benefit of SCFHP's Medi-Cal plan.

Both brand name drugs and generic drugs are included on the formulary. SCFHP requires the use of the generic drug if it is available.

Any drug that is not listed on the formulary is considered a non-formulary drug and requires an exception request to determine coverage.

B. Does the SCFHP Medi-Cal Formulary change?

The Formulary is updated with any changes on a monthly basis. You can always check the most recent Formulary online at www.scfhp.com/medi-cal/forms-documents.

Generally, the Formulary will only change if:

- A cheaper drug comes along that works as well as a drug on the Formulary.
- The United States Food and Drug Administration (FDA) says a drug on the Formulary is not safe. If we learn the drug is not safe, we will take it off the Formulary right away.

We may also change our rules about drugs. For example, we may:

- Decide to require or not require prior authorization (pre-approval) for a drug, see page 13 for the full definition of prior authorization.
 - Add or change the amount of a drug you can get (called "quantity limits").
-



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

- Add or change step therapy requirements on a drug see page 13 for the full definition of step therapy.

If SCFHP makes changes to the Formulary concerning your drug, we will send you a “Formulary Change Notice”. The “Formulary Change Notice” will let you know if there is a change in your drug or dosage form, or if there are changes to the rules or restrictions for your drug.

C. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage restrictions or limits on the amount you can get. You can check the “Coverage Requirements and Limits” column of the Formulary to see if your drug has any coverage requirements or limits. Abbreviations found in this column are explained on page 14.

Your health care provider can ask for an exception from restrictions or limits on your drugs. See Question F for more information about exception requests.

D. What if I am a new SCFHP member and can't find my drug on the Formulary or have a problem getting my drug?

If your drug is not on the Formulary or has restrictions or limits, you can get a transition fill of your drug within the first 90 days of joining SCFHP. A transition fill is a one-time fill of your drug for up to a 31-day supply.

This should give you time to talk to your prescribing provider. Your prescribing provider can help you decide if there is a similar drug for you on the Formulary or if you should ask SCFHP for an exception. See Question F for more information about exception requests.

Please note that there are some drugs that do not qualify for a transition fill. Drugs excluded from coverage do not qualify for a transition fill. See Question J for a list of excluded drug categories. You may also read the Medi-Cal Member Handbook online at www.scfhp.com for more information about coverage exclusions.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

E. What if it's an emergency and I need a drug that I can't find on the formulary or the drug has restrictions or limits?

A pharmacist or hospital emergency room may give you up to a 72-hour emergency supply of your drug if they think you need it. SCFHP will pay for the emergency supply.

Please note that there are some drugs that do not qualify for an emergency fill. Drugs excluded from coverage do not qualify for an emergency fill. See Question J for a list of excluded drug categories. You may also read the Medi-Cal Member Handbook online at www.scfhp.com for more information about coverage exclusions.

F. How do I ask SCFHP for a prior authorization request or an exception to cover my drug?

If your drug is not on the Formulary or is on the Formulary with restrictions or limits, your prescribing provider may ask SCFHP for an exception to cover your drug. Your provider can make this request by filling out and submitting the Prescription Drug Prior Authorization or Step Therapy Exception Request Form, which is available online at www.scfhp.com.

Once your prescribing provider submits this form to SCFHP, we will review the request and make a decision within 24 hours.

If approved, SCFHP will continue to cover the drug as long as the prescribing provider continues to prescribe the drug for your condition and you continue to meet all the coverage requirements.

If you disagree with SCFHP's prior authorization or exception decision, you can file an appeal with our Grievance and Appeals Department. Your health care provider can also file an appeal for you.

You can file an appeal by phone, in writing or online:

- **By phone:** Call SCFHP at 1-800-260-2055 (TTY 711) Monday through Friday, 8:30 a.m. to 5:00 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call SCFHP at 1-800-260-2055 (TTY 711) and ask to have a form sent to you. You can also find the "Grievance and appeal form (Medi-Cal)" online at



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

www.scfhp.com. Fill out the form. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Grievance and Appeals Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

- **Online:** Visit the SCFHP website. Go to www.scfhp.com.

More information about filing an appeal can be found in the SCFHP Medi-Cal Member Handbook online at www.scfhp.com.

G. Does SCFHP cover over-the-counter (OTC) drugs?

SCFHP covers the OTC drugs listed on the formulary when they are written as prescriptions by your provider.

H. What is my copayment?

SCFHP Medi-Cal members do not have copayments for covered drugs.

I. How do I fill a prescription?

To get drugs that have been prescribed by your health care provider, show your SCFHP member ID card and the prescription from your health care provider to any pharmacy within SCFHP's network. A pharmacy is in SCFHP's network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

You can check the most recent SCFHP Medi-Cal Provider and Pharmacy Directory online at www.scfhp.com. Pharmacy networks may change throughout the year.

To get your prescriptions by mail, you must use an SCFHP network mail order pharmacy. Certain drugs may not be available through mail order, such as drugs that are classified as controlled substances. These include drugs used for pain, also known as narcotics or opioids.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

You are required to fill specialty drugs at a preferred specialty pharmacy. These specialty drugs include biologics, cancer drugs, and transplant drugs.

Alphascript Specialty Pharmacy
Phone: 1-800-780-3584
www.alphascriptrx.com

Valley Medical Center Pharmacy
Phone: 1-408-977-3542
www.scvmc.org

J. What drugs and items are excluded from coverage under my pharmacy benefit?

Some prescription and over-the-counter drugs and devices are excluded from coverage if they are:

- Not approved by the United States Food and Drug Administration (FDA)
- Used as experimental or investigational
- Dietary supplements and medical foods
- Used to treat infertility
- Used to treat sexual dysfunction
- Used for cosmetic reasons
- Drug Efficacy Study Implementation (DESI) products
- Bulk chemicals, including those used for compounding

K. What prescription drugs cannot be billed to SCFHP and must be billed directly to Medi-Cal Fee-For-Service (FFS)?

Some prescription drugs are required to be billed directly to Medi-Cal FFS. SCFHP is not allowed to cover these drugs for Medi-Cal members. These include:

- Human immunodeficiency virus (HIV)/Acquired immunodeficiency syndrome (AIDS) drugs



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

- Hepatitis B drugs
- Antipsychotics
- Drugs used to treat substance abuse
- Blood products

Please see the full list of drugs that are carved out to Medi-Cal FFS for coverage starting on page COD-1.

If you have a prescription for one of these drugs, show the prescription from your health care provider and your State of California Medi-Cal Benefits Identification Card (BIC) to your pharmacy. Your pharmacy is required to bill Medi-Cal FFS directly for these drugs.

L. What prescription drugs are billed directly to California Children’s Services (CCS)?

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules.

If you have an active CCS service authorization request (SAR), your prescription drugs may be covered under that SAR.

Show the prescription from your health care provider and your CCS ID card to your pharmacy. Your pharmacy is required to bill CCS directly for prescription drugs used to treat your CCS-eligible medical condition.

M. What does it mean if a drug is covered under my medical benefit?

Generally, if a drug is administered by a health care professional in an office or clinic setting, it should be billed under your medical benefit. There may be other cases where a drug would be covered under your medical benefit.

The Formulary includes drugs that may be covered under your medical benefit. These drugs have an abbreviation of ‘MB’ next to them in the “Coverage Requirements and Limits” column. Please note that this Formulary does not include a complete list of drugs that may be covered under your medical benefit. You can read the SCFHP Medi-Cal Member Handbook for information on drugs covered under your medical benefit.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

3 | Frequently asked questions

Medical benefit drugs may require prior authorization or step therapy prior to being covered by SCFHP. To get a medical benefit drug that requires a prior authorization or step therapy, your prescribing provider may submit a request to SCFHP using the Prior Authorization Request Form – Medical Services.



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

4. List of Covered Drugs



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to
5:00 p.m. The call is toll free. Visit online at www.scfhp.com.

THIS PAGE INTENTIONALLY LEFT BLANK

Table of Contents

Informational Section.....	iii
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....	1
Anesthetics - Drugs For Pain And Fever.....	14
Anorectal Preparations - Rectal Preparations.....	14
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....	15
Anti-Infective Agents - Drugs For Infections.....	15
Antineoplastics - Drugs For Cancer.....	22
Antiseptics And Disinfectants - Antiseptics And Disinfectants.....	29
Biologicals - Biological Agents.....	29
Cardiovascular Therapy Agents - Drugs For The Heart.....	33
Central Nervous System Agents - Drugs For The Nervous System.....	44
Chemical Dependency, Agents To Treat - Drugs For Addiction.....	56
Chemicals-Pharmaceutical Adjuvants.....	57
Cognitive Disorder Therapy - Drugs For The Nervous System.....	57
Contraceptives - Drugs For Women.....	58
Dermatological - Drugs For The Skin.....	68
Diagnostic Agents.....	88
Eating Disorder Therapy - Drugs For Eating Disorders.....	89
Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....	90
Endocrine - Hormones.....	106
Enzymes - Vitamins And Minerals.....	115
Gastrointestinal Therapy Agents - Drugs For The Stomach.....	115
Genitourinary Therapy - Drugs For The Urinary System.....	140
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....	143
Hematological Agents - Drugs For The Blood.....	143
Immunosuppressive Agents - Drugs For Organ Transplants.....	146
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....	146
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment.....	147
Medical Supply, Fdb Superset.....	187
Metabolic Modifiers - Drugs That Alter Metabolism.....	215
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat.....	215
Multiple Sclerosis Agents - Drugs For The Nervous System.....	216
Ophthalmic Agents - Drugs For The Eye.....	217
Otic (Ear) - Drugs For The Ear.....	226
Respiratory Therapy Agents - Drugs For The Lungs.....	227
Vaginal Products - Drugs For Women.....	249

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
<i>codeine sulfate oral tablet 15 mg</i>	Tier 1	QL (24 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
<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; QL (10 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	QL (12 ML per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	Tier 1	QL (45 EA per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (50 ML per 1 day)
<i>meperidine oral tablet 100 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>methadone hcl</i> (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>morphine oral tablet 30 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>morphine oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	PA

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone oral capsule 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	QL (80 ML per 1 day)
<i>oxycodone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>oxycodone oral tablet 15 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>oxycodone oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>oxycodone oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxycodone oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	Tier 1	PA; QL (2 EA per 1 day)
<i>tramadol oral tablet 50 mg</i>	Tier 1	Age (Min 12 Years)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	PA; QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
<i>hydrocodone bitartrate/acetaminophen</i> (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone bitartrate/acetaminophen</i> (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (8 EA per 1 day)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone And Salicylate Combinations - Arthritis And Pain Drugs		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	QL (6 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	QL (6 EA per 1 day)
Analgesic Or Antipyretic Non-Opioid - Arthritis And Pain Drugs		
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Tier 1	QL (6 EA per 1 day)
8HR MUSCLE ACHES-PAIN ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen oral capsule 325 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>acetaminophen oral elixir 160 mg/5 ml</i>	Tier 1	QL (240 ML per 30 days)
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	Tier 1	QL (240 ML per 30 days)
<i>acetaminophen oral suspension 160 mg/5 ml</i>	Tier 1	QL (240 ML per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>acetaminophen oral tablet extended release 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen oral tablet, chewable 160 mg</i>	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen oral tablet,disintegrating 160 mg	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
acetaminophen oral tablet,disintegrating 80 mg	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
acetaminophen rectal suppository 120 mg, 650 mg	Tier 1	QL (24 EA per 30 days)
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Tier 1	QL (6 EA per 1 day)
ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	Tier 1	QL (6 EA per 1 day)
ATHENOL ORAL TABLET 325 MG (acetaminophen)	Tier 1	QL (100 EA per 30 days)
BETATEMP ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Tier 1	QL (240 ML per 30 days)
CHILD FEVER REDUCER-PAIN RELVR ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Tier 1	QL (240 ML per 30 days)
CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY 120 MG (acetaminophen)	Tier 1	QL (24 EA per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML (acetaminophen)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG (acetaminophen)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 80 MG (acetaminophen)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 80 MG (acetaminophen)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S AUOPHEN PAIN-FEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING 80 MG (acetaminophen)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG (acetaminophen)	Tier 1	QL (24 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 80 MG (<i>acetaminophen</i>)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S SILAPAP ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S TACTINAL ORAL TABLET,CHEWABLE 80 MG (<i>acetaminophen</i>)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
ED-APAP ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
FEVER REDUCER RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>)	Tier 1	QL (24 EA per 30 days)
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG, 80 MG (<i>acetaminophen</i>)	Tier 1	QL (24 EA per 30 days)
INFANT FEVER REDUCER-PAIN RELF ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
INFANT'S PAIN RELIEF ORAL DROPS,SUSPENSION 80 MG/0.8 ML (<i>acetaminophen</i>)	Tier 1	QL (60 ML per 30 days)
INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
INFANT'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
INFANT'S PAIN RELIEVER ORAL DROPS,SUSPENSION 80 MG/0.8 ML (<i>acetaminophen</i>)	Tier 1	QL (60 ML per 30 days)
JR. ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
JR. STR NON-ASPIRIN PAIN ORAL TABLET,DISINTEGRATING 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
JR. STRENGTH PAIN RELIEVER ORAL TABLET,DISINTEGRATING 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
LITTLE REMEDIES FEVER AND PAIN ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
MAPAP ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Tier 1	QL (6 EA per 1 day)
MASOPHEN ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
M-PAP ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
NON-ASPIRIN CHILDRENS ORAL DROPS 100 MG/ML (<i>acetaminophen</i>)	Tier 1	QL (60 ML per 30 days)
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
NON-ASPIRIN ORAL ELIXIR 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
NON-ASPIRIN ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG (<i>acetaminophen</i>)	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
NORTEMP ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Tier 1	QL (6 EA per 1 day)
PAIN RELIEF ADULT ORAL LIQUID 500 MG/15 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
PAIN RELIEF REGULAR STRENGTH ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
PAIN RELIEVER JR STRENGTH ORAL TABLET,CHEWABLE 160 MG (<i>acetaminophen</i>)	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
PAIN RELIEVER ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
PEDIACARE FEVER REDUCER ORAL SUSPENSION 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)
PHARBETOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
TACTINAL ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid Combinations Other - Arthritis And Pain Drugs		
CRAMP TABS ORAL TABLET 325-25 MG (<i>acetaminophen/pamabrom</i>)	Tier 1	QL (8 EA per 1 day)
MIDOL ORAL TABLET 500-25 MG (<i>acetaminophen/pamabrom</i>)	Tier 1	QL (8 EA per 1 day)
TENSION HEADACHE ORAL TABLET 500-65 MG (<i>acetaminophen/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
TENSION HEADACHE PAIN RELIEVER ORAL TABLET 500-65 MG (<i>acetaminophen/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
TENSION HEADACHE RELIEF ORAL TABLET 500-65 MG (<i>acetaminophen/caffeine</i>)	Tier 1	QL (8 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	QL (12 EA per 1 day)
MENSTRUAL RELIEF(PAMABR-PYRIL) ORAL TABLET 500-25-15 MG (<i>acetaminophen/pyrilamine maleate/pamabrom</i>)	Tier 1	QL (8 EA per 1 day)
PRE-MENSTRUAL RELIEF ORAL TABLET 500-25-15 MG (<i>acetaminophen/pyrilamine maleate/pamabrom</i>)	Tier 1	QL (8 EA per 1 day)
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic, Non-Salicylate-1st Generation Antihistamine-Xanthine Comb. - Drugs For Cough And Cold		
MENSTRUAL RELIEF ORAL TABLET 500-60-15 MG (<i>acetaminophen/pyrilamine maleate/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts, Tnf-Alpha Sel - Arthritis And Pain Drugs		
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 1	PA; SP; QL (1.96 ML per 7 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	Tier 1	PA; SP; QL (2 EA per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	Tier 1	PA; SP; QL (1.02 ML per 7 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 1	PA; SP; QL (2 ML per 7 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 1	PA; SP; QL (2 ML per 7 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
Dmard - Antimetabolites - Arthritis And Pain Drugs		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	CA

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Gold Compounds - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 1	
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 1	QL (1 EA per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
ADDAPRIN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
ALL DAY PAIN RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
ALL DAY RELIEF ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML (<i>ibuprofen</i>)	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (<i>naproxen</i>)	Tier 1	
FLANAX (NAPROXEN) ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBU-200 ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
IBUPROFEN IB ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
IBUPROFEN IB ORAL TABLET, CHEWABLE 100 MG (<i>ibuprofen</i>)	Tier 1	Age (Min 4 Years and Max 11 Years)
IBUPROFEN JR STRENGTH ORAL TABLET, CHEWABLE 100 MG (<i>ibuprofen</i>)	Tier 1	Age (Min 4 Years and Max 11 Years)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	
<i>ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 100 mg</i>	Tier 1	Age (Min 4 Years and Max 11 Years)
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ibuprofen oral tablet, chewable 100 mg</i>	Tier 1	Age (Min 4 Years and Max 11 Years)
INFANT'S ADVIL ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S IBUPROFEN ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANT'S MOTRIN ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
INFANTS PROFENIB ORAL DROPS, SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	Tier 1	
I-PRIN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
MEDIPROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	QL (600 ML per 30 days)
<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 capsule 220 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	
PROVIL ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
WAL-PROFEN ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	Tier 1	
WAL-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	Tier 1	
WAL-PROXEN ORAL TABLET 220 MG (<i>naproxen sodium</i>)	Tier 1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
INDOCIN ORAL SUSPENSION 25 MG/5 ML (<i>indomethacin</i>)	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
ADDED STRENGTH HEADACHE RELIEF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
BACK PAIN-OFF ORAL TABLET 290-250-50 MG (<i>magnesium salicylate/acetaminophen/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
EXTRA PAIN RELIEF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
EXTRAPRIN ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
GOODY'S MIGRAINE RELIEF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEADACHE FORMULA ADDED STR ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
MIGRAINE RELIEF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
PAIN RELIEF(WITH SALICYLAMIDE) ORAL TABLET 162 MG-110 MG -152 MG-32.4 MG (<i>aspirin/salicylamide/acetaminophen/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
PAIN RELIEVER (ACETAM-ASPIRIN) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
PAIN RELIEVER PLUS ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
PAIN-OFF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
Salicylate Analgesic Combinations, Buffered - Arthritis And Pain Drugs		
VANQUISH ORAL TABLET 227-194-33 MG (<i>aspirin/acetaminophen/magnesiumaluminum hydroxide/caffeine</i>)	Tier 1	QL (8 EA per 1 day)
Salicylate Analgesics - Arthritis And Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	Tier 1	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
<i>aspirin oral tablet 325 mg</i>	Tier 1	
<i>aspirin oral tablet,chewable 81 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 500 mg, 650 mg, 81 mg</i>	Tier 1	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	Tier 1	
BAYER ADVANCED ORAL TABLET 500 MG (<i>aspirin</i>)	Tier 1	
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	Tier 1	
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	Tier 1	
EXTRA STRENGTH BAYER ORAL TABLET 500 MG (<i>aspirin</i>)	Tier 1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	Tier 1	
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	Tier 1	
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
Anesthetics - Drugs For Pain And Fever		
Local Anesthetic - Amides - Drugs For Sedation		
<i>lidocaine hcl injection solution 10 mg/ml (1 %)</i>	MB	
Anorectal Preparations - Rectal Preparations		
Anorectal - Glucocorticoids - Rectal Preparations		
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 1	
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
<i>paramomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	Tier 1	
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (6 EA per 1 FILL)
Anthelmintic Agents Other - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (6 EA per 1 FILL)
PINAWAY ORAL SUSPENSION 50 MG/ML (<i>pyrantel pamoate</i>)	Tier 1	
PINWORM TREATMENT ORAL SUSPENSION 50 MG/ML (<i>pyrantel pamoate</i>)	Tier 1	
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML (<i>pyrantel pamoate</i>)	Tier 1	
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 (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
<i>trimethoprim oral tablet 100 mg</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>ketoconazole oral tablet 200 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Triazoles - Drugs For Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (70 ML per 30 days)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 FILL)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
Antifungal Other - Drugs For Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
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	PA
Antimalarials - Drugs For Parasites		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	QL (1 EA per 7 days)
<i>primaquine oral tablet 26.3 mg</i>	Tier 1	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections		
<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	
Antitubercular - D-Alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
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 - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 1	ST: Trial of Isoniazid in the last 7 days; QL (6 EA per 7 days)
<i>rifabutin oral capsule 150 mg</i>	Tier 1	PA
<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 (<i>ethionamide</i>)	Tier 1	
Antitubercular Combinations - Antibiotics		
RIFAMATE ORAL CAPSULE 300-150 MG (<i>rifampin/isoniazid</i>)	Tier 1	
Cephalosporin Antibiotics - 1St Generation - Antibiotics		
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</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	
Chloramphenicol Antibiotics And Derivatives - Single Agents - Antibiotics		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	MB	
Fluoroquinolone Antibiotics - Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin intravenous recon soln 500 mg</i>	MB	
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	SP; QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 1	PA; SP; QL (3 EA per 1 day)
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA; SP
Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
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	QL (960 ML per 1 FILL)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>valacyclovir oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 5 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (180 ML per 5 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 1	QL (20 EA per 365 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 40 MG (<i>baloxavir marboxil</i>)	Tier 1	QL (2 EA per 1 FILL)
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	QL (2 EA per 1 FILL)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	QL (75 ML per 1 FILL)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	Tier 1	QL (45 ML per 1 FILL)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 EA per 1 FILL)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 FILL)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (10 EA per 30 days)
<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	QL (30 EA per 16 days)
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	
NEBUPENT INHALATION RECON SOLN 300 MG (<i>pentamidine isethionate</i>)	Tier 1	PA
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	PA
Misc Anti-Infective Combinations - Drugs For Infections		
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (<i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamin</i>)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
Antineoplastics - Drugs For Cancer		
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
<i>erlotinib oral tablet 25 mg</i>	Tier 1	PA; SP; CA; QL (3 EA per 1 day)
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 1	PA; SP; CA
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 1	SP; CA

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP; CA
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 1	PA; SP; CA
<i>melfalan oral tablet 2 mg</i>	Tier 1	CA
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>Iomustine</i>)	Tier 1	SP; CA
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 1	PA; SP; CA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 1	SP; CA
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	CA
<i>flutamide oral capsule 125 mg</i>	Tier 1	CA
<i>nilutamide oral tablet 150 mg</i>	Tier 1	SP; CA
Antineoplastic - Antibody-Drug Conjugates (Adcs) - Drugs For Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	MB	SP
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	CA
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 1	PA; SP; CA

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA; SP; CA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	CA
Antineoplastic - Anti-Slamf7 Monoclonal Antibody Agents - Drugs For Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	MB	SP
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	CA; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>	Tier 1	CA; ST: Trial of Anastrozole in the last 365 days; QL (1 EA per 1 day)
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (<i>encorafenib</i>)	Tier 1	PA; SP; CA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
IMBRUVICA ORAL TABLET 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer		
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	MB	SP
Antineoplastic - Cd22 Directed Antibody And Cytotoxin Conjugate - Drugs For Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (<i>moxetumomab pasudotox-tdfk</i>)	MB	SP

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cd38 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer		
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	MB	SP
Antineoplastic - Cytotoxic T-Lymphocyte Antigen (Ctla-4),R-Mc Antibody - Drugs For Cancer		
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	MB	SP
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	CA
Antineoplastic - Epothilones And Analogs - Drugs For Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG (<i>ixabepilone</i>)	MB	SP
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	Tier 1	SP; CA
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	Tier 1	PA; SP; CA; QL (8 EA per 1 day)
Antineoplastic - Halichondrin B Analogs, Microtubule Inhibitors - Drugs For Cancer		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	MB	SP
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
Antineoplastic - Immunotoxins - Drugs For Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (<i>moxetumomab pasudotox-tdfk</i>)	MB	SP
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) (<i>interferon alfa-2b, recomb.</i>)	Tier 1	PA; SP; QL (24 EA per 1 FILL)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (<i>interferon alfa-2b, recomb.</i>)	Tier 1	PA; SP; QL (24 ML per 1 FILL)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	MB	SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	MB	SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	MB	SP
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (<i>degarelix acetate</i>)	MB	SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 1	PA; SP; CA; QL (3 EA per 1 day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 1	PA; SP; CA
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR ORAL TABLET 10 MG, 2.5 MG (<i>everolimus</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 1	PA; SP; CA
Antineoplastic - Photosensitizers - Drugs For Cancer		
UVADEX INJECTION SOLUTION 20 MCG/ML (<i>methoxsalen</i>)	MB	
Antineoplastic - Progestins - Drugs For Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	CA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA; SP; CA
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 1	PA; SP; CA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	CA
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; SP; CA
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
<i>irinotecan intravenous solution 40 mg/2 ml</i>	MB	SP
Antineoplastic - Vasc Endothelial Growth Factor Receptor (Vegfr) Antag - Drugs For Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	MB	SP

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Vinca Alkaloids And Analogs - Drugs For Cancer		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL (<i>vincristine sulfate liposomal</i>)	MB	SP
<i>vincristine intravenous solution 1 mg/ml</i>	MB	
Antineoplastic Antibiotic - Anthracyclines - Drugs For Cancer		
<i>doxorubicin hcl</i> (Adriamycin Intravenous Solution 2 Mg/ML)	MB	
<i>doxorubicin intravenous solution 2 mg/ml</i>	MB	
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib. - Drugs For Cancer		
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	MB	SP
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (Pd-1) Mc Antib. - Drugs For Cancer		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	MB	SP
Antineoplastic-Her2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs For Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	MB	SP
Antineoplastic-Vasc Endothelial Growth Fac(Vegf-A,B And Plgf)Inhibitor - Drugs For Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	MB	SP
Epidermal Growth Factor Recept Blocker (Her-1 Type), Rec-Mc Antibody - Drugs For Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (<i>cetuximab</i>)	MB	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg</i>	Tier 1	CA

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	CA
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Alcohols - Antiseptics And Disinfectants		
<i>ethyl alcohol topical solution 70 %</i>	Tier 1	QL (1920 ML per 30 days)
Antiseptic - Biguanides - Antiseptics And Disinfectants		
BETASEPT SURGICAL SCRUB TOPICAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	Tier 1	
DYNA-HEX TOPICAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	QL (4000 ML per 30 days)
<i>hydrogen peroxide topical spray,non-aerosol 3 %</i>	Tier 1	QL (948 ML per 30 days)
<i>hydrogen peroxide topical towelette 3 %</i>	Tier 1	QL (160 EA per 30 days)
Disinfectants - Other - Antiseptics And Disinfectants		
CETYLCIDE G LIQUID (<i>disinfectant</i>)	Tier 1	QL (1892 ML per 30 days)
Biologicals - Biological Agents		
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinantlpf</i>)	Tier 1	Age (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinantlpf</i>)	Tier 1	Age (Min 19 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018lpf</i>)	Tier 1	QL (0.5 ML per 1 FILL); Age (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinantlpf</i>)	Tier 1	Age (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinantlpf</i>)	Tier 1	Age (Min 19 Years)
Live Vaccine And Live Virus Formulations - Vaccines		
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 1	Age (Min 6 Years)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	Tier 1	
Toxoid Vaccine Combinations - Vaccines		
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria, pertussis (acellular), tetanus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
ADACEL (TDAP ADOLESN/ADULT) (PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria, pertussis (acellular), tetanus vaccinelpf</i>)	Tier 1	Age (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acellular), tetanus vaccine</i>)	Tier 1	Age (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acellular), tetanus vaccine</i>)	Tier 1	Age (Min 19 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	Tier 1	Age (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	Tier 1	Age (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	Tier 1	Age (Min 19 Years)
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	Tier 1	Age (Min 2 Years)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	Tier 1	Age (Min 2 Years)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 1	Age (Min 6 Years)
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i>)	Tier 1	Age (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135, diphtheria toxoid conj/pf</i>)	Tier 1	Age (Min 19 Years)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (<i>meningococcal a diphtheria-conj vaccine component 1 of 2/pf</i>)	Tier 1	Age (Min 19 Years)
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (<i>meningococcal c,y,w-135, dip-conj vaccine component 2 of 2/pf</i>)	Tier 1	Age (Min 19 Years)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 1	Age (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	Tier 1	Age (Min 19 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)lpf</i>)	Tier 1	Age (Min 19 Years)
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	Tier 1	Age (Min 19 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	Tier 1	Age (Min 19 Years)
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valentlpf</i>)	Tier 1	Age (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valentlpf</i>)	Tier 1	Age (Min 19 Years)
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine, killed</i>)	Tier 1	Age (Min 19 Years)
Vaccine Viral - Rabies - Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid celllpf</i>)	Tier 1	
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine, purified chicken embryo cell (pcec)lpf</i>)	Tier 1	
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e, reclass01b adjuvantlpf</i>)	Tier 1	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine livelpf</i>)	Tier 1	Age (Min 19 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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 (<i>measles, mumps, and rubella vaccine livelpf</i>)	Tier 1	Age (Min 19 Years)
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	QL (1 EA per 1 day)
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 EA per 1 day)
Ace Inhibitors - Drugs For High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	ST: Trial of Spironolactone in the last 180 days; QL (2 EA per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>labetalol oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>labetalol oral tablet 200 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>labetalol oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 EA per 1 day)
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</i>	Tier 1	ST: Trial of Amlodipine Besylate/valsartan and Hydrochlorothiazide in the last 120 days; QL (1 EA per 1 day)
<i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	ST: Trial of Amlodipine/Valsartan and Hydrochlorothiazide in the last 120 days; QL (1 EA per 1 day)
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations - Drugs For High Blood Pressure		
<i>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (losartan potassium/hydrochlorothiazide)</i>	Tier 1	QL (1 EA per 1 day)
<i>HYZAAR ORAL TABLET 50-12.5 MG (losartan potassium/hydrochlorothiazide)</i>	Tier 1	QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 EA per 1 day)
Angiotensin II Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 EA per 1 day)
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 1	
<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/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	Tier 1	
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>mexiletine oral capsule 250 mg</i>	Tier 1	QL (4 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms		
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
Antiarrhythmic - Class Iii - Drugs For Abnormal Heart Rhythms		
<i>amiodarone oral tablet 200 mg</i>	Tier 1	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Tier 1	
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	QL (388 GM per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	QL (2 EA per 1 day)
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	QL (240 GM per 30 days)
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	QL (2 EA per 1 day)
<i>colesevelam oral tablet 625 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>colestipol oral granules 5 gram</i>	Tier 1	QL (500 GM per 30 days)
<i>colestipol oral tablet 1 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	QL (240 GM per 30 days)
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	QL (3 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		
FISH OIL CONCENTRATE ORAL CAPSULE 1,000 MG (<i>omega-3 fatty acids</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE 120-180 MG (<i>docosahexaenoic acid/leicosapentaenoic acid</i>)	Tier 1	QL (6 EA per 1 day)
MAXEPA ORAL CAPSULE 500 MG (<i>omega-3 fatty acids</i>)	Tier 1	QL (6 EA per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>omega-3 fatty acids oral capsule 1,000 mg</i>	Tier 1	QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPER OMEGA-3 ORAL CAPSULE 1,000 MG (<i>omega-3 fatty acids</i>)	Tier 1	QL (6 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol		
FISH OIL EXTRA STRENGTH ORAL CAPSULE 435-880 MG (<i>omega-3 fatty acids/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 100-160-1,000 MG, 120-180-500 MG, 300-1,000 MG, 60-90-500 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE 183.3 MG-75 MG -91.6 MG-306 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 340-1,000 MG, 360-1,200 MG (<i>omega-3 fatty acids/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG-1,200 MG (<i>omega-3 fatty acids/dhalepal/other omega-3s/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 150-217-840 MG, 300-1,000 MG, 360 MG-144 MG- 216 MG-1,200 MG, 360-1,200 MG, 60-90-500 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 300-108-162-600 MG, 900-1,400 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 300-1,000 mg, 500-1,000 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega 3-dha-epa-fish oil oral capsule 100-150-750 mg, 356 mg (100 mg- 256 mg)-554 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 250-500-1,000 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 300 mg (120 mg- 180mg)-1,000 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 300-1,000 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 360-1,200 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 600 mg-216 mg- 324 mg-1,200 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 440-880 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>omega-3 fatty acids-fish oil oral capsule, delayed release(dr/lec) 360-1,200 mg</i>	Tier 1	QL (6 EA per 1 day)
ONE-PER-DAY OMEGA-3 ORAL CAPSULE, DELAYED RELEASE(DR/EC) 684-1,200 MG (<i>omega-3 fatty acids/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
SALMON OIL-1000 ORAL CAPSULE 1,000-200 MG (<i>salmon oil/omega-3 fatty acids</i>)	Tier 1	QL (6 EA per 1 day)
THEROMEGA ORAL CAPSULE 250-350-1,000 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	QL (6 EA per 1 day)
ULTRA OMEGA-3 ORAL CAPSULE 500-1,000 MG (<i>omega-3 fatty acids/docosahexaenoic acid/lepal fish oil</i>)	Tier 1	QL (6 EA per 1 day)
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	ST: Trial of Amlodipine and Atorvastatin in the last 120 days; QL (1 EA per 1 day)
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	
<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</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
<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	QL (1 EA per 1 day)
<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	
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (4 EA per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (<i>diltiazem hcl</i>)	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 360 Mg)	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl</i> (Tiadyt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 EA per 1 day)
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nifedipine oral capsule 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nifedipine oral capsule 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure		
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	QL (2 EA per 1 day)
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	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 365 days)
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
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	QL (8 EA per 1 day)
<i>guanfacine oral tablet 1 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>guanfacine oral tablet 2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Digitalis Glycosides - Drugs For The Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
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	ST: Trial of preferred ACE Inhibitor, ARB, Calcium Channel Blocker, or Beta Blocker in the last 180 days
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>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	ST: Trial of Spironolactone in the last 180 days; QL (4 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorthalidone oral tablet 25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>chlorthalidone oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>indapamide oral tablet 1.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>indapamide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone oral tablet 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP; QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Tier 1	PA; SP; QL (1 EA per 1 day)
Pulmonary Arterial Hypertension Agents- Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
Central Nervous System Agents - Drugs For The Nervous System		
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	QL (4 EA per 1 day)
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>buspirone oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	ST: Trial of at least one antiseizure agent in the last 120 days; QL (4 EA per 365 days)
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	ST: Trial of a preferred Anticonvulsant in the last 120 days; QL (300 ML per 30 days)
<i>felbamate oral tablet 400 mg</i>	Tier 1	ST: Trial of a preferred Anticonvulsant in the last 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	ST: Trial of a preferred Anticonvulsant in the last 120 days; 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	ST: Trial of Divalproex DR tablets in the last 180 days
<i>divalproex oral tablet, delayed release (drlec) 125 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>divalproex oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>gabapentin oral capsule 300 mg, 400 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	QL (2100 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	ST: Trial of Gabapentin in the last 180 days; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	ST: Trial of Gabapentin in the last 180 days; QL (2 EA per 1 day)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipotecotic 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); Age (Min 12 Years)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
<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	Age (Max 10 Years)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>carbamazepine</i> (Epilex Oral Tablet 200 Mg)	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	QL (1000 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day)
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>topiramate oral capsule, sprinkle 15 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle 25 mg</i>	Tier 1	QL (2 EA per 1 day); Age (Max 10 Years)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>lamotrigine oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet 150 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 150 Mg)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 200 Mg)	Tier 1	QL (4 EA per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 25 Mg)	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	QL (900 ML per 30 days)
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	QL (900 ML per 30 days)
<i>levetiracetam oral tablet 1,000 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 16 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>zonisamide oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
<i>mirtazapine oral tablet 15 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<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</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<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>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1.5 EA per 1 day)
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	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i>	Tier 1	QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 1	PA; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 1	PA; QL (55 EA per 28 days)
<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	QL (3 EA per 1 day)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 1	PA; QL (1 EA per 1 day)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 EA per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>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>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	
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</i>	Tier 1	ST: Trial of Carbidopa/Levodopa in the last 120 days; QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 1	ST: Trial of Carbidopa/Levodopa in the last 120 days; QL (6 EA per 1 day)
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	QL (8 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	ST: Trial of Carbidopa/Levodopa in the last 120 days; QL (8 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ropinirole oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
<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)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
<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	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	ST: Trial of generic Adderall XR AND either Metadate CD, Ritalin LA or Focalin XR in the last 365 days; QL (1 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>alprazolam oral tablet 0.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	ST: Trial of at least one antiseizure agent in the last 120 days; QL (4 EA per 365 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>oxazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (4 EA per 1 day)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine (Epilex Oral Tablet 200 Mg)</i>	Tier 1	
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 1	PA; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 1	PA; QL (55 EA per 28 days)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (6 EA per 1 day)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (9 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/lactuation, 5 mg/lactuation</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (2 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	ST: Trial of Sumatriptan tablets and Rizatriptan tablets in the last 180 days; QL (2 ML per 30 days)
Movement Disorder Drug Therapy - Drugs For The Nervous System		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder		
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Sedative-Hypnotic - Antihistamines - Drugs For Insomnia		
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
COMPOZ ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
EZ NITE SLEEP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME SLEEP-AID (DOXYLAMN) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	
NYTOL ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP II ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP TIME ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEPING ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP-TABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
UNISOM (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	
UNISOM SLEEPGELS ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SLEEP Z ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	
Z-SLEEP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	ST: Trial of Temazepam or Zolpidem IR in the last 180 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	ST: Trial of Zolpidem in the last 120 days; QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Chemical Dependency, Agents To Treat - Drugs For Addiction		
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	QL (2 EA per 1 day)
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
NICORELIEF BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (24 EA per 1 day)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	QL (24 EA per 1 day)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	QL (20 EA per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	QL (20 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 1	QL (1 EA per 1 day)
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	Tier 1	PA; QL (16 EA per 1 day)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	Tier 1	PA; QL (120 ML per 30 days)
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (24 EA per 1 day)
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (20 EA per 1 day)
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (24 EA per 1 day)
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (20 EA per 1 day)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	Tier 1	QL (20 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	Tier 1	ST: Trial of Bupropion HCL, Nicotine Patch, Nicotine Polacrilex, Nicotine, Nicotrol, or Nicotrol NS in the last 180 days; QL (2 EA per 1 day)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	Tier 1	ST: Trial of Bupropion HCL, Nicotine Patch, Nicotine Polacrilex, Nicotine, Nicotrol, or Nicotrol NS in the last 180 days; QL (2 EA per 1 day)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline tartrate</i>)	Tier 1	ST: Trial of Bupropion HCL, Nicotine Patch, Nicotine Polacrilex, Nicotine, Nicotrol, or Nicotrol NS in the last 180 days; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	Tier 1	
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</i>	Tier 1	QL (2 EA per 1 day)
<i>donepezil oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>donepezil oral tablet,disintegrating 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>donepezil oral tablet,disintegrating 5 mg</i>	Tier 1	QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	ST: Trial of Donepezil in the last 120 days; QL (1 EA per 1 day)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	ST: Trial of Donepezil in the last 120 days; QL (2 EA per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 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 Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	Tier 1	CT; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 1	CT; QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 1	CT; QL (1 ML per 90 days)
Contraceptive Oral - Biphasic - Birth Control Pills		
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 1	CT
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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)	Tier 1	CT
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	Tier 1	CT
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1	CT
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Tier 1	CT
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Tier 1	CT
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	Tier 1	CT
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 1	CT
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	Tier 1	CT
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
levonorgestrel/ethinyl estradiol (Larissia Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	Tier 1	CT
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Lillow (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 1	CT
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 1	CT
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	CT
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	CT
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	Tier 1	CT
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 1	CT
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	Tier 1	CT
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 1	CT
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	Tier 1	CT
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	Tier 1	CT
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Deblitane Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Errin Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Heather Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Incassia Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Jencycla Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Lyza Oral Tablet 0.35 Mg)	Tier 1	CT
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	Tier 1	CT
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 1	CT
norethindrone (Norlyda Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Sharobel Oral Tablet 0.35 Mg)	Tier 1	CT
norethindrone (Tulana Oral Tablet 0.35 Mg)	Tier 1	CT
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Tier 1	CT
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrellethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 1	CT
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	Tier 1	CT
levonorgestrellethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 1	CT
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	CT
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	Tier 1	CT
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-ethinyl estradiol</i> (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
<i>levonorgestrellethinyl estradiol</i> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 1	CT
<i>norgestimate-ethinyl estradiol</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
<i>norgestimate-ethinyl estradiol</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
<i>desogestrel-ethinyl estradiol</i> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 1	CT
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (<i>norelgestrominlethinyl estradiol</i>)	Tier 1	CT; QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	CT; QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
<i>etonogestrellethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	Tier 1	CT; QL (1 EA per 28 days)
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 1	CT; QL (1 EA per 1 FILL)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (<i>nonoxynol 9</i>)	Tier 1	CT
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	Tier 1	CT
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	Tier 1	CT
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (<i>nonoxynol 9</i>)	Tier 1	CT
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	Tier 1	CT
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	Tier 1	CT
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	QL (2 EA per 1 day)
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	QL (2 EA per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	QL (2 EA per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	QL (60 EA per 30 days)
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	QL (2 GM per 1 day)
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	QL (2 ML per 1 day)
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	QL (2 GM per 1 day)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	QL (118 ML per 30 days)
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	Tier 1	QL (25 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	Tier 1	QL (30 GM per 30 days)
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
ACNE CLEANSING BAR TOPICAL BAR 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (1 EA per 30 days)
ACNE CONTROL CLEANSER TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
ACNE FOAMING WASH TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
ACNE MEDICATION TOPICAL GEL 10 %, 5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
ACNE MEDICATION TOPICAL GEL 2.5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (60 GM per 30 days)
ACNE MEDICATION TOPICAL LOTION 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 ML per 30 days)
ACNE MEDICATION TOPICAL LOTION 5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (298 ML per 30 days)
ACNE PADS TOPICAL PADS, MEDICATED 2 % (<i>salicylic acid</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
ACNE VANISHING TOPICAL CREAM 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
ACNE-CLEAR TOPICAL GEL 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	Tier 1	QL (90 GM per 30 days)
<i>benzoyl peroxide topical gel 2.5 %</i>	Tier 1	QL (60 GM per 30 days)
BP TOPICAL GEL 10 %, 5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
BP WASH TOPICAL CLEANSER 2.5 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
BPO TOPICAL GEL 4 % (<i>benzoyl peroxide</i>)	Tier 1	QL (43 GM per 30 days)
CLEAN-CLEAR CONTINUOUS CONTROL TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
CLEARASIL DAILY CLEAR(BENZOYL) TOPICAL CREAM 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
CLEARASIL ULTRA TOPICAL CREAM 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
DAYLOGIC ACNE FOAMING WASH TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
DAYLOGIC ACNE TREATMENT TOPICAL GEL 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
FOAMING ACNE FACE WASH TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
PANOXYL TOPICAL CLEANSER 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (240 GM per 30 days)
PERSA-GEL TOPICAL GEL 10 % (<i>benzoyl peroxide</i>)	Tier 1	QL (90 GM per 30 days)
RAPID CLEAR TREATMENT PADS TOPICAL PADS, MEDICATED 2 % (<i>salicylic acid</i>)	Tier 1	
Acne Therapy Topical - Keratolytic Mixtures - Drugs For The Skin		
ACNOMEL TOPICAL CREAM 2-8 % (<i>resorcinol/sulfur</i>)	Tier 1	
REZAMID TOPICAL LOTION 2-5 % (<i>resorcinol/sulfur</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	Tier 1	ST: Trial of Benzoyl Peroxide or Clindamycin 1% in the last 180 days; QL (45 GM per 30 days)
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	ST: Trial of acne medication in the last 180 days; QL (45 GM per 30 days); Age (Max 30 Years)
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	ST: Trial of acne medication in the last 180 days; QL (45 GM per 30 days); Age (Max 30 Years)
DIFFERIN TOPICAL GEL 0.1 % OTC (<i>adapalene</i>)	Tier 1	QL (45 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	ST: Trial of acne medication in the last 180 days; QL (45 GM per 30 days); Age (Max 30 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	ST: Trial of acne medication in the last 180 days; QL (45 GM per 30 days); Age (Max 30 Years)
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, Mc Antibody - Drugs For The Skin		
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 1	PA; SP; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 1	PA; SP; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 1	PA; SP; QL (1 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (<i>ixekizumab</i>)	Tier 1	PA; SP; QL (1 ML per 28 days)
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Mixtures - Drugs For The Skin		
ANTIBIOTIC (NEOMY-BACIT-POLYM) TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (<i>neomycin sulfatelbacitracin zinclpolymyxin b</i>)	Tier 1	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin zinclpolymyxin b sulfate</i>)	Tier 1	
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (<i>neomycin sulfatelbacitracin zinclpolymyxin b</i>)	Tier 1	
NEOSPORIN (NEO-BAC-POLYM) TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (<i>neomycin sulfatelbacitracin zinclpolymyxin b</i>)	Tier 1	
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin zinclpolymyxin b sulfate</i>)	Tier 1	
POLYSPORIN (BACITRACIN ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin zinclpolymyxin b sulfate</i>)	Tier 1	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (<i>neomycin sulfatelbacitracin zinclpolymyxin b</i>)	Tier 1	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET 3.5-400-5,000 MG-UNIT-UNIT (<i>neomycin sulfatelbacitracin zinclpolymyxin b</i>)	Tier 1	
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin zinclpolymyxin b sulfate</i>)	Tier 1	
Dermatological - Antibacterial Other - Drugs For The Skin		
<i>mupirocin topical ointment 2 %</i>	Tier 1	
Dermatological - Antibacterial Polymyxins And Derivatives - Drugs For The Skin		
ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM (<i>bacitracin zinc</i>)	Tier 1	
<i>bacitracin topical ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin topical packet 500 unit/gram</i>	Tier 1	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	Tier 1	
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM (<i>bacitracin</i>)	Tier 1	
Dermatological - Antibacterial-Local Anesthetic Combinations - Drugs For The Skin		
ANTIBIOTIC PLUS (PRAMOXINE) TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpramoxine</i>)	Tier 1	
ANTIBIOTIC PLUS PAIN REL(PRAM) TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpramoxine</i>)	Tier 1	
ANTIBIOTIC-PAIN RELIEF (BACIT) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfbacitracin zinclpolymyxin b sulflpramoxine hcl</i>)	Tier 1	
DOUBLE ANTIBIOTIC-PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpramoxine</i>)	Tier 1	
FIRST AID ANTIBIOTIC-PAIN RLF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfbacitracin zinclpolymyxin b sulflpramoxine hcl</i>)	Tier 1	
MULTI ANTIBIOTIC PLUS TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpramoxine</i>)	Tier 1	
NEOSPORIN + PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpramoxine</i>)	Tier 1	
NEOSPORIN PLUS PAINRELIEF(BAC) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfbacitracin zinclpolymyxin b sulflpramoxine hcl</i>)	Tier 1	
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfbacitracin zinclpolymyxin b sulflpramoxine hcl</i>)	Tier 1	
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfbacitracin zinclpolymyxin b sulflpramoxine hcl</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Allylamines - Drugs For The Skin		
ANTIFUNGAL (TERBINAFINE) TOPICAL CREAM 1 % (<i>terbinafine hcl</i>)	Tier 1	
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 % (<i>terbinafine hcl</i>)	Tier 1	
JOCK ITCH (TERBINAFINE) TOPICAL CREAM 1 % (<i>terbinafine hcl</i>)	Tier 1	
<i>terbinafine hcl topical cream 1 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical solution 8 %</i>	Tier 1	PA; QL (6.6 ML per 30 days)
Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin		
ALOE VESTA ANTIFUNGAL (MICON) TOPICAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 1	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
ANTIFUNGAL RINGWORM TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
ANTI-FUNGAL TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATHLETE'S FOOT TOPICAL AEROSOL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
ATHLETE'S FOOT TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
BAZA ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
CLOTRIMAZOLE AF TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
CRITIC-AID CLEAR AF(MICONAZOL) TOPICAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 1	
DERMAFUNGAL TOPICAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 1	
DESENEX TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
INZO ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (120 ML per 30 days)
LOTRIMIN AF TOPICAL AEROSOL,SPRAY 2 % (<i>miconazole nitrate</i>)	Tier 1	
MICATIN TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
<i>miconazole nitrate topical cream 2 %</i>	Tier 1	
MICONAZORB AF TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
MICRO-GUARD TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
NIZORAL A-D TOPICAL SHAMPOO 1 % (<i>ketoconazole</i>)	Tier 1	QL (120 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxiconazole topical cream 1 %</i>	Tier 1	ST: Trial of 2 of the following topical antifungals in the last 120 days: Clotrimazole, Fungoid Tincture, Ketoconazole, Lotrimin AF, or Miconazole
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 1	ST: Trial of 2 of the following topical antifungals in the last 120 days: Clotrimazole, Fungoid Tincture, Ketoconazole, Lotrimin AF, or Miconazole
REMEDY ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
REMEDY ANTIFUNGAL TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 1	
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
RINGWORM TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
SECURA ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
TRIPLE PASTE AF TOPICAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 1	
ZEASORB AF TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
Dermatological - Antifungal Thiocarbamate - Drugs For The Skin		
AF TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 % (<i>tolnaftate</i>)	Tier 1	
ANTIFUNGAL SPRAY TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL CREAM 1 % (<i>tolnaftate</i>)	Tier 1	
BLIS-TO-SOL (TOLNAFTATE) TOPICAL SOLUTION 1 % (<i>tolnaftate</i>)	Tier 1	
FOOT AND SNEAKER TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	
FORMULA 3 TOPICAL SOLUTION 1 % (<i>tolnaftate</i>)	Tier 1	
FUNGOID-D TOPICAL CREAM 1 % (<i>tolnaftate</i>)	Tier 1	
JOCK ITCH TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	
ODOR CONTROL FOOT-SNEAKER TOPICAL AEROSOL POWDER 1 % (<i>tolnaftate</i>)	Tier 1	
TOLCYLEN TOPICAL SOLUTION 1 % (<i>tolnaftate</i>)	Tier 1	
<i>tolnaftate topical aerosol powder 1 %</i>	Tier 1	
<i>tolnaftate topical cream 1 %</i>	Tier 1	
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	QL (10 GM per 3 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	QL (10 ML per 3 days)
Dermatological - Antifungals Other - Drugs For The Skin		
ANTIFUNGAL TOPICAL LIQUID 12.5 % (<i>undecylenic acid</i>)	Tier 1	
ANTIFUNGAL TOPICAL SOLUTION 25 % (<i>undecylenic acid</i>)	Tier 1	
ELON DUAL DEFENSE TOPICAL SOLUTION 25 % (<i>undecylenic acid</i>)	Tier 1	
FUNGI-NAIL TOPICAL SOLUTION 25 % (<i>undecylenic acid</i>)	Tier 1	
MYCO NAIL A TOPICAL SOLUTION 25 % (<i>undecylenic acid</i>)	Tier 1	
UNDELENIC TOPICAL TINCTURE (<i>undecylenic acid</i>)	Tier 1	
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (40 GM per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	QL (25 ML per 30 days)
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 1	
Dermatological - Antipruritics Combinations - Drugs For The Skin		
ANTI-ITCH (MENTHOL/CAMPHOR) TOPICAL LOTION 0.5-0.5 % (<i>menthol/camphor</i>)	Tier 1	QL (222 ML per 30 days)
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 2-0.1 % (<i>diphenhydramine hcl/zinc acetate</i>)	Tier 1	QL (60 GM per 30 days)
BANOPHEN ANTI-ITCH TOPICAL CREAM 2-0.1 % (<i>diphenhydramine hcl/zinc acetate</i>)	Tier 1	QL (60 GM per 30 days)
BENADRYL ITCH RELIEF STICK TOPICAL SOLUTION 2-0.1 % (<i>diphenhydramine hcl/zinc acetate</i>)	Tier 1	QL (28 ML per 30 days)
DERMASARRA TOPICAL LOTION 0.5-0.5 % (<i>menthol/camphor</i>)	Tier 1	QL (222 ML per 30 days)
ITCH RELIEF TOPICAL CREAM 2-0.1 % (<i>diphenhydramine hcl/zinc acetate</i>)	Tier 1	QL (60 GM per 30 days)
MEN-PHOR TOPICAL LOTION 0.5-0.5 % (<i>menthol/camphor</i>)	Tier 1	QL (222 ML per 30 days)
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL CREAM 2-0.1 % (<i>diphenhydramine hcl/zinc acetate</i>)	Tier 1	QL (60 GM per 30 days)
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	PA
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	PA
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	PA
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	Tier 1	
Dermatological - Antiseborrheic - Drugs For The Skin		
ANTI-DANDRUFF TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
BETA MED SCALP SHAMPOO 2 % (<i>pyrithione zinc</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DANDRUFF SHAMPOO (PYRITHIONE) SCALP SHAMPOO 1 % (<i>pyrithione zinc</i>)	Tier 1	
DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
DANDRUFF SHAMPOO/CONDITIONER SCALP SHAMPOO 1 % (<i>pyrithione zinc</i>)	Tier 1	
DERMAZINC SHAMPOO SCALP SHAMPOO 2 % (<i>pyrithione zinc</i>)	Tier 1	
DHS ZINC SCALP SHAMPOO 2 % (<i>pyrithione zinc</i>)	Tier 1	
NOBLE FORMULA SCALP SHAMPOO 2 % (<i>pyrithione zinc</i>)	Tier 1	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
SELSUN BLUE (PYRITHIONE ZINC) SCALP SHAMPOO 1 % (<i>pyrithione zinc</i>)	Tier 1	
SELSUN BLUE TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	Tier 1	
Dermatological - Astringent Combinations - Drugs For The Skin		
ASTRINGENT TOPICAL POWDER IN PACKET 952-1,347 MG (<i>calcium acetate/aluminum sulfate</i>)	Tier 1	
BORO-PACKS TOPICAL POWDER IN PACKET 51-49 % (<i>calcium acetate/aluminum sulfate</i>)	Tier 1	
<i>calamine phenolated topical lotion</i>	Tier 1	
PEDI-BORO SOAK TOPICAL POWDER IN PACKET 839-1,191 MG (<i>calcium acetate/aluminum sulfate</i>)	Tier 1	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	PA
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 1	PA; QL (4 GM per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid - Drugs For The Skin		
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
ANTI-ITCH (HC) TOPICAL AEROSOL,SPRAY 1 % (<i>hydrocortisone</i>)	Tier 1	
ANTI-ITCH (HC) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
ANTI-ITCH (HC) TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	
AQUANIL HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
BETA-HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	QL (10 GM per 3 days)
<i>betamethasone, augmented topical cream 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	
CORTAID TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTISONE COOLING TOPICAL GEL 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 PLUS TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL GEL 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	Tier 1	
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	QL (119 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	QL (119 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	QL (60 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	QL (60 ML per 30 days)
<i>fluocinonidelemollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	QL (60 GM per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	QL (60 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	Tier 1	
<i>hydrocortisone acetate topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	Tier 1	
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisonelaloe vera</i>)	Tier 1	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	Tier 1	
HYDROCREAM TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment 0.1 %</i>	Tier 1	QL (45 GM per 30 days)
NOBLE FORMULA HC TOPICAL AEROSOL,SPRAY 1 % (<i>hydrocortisone</i>)	Tier 1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
OBAGI NU-DERM TOLEREEN TOPICAL LOTION 0.5 % (<i>hydrocortisone</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	QL (60 GM per 30 days)
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALP RELIEF TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	Tier 1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	Tier 1	
SOOTHING CARE (HYDROCORTISONE) TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (60 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %</i>	Tier 1	QL (60 ML per 30 days)
<i>triamcinolone acetonide topical lotion 0.1 %</i>	Tier 1	QL (120 ML per 30 days)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	Tier 1	QL (60 GM per 30 days)
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	Tier 1	QL (60 GM per 30 days)
VANICREAM HC TOPICAL CREAM 1 % (<i>hydrocortisone acetate</i>)	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
CORTISONE WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 % (<i>hydrocortisone/aloe vera</i>)	Tier 1	
<i>hydrocortisone-aloe vera topical cream 0.5 %, 1 %</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (24 EA per 30 days)
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
SEBEX TOPICAL SHAMPOO 2-2 % (<i>salicylic acid/sulfur</i>)	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
FREEZONE CORN REMOVER TOPICAL LIQUID 17.6 % (<i>salicylic acid/collodion, flexible</i>)	Tier 1	
MOSCO CALLUS-CORN REMOVER TOPICAL LIQUID 17.6 % (<i>salicylic acid</i>)	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (4 ML per 30 days)
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
ANTI-DANDRUFF (COAL TAR) TOPICAL SHAMPOO 0.5 % (<i>coal tar</i>)	Tier 1	
BETATAR GEL TOPICAL SHAMPOO 2.5 % (<i>coal tar</i>)	Tier 1	
IONIL T TOPICAL SHAMPOO 1 % (<i>coal tar</i>)	Tier 1	
MG217 PSORIASIS (COAL TAR) TOPICAL OINTMENT 2 % (<i>coal tar</i>)	Tier 1	
NEUTROGENA T-GEL TOPICAL SHAMPOO 0.5 % (<i>coal tar</i>)	Tier 1	
PC-TAR TOPICAL SHAMPOO 1 % (<i>coal tar</i>)	Tier 1	
TARSUM PROFESSIONAL TOPICAL SHAMPOO 2 % (<i>coal tar</i>)	Tier 1	QL (120 ML per 30 days)
TERA-GEL TAR SHAMPOO TOPICAL SHAMPOO 0.5 % (<i>coal tar</i>)	Tier 1	
THERA-GEL TOPICAL SHAMPOO 0.5 % (<i>coal tar</i>)	Tier 1	
THERAPEUTIC SHAMPOO TOPICAL SHAMPOO 0.5 %, 1 % (<i>coal tar</i>)	Tier 1	
T-PLUS TOPICAL SHAMPOO 0.5 % (<i>coal tar</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Keratoplastic-Keratolytic Combinations - Drugs For The Skin		
X-SEB T PEARL TOPICAL SHAMPOO 10-4 % (<i>salicylic acid/coal tar</i>)	Tier 1	QL (120 ML per 30 days)
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
ANTI-ITCH MEDICATED TOPICAL CREAM 1-1 % (<i>pramoxine hcllmenthol</i>)	Tier 1	QL (56 GM per 30 days)
CALACLEAR TOPICAL LOTION (<i>pramoxine hcllcamphorzinc acetate</i>)	Tier 1	QL (180 ML per 30 days)
CALADRYL TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALAGESIC TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALAHIST CLEAR TOPICAL LOTION (<i>pramoxine hcllcamphorzinc acetate</i>)	Tier 1	QL (180 ML per 30 days)
CALAHIST WITH PRAMOXINE TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALAMINE MEDICATED TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALAMINE PLUS (PRAMOX-CALAMIN) TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALDYPHEN CLEAR TOPICAL LOTION (<i>pramoxine hcllcamphorzinc acetate</i>)	Tier 1	QL (180 ML per 30 days)
CALDYPHEN TOPICAL LOTION 1-8 % (<i>pramoxine hcllcalamine</i>)	Tier 1	QL (180 ML per 30 days)
CALLERGY CLEAR TOPICAL LOTION (<i>pramoxine hcllcamphorzinc acetate</i>)	Tier 1	QL (180 ML per 30 days)
GOLD BOND MEDICATED ANTI-ITCH TOPICAL CREAM 1-1 % (<i>pramoxine hcllmenthol</i>)	Tier 1	QL (56 GM per 30 days)
Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin		
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY (<i>norfluranelpentafluoropropane (hfc 245fa)</i>)	Tier 1	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY (<i>norfluranelpentafluoropropane (hfc 245fa)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 1	
Dermatological - Protectant Combinations - Drugs For The Skin		
<i>calamine-zinc oxide topical lotion , 8-8 %</i>	Tier 1	
Dermatological - Protectants - Drugs For The Skin		
DERMADROX TOPICAL OINTMENT 1.2 % (<i>aluminum hydroxide</i>)	Tier 1	
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
<i>metronidazole topical gel 0.75 % , 1 %</i>	Tier 1	QL (2 GM per 1 day)
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	QL (2 GM per 1 day)
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	QL (2 GM per 1 day)
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANECREAM TOPICAL CREAM 4 % (<i>lidocaine</i>)	Tier 1	
BLUE TUBE TOPICAL CREAM 4 % (<i>lidocaine</i>)	Tier 1	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	QL (30 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical cream 4 %</i>	Tier 1	
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
ALLERGY CREAM (DIPHENHYDRAMIN) TOPICAL CREAM 2 % (<i>diphenhydramine hcl</i>)	Tier 1	QL (60 GM per 30 days)
ANTI-ITCH (DIPHENHYDRAMINE) TOPICAL GEL 2 % (<i>diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
ANTI-ITCH MAXIMUM STRENGTH TOPICAL AEROSOL,SPRAY 2 % (<i>diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
ITCH RELIEF (DIPHENHYDRAMINE) TOPICAL GEL 2 % (<i>diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL (DIPHENHYDRAMINE) TOPICAL AEROSOL,SPRAY 2 % (<i>diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin		
ANALGESIC GRX BALM TOPICAL OINTMENT (<i>methyl salicylate/menthol</i>)	Tier 1	
ARTHRITIS HOT PAIN RELIEF TOPICAL CREAM 15-10 % (<i>methyl salicylate/menthol</i>)	Tier 1	
BENGAY GREASELESS TOPICAL CREAM 15-10 % (<i>methyl salicylate/menthol</i>)	Tier 1	
CAPZASIN TOPICAL GEL 0.025-10 % (<i>capsaicin/menthol</i>)	Tier 1	
CHEST RUB TOPICAL OINTMENT 4.8-1.2-2.6 % (<i>eucalyptus oil/menthol/camphor</i>)	Tier 1	
COLD AND HOT (M.SALIC-MENTHOL) TOPICAL OINTMENT 29-7.6 % (<i>methyl salicylate/menthol</i>)	Tier 1	
COLD AND HOT THERAPY BALM TOPICAL OINTMENT (<i>methyl salicylate/menthol</i>)	Tier 1	
DEEP BLUE RELIEF TOPICAL GEL (<i>methylsulfonylmethane/aloe vera/lemu oil/herbal complex no.66</i>)	Tier 1	
MUSCLE RUB TOPICAL CREAM 15-10 % (<i>methyl salicylate/menthol</i>)	Tier 1	
PAIN RELIEVING (M-SALIC-MEN) TOPICAL CREAM 15-1 % (<i>methyl salicylate/menthol</i>)	Tier 1	
PAIN RELIEVING(CAM-M.SAL-MENT) TOPICAL ADHESIVE PATCH,MEDICATED (<i>methyl salicylate/menthol/camphor</i>)	Tier 1	
SALONPAS(M.SALICYLATE-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 10-3 % (<i>methyl salicylate/menthol</i>)	Tier 1	
THERA-GESIC TOPICAL CREAM 15-1 % (<i>methyl salicylate/menthol</i>)	Tier 1	
VICKS VAPORUB TOPICAL OINTMENT 4.8-1.2-2.6 % (<i>eucalyptus oil/menthol/camphor</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
ANALGESIC CREME TOPICAL CREAM 10 % (<i>trolamine salicylate</i>)	Tier 1	
ARTHRICREAM RUB TOPICAL CREAM 10 % (<i>trolamine salicylate</i>)	Tier 1	
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 %, 0.1 % (<i>capsaicin</i>)	Tier 1	
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	Tier 1	
HIGH POTENCY CAPSAICIN TOPICAL CREAM 0.1 % (<i>capsaicin</i>)	Tier 1	
ZOSTRIX TOPICAL CREAM 0.033 % (<i>capsaicin</i>)	Tier 1	
ZOSTRIX-HP FOOT TOPICAL CREAM 0.1 % (<i>capsaicin</i>)	Tier 1	
ZOSTRIX-HP TOPICAL CREAM 0.1 % (<i>capsaicin</i>)	Tier 1	
Scabicide And Pediculicide Combinations - Drugs For The Skin		
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxidelpyrethrins/permethrin</i>)	Tier 1	QL (2 EA per 30 days)
LICE COMPLETE KIT 1-2-3 TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxidelpyrethrins/permethrin</i>)	Tier 1	QL (2 EA per 30 days)
LICE KILLING TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxidelpyrethrins</i>)	Tier 1	QL (120 ML per 30 days)
LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxidelpyrethrins</i>)	Tier 1	QL (120 ML per 30 days)
LICE SOLUTION TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxidelpyrethrins/permethrin</i>)	Tier 1	QL (2 EA per 30 days)
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxidelpyrethrins</i>)	Tier 1	QL (120 ML per 30 days)
RID COMPLETE LICE ELIM KIT TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxidelpyrethrins/permethrin</i>)	Tier 1	QL (2 EA per 30 days)
RID LICE KILLING TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxidelpyrethrins</i>)	Tier 1	QL (120 ML per 30 days)
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
<i>crotamiton</i> (Crotan Topical Lotion 10 %)	Tier 1	
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EURAX TOPICAL LOTION 10 % (<i>crotamiton</i>)	Tier 1	
HOME LICE-BEDBUG-DUST MITE SPR AEROSOL,SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	QL (120 GM per 30 days)
LICE BEDDING SPRAY AEROSOL,SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	QL (120 GM per 30 days)
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % (<i>permethrin</i>)	Tier 1	QL (120 ML per 30 days)
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 % (<i>permethrin</i>)	Tier 1	QL (120 ML per 30 days)
LICE TREATMENT TOPICAL LIQUID 1 % (<i>permethrin</i>)	Tier 1	QL (120 ML per 30 days)
<i>malathion topical lotion 0.5 %</i>	Tier 1	QL (120 ML per 30 days)
<i>permethrin topical cream 5 %</i>	Tier 1	QL (120 GM per 30 days)
RID COMPLETE LICE ELIM KIT AEROSOL,SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	QL (120 GM per 30 days)
STOP LICE AEROSOL,SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	QL (120 GM per 30 days)
Wound Care - Cleansers - Drugs For The Skin		
WOUND WASH SALINE TOPICAL AEROSOL,SPRAY 0.9 % (<i>sodium chloride</i>)	Tier 1	
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 1	DD; QL (10 EA per 30 days)
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
Diagnostic - Urine Test Others		
ALBUSTIX REAGENT STRIP (<i>urine albumin test</i>)	Tier 1	
AZO TEST STRIPS STRIP (<i>urine leukocyte test strips</i>)	Tier 1	
CHEMSTRIP MICRAL STRIP (<i>urine albumin test</i>)	Tier 1	
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (<i>glucagon,human recombinant</i>)	Tier 1	
Eating Disorder Therapy - Drugs For Eating Disorders		
Anorexiant - Drugs For Eating Disorders		
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs For Eating Disorders		
ALLI ORAL CAPSULE 60 MG (<i>orlistat</i>)	Tier 1	QL (3 EA per 1 day)
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	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Balance-Nutritional Products - Drugs For Nutrition		
Amino Acid - Carnitine Derivatives - Drugs For Nutrition		
L-CARNITINE ORAL TABLET 500 MG (<i>levocarnitine</i>)	Tier 1	
B-Complex Vitamin Combinations - Drugs For Nutrition		
DIALYVITE ORAL TABLET 100-1 MG (<i>folic acid/vitamin b complex and vitamin c</i>)	Tier 1	
MYNEPHROCAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
MYNEPHRON ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
NEPHRONEX ORAL LIQUID 900 MCG/5 ML (<i>vitamin b complex with vitamin c no.10/folic acid</i>)	Tier 1	
RENAL CAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
RENO CAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
TRIPHROCAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
VIRT-CAPS ORAL CAPSULE 1 MG (<i>vitamin b complex and vitamin c no.20/folic acid</i>)	Tier 1	
B-Complex Vitamins And Combinations - Drugs For Nutrition		
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG (<i>vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide</i>)	Tier 1	
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG (<i>vit b complex no.3/folic acid/ascorbic acid/biotin/zinc oxid</i>)	Tier 1	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (<i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dextrose And Lactated Ringer's Solutions - Drugs For Nutrition		
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	MB	
Dextrose Solutions - Drugs For Nutrition		
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	MB	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	MB	
Dietary Product - Dietary Supplements - Drugs For Nutrition		
PREMIUM OMEGA-3 ORAL CAPSULE 200 MG-300 MG-100 MG-1,000 MG (<i>omega-3 fatty acids/dhalepalother omega-3s/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
SEA-OMEGA ORAL CAPSULE 200 MG-300 MG- 100 MG-1,000 MG (<i>omega-3 fatty acids/dhalepalother omega-3s/fish oil</i>)	Tier 1	QL (6 EA per 1 day)
Diluents - Sodium Chloride - Drugs For Nutrition		
<i>sodium chloride 0.9 % injection solution</i>	MB	
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML (<i>sodium polystyrene sulfonate/sorbitol solution</i>)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>sodium polystyrene sulfonate</i>)	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
Irrigation Solutions - Drugs For Nutrition		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
CALCI-MIX ORAL CAPSULE 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCITRATE ORAL TABLET 200 MG (950 MG) (<i>calcium citrate</i>)	Tier 1	
CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCIUM 500 ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) (<i>calcium carbonate</i>)	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 668 mg (169 mg calcium)</i>	Tier 1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Tier 1	
<i>calcium carbonate oral tablet,chewable 300 mg (750 mg), 500 mg calcium (1,250 mg)</i>	Tier 1	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	Tier 1	
<i>calcium citrate oral tablet 250 mg calcium</i>	Tier 1	
<i>calcium gluconate oral tablet 50 mg calcium</i>	Tier 1	
<i>calcium gluconate oral tablet 60 mg calcium (650 mg)</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 1	
CORAL CALCIUM ORAL TABLET 390 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
NATURAL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
OYSTER SHELL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium carbonate</i>)	Tier 1	
SUPER CALCIUM ORAL TABLET 600 MG CALCIUM (1,500 MG) (<i>calcium carbonate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
CALCIUM MAGNESIUM ORAL TABLET 500 MG CALCIUM -250 MG (<i>calcium carbonate, gluconatelmagnesium oxide, gluconate</i>)	Tier 1	
<i>calcium-magnesium oral tablet 300-300 mg</i>	Tier 1	
OYSTER SHELL CALCIUM AND MAG ORAL TABLET 250-155 MG (<i>calcium carbonatelmagnesium oxide</i>)	Tier 1	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT, 500 MG(1,250MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</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 500-100 mg-unit</i>	Tier 1	
CALCIUM CITRATE + D ORAL TABLET 315 MG-5 MCG (200 UNIT) (<i>calcium citratelcholecalciferol (vitamin d3)</i>)	Tier 1	
<i>calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet 200-125 mg-unit</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium-200 unit, 315 mg- 250 unit, 315 mg-5 mcg (200 unit)</i>	Tier 1	
CALCIUM WITH VITAMIN D ORAL TABLET 600 MG(1,500MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRACAL + D MAXIMUM ORAL TABLET 315 MG- 250 UNIT (<i>calcium citrate/cholecalciferol (vitamin d3)</i>)	Tier 1	
HI-CAL PLUS VIT D ORAL TABLET 500 MG(1,250MG) - 200 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
OYSCO 500/D ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT (<i>calcium carbonate/ergocalciferol (vitamin d2)</i>)	Tier 1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250-125 MG-UNIT, 500 MG(1,250MG) -200 UNIT, 500 MG(1,250MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
OYSTERCAL-D ORAL TABLET 500 MG(1,250MG) -400 UNIT (<i>calcium carbonate/cholecalciferol (vitamin d3)</i>)	Tier 1	
PARVA-CAL 500 ORAL TABLET 500 MG CALCIUM -200 UNIT (<i>calcium carbonate,calcium gluconate/ergocalciferol (vit d2)</i>)	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
IOSAT ORAL TABLET 130 MG (<i>potassium iodide</i>)	Tier 1	
LUGOLS ORAL SOLUTION 5 % (<i>potassium iodideliodine</i>)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (<i>potassium iodideliodine</i>)	Tier 1	
THYROSAFE ORAL TABLET 65 MG (<i>potassium iodide</i>)	Tier 1	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	Tier 1	
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERATE ORAL TABLET 240 MG (27 MG IRON) (<i>ferrous gluconate</i>)	Tier 1	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
FERRETTIS ORAL TABLET 325 MG (106 MG IRON) (<i>ferrous fumarate</i>)	Tier 1	
FERREX 150 ORAL CAPSULE 150 MG IRON (<i>iron polysaccharide complex</i>)	Tier 1	
FERRIMIN 150 ORAL TABLET 456 MG (150 MG IRON) (<i>ferrous fumarate</i>)	Tier 1	
FERROCITE ORAL TABLET 324 MG (106 MG IRON) (<i>ferrous fumarate</i>)	Tier 1	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<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 (drlec) 324 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (drlec) 325 mg (65 mg iron)</i>	Tier 1	
FERROUSUL ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
HEMOCYTE ORAL TABLET 324 MG (106 MG IRON) (<i>ferrous fumarate</i>)	Tier 1	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
IFEREX 150 ORAL CAPSULE 150 MG IRON (<i>iron polysaccharide complex</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRON (DRIED) ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON) (<i>ferrous sulfate, dried</i>)	Tier 1	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
IRON CHEWS ORAL TABLET,CHEWABLE 15 MG (<i>iron,carbonyl</i>)	Tier 1	
IRON ORAL TABLET 325 MG (65 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
MYFERON 150 ORAL CAPSULE 150 MG IRON (<i>iron polysaccharide complex</i>)	Tier 1	
NU-IRON ORAL CAPSULE 150 MG IRON (<i>iron polysaccharide complex</i>)	Tier 1	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	Tier 1	
POLY-IRON ORAL CAPSULE 150 MG IRON (<i>iron polysaccharide complex</i>)	Tier 1	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON), 250 MG (50 MG IRON) (<i>ferrous sulfate</i>)	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON) (<i>ferrous sulfate, dried</i>)	Tier 1	
WEE CARE ORAL SUSPENSION 15 MG/1.25 ML (<i>iron,carbonyl</i>)	Tier 1	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 420 mg</i>	Tier 1	
MGO ORAL TABLET 400 MG (241.3 MG MAGNESIUM) (<i>magnesium oxide</i>)	Tier 1	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
<i>electrolytes-dextrose oral solution</i>	Tier 1	QL (4000 ML per 32 days)
ORALYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	QL (4000 ML per 32 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC ELECTROLYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	QL (4000 ML per 32 days)
PEDIATRIC FREEZER POPS ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	QL (4000 ML per 32 days)
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (<i>sodium phosphate/potassium phosphates, monobasic and bibasic</i>)	Tier 1	QL (8 EA per 1 day)
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	QL (8 EA per 1 day)
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet, Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet, Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier 1	QL (2 EA per 1 day)
<i>potassium chloride oral capsule, extended release 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	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
MULTI-DELYN WITH IRON ORAL LIQUID 10 MG IRON/5 ML (<i>multivitamin/ferrous gluconate</i>)	Tier 1	Age (Max 12 Years)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals no.61/ferrous fumarate/folic acid</i>)	Tier 1	
Multivitamins - Drugs For Nutrition		
CHEWABLE-VITE ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
DINO-LIFE EXTRA C MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin combination no.55</i>)	Tier 1	Age (Max 12 Years)
DINO-LIFE MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin combination no.56</i>)	Tier 1	Age (Max 12 Years)
HONEY BEARS MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin combination no.56</i>)	Tier 1	Age (Max 12 Years)
MY FAVORITE MULTIPLE ORAL LIQUID (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	Tier 1	
THERAPEUTIC LIQUID ORAL LIQUID (<i>multivitamin,therapeutic</i>)	Tier 1	Age (Max 12 Years)
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (<i>multivitamin combination no.43/ferrous fumarate/folic acid</i>)	Tier 1	
Parenteral Nutrition - Amino Acid And Dextrose Combinations - Drugs For Nutrition		
<i>amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %</i>	MB	
<i>amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution 3.5-10 %</i>	MB	
<i>amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution 4-10 %</i>	MB	
Parenteral Nutrition - Amino Acid, Dextrose, E-Lytes And Fat Emul Comb - Drugs For Nutrition		
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 % (<i>amino acid 3.31 % no.1/d9.8w/fat emulsions/electrolyte no.10</i>)	MB	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Parenteral Nutrition - Intravenous Fat Emulsions - Drugs For Nutrition		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (<i>fat emulsions</i>)	MB	
NUTRILIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions</i>)	MB	
Pediatric Vitamins - Drugs For Nutrition		
ANIMAL CHEWS ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
ANIMAL SHAPE VITAMINS ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
ANIMAL SHAPES ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.17</i>)	Tier 1	Age (Max 12 Years)
CHEWABLE-VITE ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S CHEWABLE ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
DINO-LIFE WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (<i>pediatric multivitamin no.159/ferrous sulfate</i>)	Tier 1	Age (Max 12 Years)
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
GUMMI BEAR MULTIVITAMIN ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (<i>pediatric multivitamin no.159/ferrous sulfate</i>)	Tier 1	Age (Max 12 Years)
KIDSTART ORAL TABLET,CHEWABLE (<i>pediatric multivitamin no.121</i>)	Tier 1	Age (Max 12 Years)
LITTLE ANIMALS ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
PEDIA POLY-VITE ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (<i>pediatric multivitamin no.171</i>)	Tier 1	Age (Max 12 Years)
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	Tier 1	Age (Max 12 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VITAMINS ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	Tier 1	Age (Max 12 Years)
Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition		
ANIMAL SHAPES PLUS IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S COMPLETE VITAMIN ORAL TABLET,CHEWABLE 18 MG IRON (<i>pediatric multivitamin combination no.67/ferrous fumarate</i>)	Tier 1	Age (Max 12 Years)
CHILD'S CHEWABLE VITAMINS/IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	Tier 1	Age (Max 12 Years)
CHILDS/IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	Tier 1	Age (Max 12 Years)
FLINTSTONES COMPLETE (IRON) ORAL TABLET,CHEWABLE (<i>multivitamin with iron and other minerals</i>)	Tier 1	Age (Max 12 Years)
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE (<i>calcium carbonate/multivitamin</i>)	Tier 1	Age (Max 12 Years)
FLINTSTONES WITH IRON ORAL TABLET,CHEWABLE 18 MG IRON (<i>pediatric multivitamin no.79/ferrous fumarate</i>)	Tier 1	Age (Max 12 Years)
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (<i>pediatric multivitamin no.159/ferrous sulfate</i>)	Tier 1	Age (Max 12 Years)
LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	Tier 1	Age (Max 12 Years)
LYSIPLEX PLUS ORAL LIQUID (<i>multivitamin with iron and other minerals</i>)	Tier 1	Age (Max 12 Years)
PEDIA POLY-VITE ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (<i>pediatric multivitamin no.171</i>)	Tier 1	Age (Max 12 Years)
SCOOBY-DOO ONE A DAY ORAL TABLET,CHEWABLE (<i>multivitamin with iron and other minerals</i>)	Tier 1	Age (Max 12 Years)
VITALETS ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	Tier 1	Age (Max 12 Years)
VITALETS ORAL TABLET,CHEWABLE 10 MG IRON (<i>pediatric multivitamin no.36/ferrous fumarate</i>)	Tier 1	Age (Max 12 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pediatric Vitamins With Fluoride Combinations - Drugs For Nutrition		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45/sodium fluoridelferrous sulfat</i> e)	Tier 1	QL (50 ML per 30 days); Age (Max 12 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2/sodium fluoride</i>)	Tier 1	QL (50 ML per 30 days); Age (Max 12 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins no.17 with sodium fluoride</i>)	Tier 1	QL (1 EA per 1 day); Age (Max 12 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamins no.17 with sodium fluoride</i>)	Tier 1	QL (1 EA per 1 day); Age (Max 12 Years)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamin no.16/sodium fluoride</i>)	Tier 1	QL (1 EA per 1 day); Age (Max 12 Years)
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamin no.12 with sodium fluoride</i>)	Tier 1	QL (1 EA per 1 day); Age (Max 12 Years)
POLY-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE (<i>pediatric multivitamin no.37 with sodium fluoride</i>)	Tier 1	
POLY-VI-FLOR WITH IRON ORAL DROPS,SUSPENSION BIPHASIC 0.25MG FLUORIDE -7 MG IRON/ML (<i>pediatric multivit no.37/sodium fluorideliron bisglycin.hcl</i>)	Tier 1	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>)	Tier 1	QL (1.7 ML per 1 day); Age (Max 12 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>)	Tier 1	QL (50 ML per 30 days); Age (Max 12 Years)
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>)	Tier 1	QL (1.7 ML per 1 day); Age (Max 12 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins And Minerals - Drugs For Nutrition		
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	Tier 1	
KPN ORAL TABLET (<i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i>)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i>)	Tier 1	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin-minerals no.60/ferrous fumarate/folic acid</i>)	Tier 1	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (<i>prenatal vit with calcium no.127/ferrous fumarate/folic acid</i>)	Tier 1	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG (<i>prenatal vits with calcium 36/ferrous fumarate/folic acid</i>)	Tier 1	
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	Tier 1	
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76</i> iron,carbonyl <i>folic acid</i>)	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.115</i> iron <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.74</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vit with calcium no.129</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72</i> iron,carbonyl <i>folic acid</i>)	Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i> ferrous <i>fumarate</i> <i>folic acid</i>)	Tier 1	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>)	Tier 1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	Tier 1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (<i>multivitamin combination no.43/ferrous fumarate/folic acid</i>)	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 16/iron/folic acid/docusate sodium</i>)	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium/iron fum,b-g/folic acid</i>)	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i>)	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 18/iron/folic acid/docusate sodium</i>)	Tier 1	
Sterile Water For Injection - Drugs For Nutrition		
<i>water for injection, sterile intravenous parenteral solution</i>	MB	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Tier 1	
VITAMIN B-1 (MONONITRATE) ORAL TABLET 100 MG (<i>thiamine mononitrate (vit b1)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN B-1 ORAL TABLET 100 MG, 250 MG, 50 MG (<i>thiamine hcl</i>)	Tier 1	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (<i>niacin</i>)	Tier 1	QL (2 EA per 1 day)
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>niacin oral tablet 100 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>niacin oral tablet 250 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>niacin oral tablet extended release 1,000 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	Tier 1	QL (2 EA per 1 day)
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 250 MG, 50 MG (<i>pyridoxine hcl (vitamin b6)</i>)	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	QL (960 ML per 1 FILL)
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)</i>	Tier 1	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
DELTA D3 ORAL TABLET 10 MCG (400 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	Tier 1	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
VITAMIN D3 ORAL TABLET, CHEWABLE 10 MCG (400 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
Endocrine - Hormones		
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (<i>glucagon, human recombinant</i>)	Tier 1	DD
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon, human recombinant</i>)	Tier 1	DD; QL (1 EA per 90 days)
Androgen - Single Agents - Drugs For Men		
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	Tier 1	PA; QL (2 GM per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 1	PA; QL (5 GM per 1 day)
Antidiuretic And Vasopressor Hormones - Hormones		
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD; QL (300 EA per 90 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD; QL (300 EA per 90 days)
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	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
Antihyperglycemic - Sglit-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolatemetformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	Tier 1	DD; ST: Trial of Steglatro and preferred DPP-4 inhibitor in the last 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	DD; QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	DD; QL (4 EA per 1 day)
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic, Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	Tier 1	PA; DD; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	Tier 1	PA; DD; QL (10.8 ML per 30 days)
Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type - Drugs For Diabetes		
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 1	DD; ST: Trial of Metformin in the last 120 days; QL (0.5 ML per 7 days)
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 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
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 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (<i>alogliptin benzoate/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 1	PA; SP; QL (1.56 ML per 30 days)
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (1 EA per 7 days)
<i>ibandronate oral tablet 150 mg</i>	Tier 1	QL (3 EA per 90 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	SP
Calcitonins - Drugs For Menopause And Bone Loss		
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	Tier 1	QL (3.8 ML per 30 days)
Estrogen-Progestin - Drugs For Women		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
LOPREEZA ORAL TABLET 1-0.5 MG (<i>estradiol/norethindrone acetate</i>)	Tier 1	
<i>estradiol/norethindrone acetate</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogens - Drugs For Women		
<i>estradiol</i> (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (8 EA per 28 days)
<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 (8 EA per 28 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 (4 EA per 28 days)
<i>estrogens,esterified</i> (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	Tier 1	
Glucocorticoids - Drugs For Inflammation		
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>dexamethasone</i> (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 1	
<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>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	Tier 1	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Growth Hormones - Drugs For Growth		
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	Tier 1	PA; SP
Human Insulins - Fixed Combinations - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophanelinsulin regular, human</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Human Insulins - Short Acting - Drugs For Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 1	DD; QL (1.5 ML per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Insulin Analogs - Fixed Combinations - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 1	PA; DD; QL (1.5 ML per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 1	DD; QL (1.5 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 1	DD; QL (1.5 ML per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	PA; DD; QL (1.5 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (<i>insulin aspart protamine humaninsulin aspart</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin aspart protamine humaninsulin aspart</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	Tier 1	DD; QL (1.5 ML per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
<i>metformin oral tablet 1,000 mg</i>	Tier 1	DD; QL (2.5 EA per 1 day)
<i>metformin oral tablet 500 mg</i>	Tier 1	DD; QL (5 EA per 1 day)
<i>metformin oral tablet 850 mg</i>	Tier 1	DD; QL (3 EA per 1 day)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	DD; QL (5 EA per 1 day)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	DD; QL (3 EA per 1 day)
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD; QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs For Women		
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED) (<i>leuprolide acetate</i>)	MB	SP
Mineralocorticoids - Drugs For Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytotic - Ergot Alkaloids - Drugs For Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	
Oxytotic - Oxytocin And Analogs - Drugs For Women		
<i>oxytocin injection solution 10 unit/ml</i>	MB	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	MB	
Progestins - Drugs For Women		
<i>hydroxyprogester(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	Tier 1	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	Tier 1	PA; SP
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 1	PA; SP
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Rank Ligand (Rankl) Inhibitor, Mc Antibody - Drugs For Menopause And Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	MB	SP
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Somatostatic Agents - Drugs For Growth		
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	MB	SP
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	QL (1 EA per 1 day)
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	QL (1.5 EA per 1 day)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (1.5 EA per 1 day)
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
<i>bromelains oral tablet 500 mg</i>	Tier 1	
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Alginate Combinations - Drugs For Ulcers And Stomach Acid		
FOAMING ANTACID ORAL TABLET,CHEWABLE 80-20 MG (<i>magnesium trisilicatelaluminum hydrox/sod bicarblalginic ac</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antacid - Aluminum - Drugs For Ulcers And Stomach Acid		
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	Tier 1	
Antacid - Antacid Combinations - Drugs For Ulcers And Stomach Acid		
ACID GONE ANTACID E.STRENGTH ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium carbonatealuminum hydroxide</i>)	Tier 1	
ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML (<i>magnesium carbonatealuminum hydroxidealginic acid</i>)	Tier 1	
ALKA-SELTZER GOLD ORAL TABLET, EFFERVESCENT 344-1,050-1,000 MG (<i>potassium bicarbonate/sodium bicarbonate/citric acid</i>)	Tier 1	
ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium carbonatealuminum hydroxide</i>)	Tier 1	
FOAMING ANTACID ORAL SUSPENSION 95-358 MG/15 ML (<i>magnesium carbonatealuminum hydroxidealginic acid</i>)	Tier 1	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML (<i>magnesium carbonatealuminum hydroxidealginic acid</i>)	Tier 1	
HEARTBURN ANTACID ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium carbonatealuminum hydroxide</i>)	Tier 1	
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML (<i>magnesium carbonatealuminum hydroxidealginic acid</i>)	Tier 1	
HEARTBURN RELIEF ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium carbonatealuminum hydroxide</i>)	Tier 1	
MAG-AL ORAL SUSPENSION 200-200 MG/5 ML (<i>magnesium hydroxidealuminum hydroxide</i>)	Tier 1	
RIGINIC ORAL SUSPENSION 131-31.7 MG/5 ML (<i>magnesium carbonatealuminum hydroxidealginic acid</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antacid - Bicarbonate - Drugs For Ulcers And Stomach Acid		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	
Antacid - Calcium - Drugs For Ulcers And Stomach Acid		
ALCALAK ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG) (<i>calcium carbonate</i>)	Tier 1	
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 215 MG CALCIUM (500 MG), 320 MG CALCIUM (750 MG) (<i>calcium carbonate</i>)	Tier 1	
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG) (<i>calcium carbonate</i>)	Tier 1	
ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 1,177 MG, 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
BAN-ACID ORAL TABLET,CHEWABLE 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCIUM ANTACID TROPICAL ORAL TABLET,CHEWABLE 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium carbonate oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	Tier 1	
CAL-GEST ANTACID ORAL TABLET, CHEWABLE 200 MG CALCIUM (500 MG) (<i>calcium carbonate</i>)	Tier 1	
CHILDREN'S PEPTO ORAL TABLET, CHEWABLE 400 MG (<i>calcium carbonate</i>)	Tier 1	
CHILDREN'S SOOTHE ORAL TABLET, CHEWABLE 400 MG (<i>calcium carbonate</i>)	Tier 1	
FLAVOR CHEWS ANTACID ORAL TABLET, CHEWABLE 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
SMOOTH ANTACID ORAL TABLET, CHEWABLE 300 MG (750 MG) (<i>calcium carbonate</i>)	Tier 1	
TUMS ULTRA ORAL TABLET, CHEWABLE 1,177 MG (<i>calcium carbonate</i>)	Tier 1	
ULTRA STRENGTH ANTACID ORAL TABLET, CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
ULTRA STRENGTH CALCIUM ANTACID ORAL TABLET, CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	Tier 1	
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
PHILLIPS MILK OF MAGNESIA ORAL TABLET, CHEWABLE 311 MG (<i>magnesium hydroxide</i>)	Tier 1	
RI-MAG ORAL SUSPENSION 540 MG/5 ML (<i>magaldrate</i>)	Tier 1	
Antacid - Simethicone Combinations - Drugs For Ulcers And Stomach Acid		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALMACONE ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml</i>	Tier 1	
<i>alum-mag hydroxide-simeth oral suspension 400-400-40 mg/5 ml</i>	Tier 1	QL (120 ML per 30 days)
ANTACID ANTI-GAS (CA CARB-SIM) ORAL TABLET,CHEWABLE 1,000-60 MG (<i>calcium carbonate/simethicone</i>)	Tier 1	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID ANTI-GAS ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID LIQUID ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID M ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
ANTACID-SIMETHICONE ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
E-Z-GAS II ORAL GRANULES, EFFERVESCENT PACKET 2.21-1.53 GRAM/4 GRAM (<i>simethicone/sodium bicarbonate/citric acid</i>)	Tier 1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
GERI-LANTA ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
LIQUID ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIQUID ANTACID ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MAGLOX ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MASANTI DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
MI-ACID ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MI-ACID ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
MINTOX ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)
RI-GEL II ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxidesimethicone</i>)	Tier 1	QL (120 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RI-GEL ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxide/simethicone</i>)	Tier 1	
RI-MAG PLUS ORAL SUSPENSION 540-40 MG/5 ML (<i>magaldrate/simethicone</i>)	Tier 1	
RI-MOX ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxide/simethicone</i>)	Tier 1	
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML (<i>magnesium hydroxidelaluminum hydroxide/simethicone</i>)	Tier 1	
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG (<i>loperamide hcl</i>)	Tier 1	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML (<i>loperamide hcl</i>)	Tier 1	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG (<i>loperamide hcl</i>)	Tier 1	
DIAMODE ORAL TABLET 2 MG (<i>loperamide hcl</i>)	Tier 1	
IMODIUM A-D ORAL CAPSULE 2 MG (<i>loperamide hcl</i>)	Tier 1	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML (<i>loperamide hcl</i>)	Tier 1	
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>loperamide oral liquid 1 mg/7.5 ml</i>	Tier 1	
<i>loperamide oral tablet 2 mg</i>	Tier 1	
ULTRA A-D ORAL TABLET 2 MG (<i>loperamide hcl</i>)	Tier 1	
Antidiarrheal - Bismuth Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
BISMATROL ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
BISMATROL ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
<i>bismuth subsalicylate oral tablet,chewable 262 mg</i>	Tier 1	
DIARRHEA RELIEF (BISMUTH SUBS) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
DIGESTIVE RELIEF ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
DIGESTIVE RELIEF ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
DIOTAME ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
GERI-PECTATE ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
KAOPECTATE EX STR (BISMUTH SS) ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
PEPTIC RELIEF ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
PEP-T-MED ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
SOOTHE REGULAR STRENGTH ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
STOMACH RELIEF ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
STOMACH RELIEF ORIGINAL ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	Tier 1	
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet,chewable 25 mg</i>	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS II ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG (<i>meclizine hcl</i>)	Tier 1	
TRAVEL SICKNESS (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine hcl</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
VERTICALM ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
Antiemetic - Phosphorated Carbohydrates - Drugs For Vomiting And Nausea		
ANTI-NAUSEA ORAL SOLUTION (<i>phosphorated carbohydrate (dextrose and fructose)</i>)	Tier 1	QL (240 ML per 30 days)
FORMULA EM ORAL SOLUTION (<i>phosphorated carbohydrate (dextrose and fructose)</i>)	Tier 1	QL (240 ML per 30 days)
NAUSEA CONTROL ORAL SOLUTION (<i>phosphorated carbohydrate (dextrose and fructose)</i>)	Tier 1	QL (240 ML per 30 days)
NAUSEA RELIEF ORAL SOLUTION (<i>phosphorated carbohydrate (dextrose and fructose)</i>)	Tier 1	QL (240 ML per 30 days)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (100 ML per 25 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (30 EA per 10 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	QL (30 EA per 10 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	Tier 1	PA
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	PA
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	QL (180 ML per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	QL (180 ML per 1 day)
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	QL (180 ML per 1 day)
Digestive Enzyme Mixtures - Drugs For The Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	Tier 1	
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 (<i>lipase/protease/amylase</i>)	Tier 1	
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
ACID CONTROLLER ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	QL (2 EA per 1 day)
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	QL (4 EA per 1 day)
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	QL (2 EA per 1 day)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cimetidine oral tablet 800 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	QL (10 ML per 1 day); Age (Max 12 Years)
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEARTBURN PREVENTION ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	QL (2 EA per 1 day)
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (<i>cimetidine</i>)	Tier 1	QL (4 EA per 1 day)
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG (<i>famotidine</i>)	Tier 1	QL (2 EA per 1 day)
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (<i>lansoprazole</i>)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole oral capsule,delayed release(drlec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg</i>	Tier 1	QL (2 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 Antiflatulents - Drugs For The Stomach		
ANTI-GAS MAXIMUM STRENGTH ORAL CAPSULE 166 MG (<i>simethicone</i>)	Tier 1	
ANTI-GAS ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	Tier 1	
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG, 180 MG (<i>simethicone</i>)	Tier 1	
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	Tier 1	
GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE 125 MG, 80 MG (<i>simethicone</i>)	Tier 1	
GAS RELIEF 80 (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG (<i>simethicone</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG (<i>simethicone</i>)	Tier 1	
GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG (<i>simethicone</i>)	Tier 1	
GAS RELIEF ULTRA STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	Tier 1	
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (<i>simethicone</i>)	Tier 1	
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG (<i>simethicone</i>)	Tier 1	
INFANTS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	Tier 1	
LITTLE REMEDIES GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	Tier 1	
LITTLE TUMMYS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	Tier 1	
MI-ACID GAS RELIEF(SIMETHICON) ORAL TABLET,CHEWABLE 80 MG (<i>simethicone</i>)	Tier 1	
<i>simethicone oral capsule 125 mg, 180 mg</i>	Tier 1	
<i>simethicone oral drops,suspension 40 mg/0.6 ml</i>	Tier 1	
<i>simethicone oral tablet,chewable 125 mg, 80 mg</i>	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>propantheline oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day)
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	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 1	PA; QL (2 EA per 1 day)
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (<i>mesalamine</i>)	Tier 1	QL (4 EA per 1 day)
<i>balsalazide oral capsule 750 mg</i>	Tier 1	ST: Trial of Sulfasalazine in the last 180 days; QL (9 EA per 1 day)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i>	Tier 1	ST: Trial of Sulfasalazine tablets in the last 120 days; QL (8 EA per 1 day)
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60 MI)	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 1	PA; SP
Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 1	PA; QL (2 EA per 1 day)
Laxative - Bulk Forming - Drugs To Prevent Constipation		
<i>calcium polycarbophil oral tablet 625 mg</i>	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
DAILY FIBER ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
EQUALACTIN ORAL TABLET,CHEWABLE 500 MG (<i>calcium polycarbophil</i>)	Tier 1	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 1	
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/11 GRAM, 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBER LAXATIVE (METHYLCELLULO) ORAL TABLET 500 MG (<i>methylcellulose</i>)	Tier 1	
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
FIBER ORAL POWDER (<i>psyllium seed (with dextrose)</i>)	Tier 1	
FIBER SMOOTH (SUCROSE) ORAL POWDER (<i>psyllium seed (with sugar)</i>)	Tier 1	
FIBER SMOOTH ORAL POWDER (<i>psyllium seed</i>)	Tier 1	
FIBER THERAPY (CA POLYCARBOPH) ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 1	
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM (<i>methylcellulose (with sugar)</i>)	Tier 1	
FIBER THERAPY (M-CELLULOSE) ORAL TABLET 500 MG (<i>methylcellulose</i>)	Tier 1	
FIBER THERAPY LAXATIVE (HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
FIBER THERAPY(PSYL SEED-SUGAR) ORAL POWDER (<i>psyllium seed (with sugar)</i>)	Tier 1	
FIBER-CAPS (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
FIBER-LAX ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 1	
FIBER-TABS ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 1	
GERI-MUCIL (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
GERI-MUCIL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
HYDROCIL ORAL POWDER (<i>psyllium seed</i>)	Tier 1	
KONSYL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
METAMUCIL PLUS CALCIUM ORAL CAPSULE 1-60 GRAM-MG (<i>psyllium husk/calcium carbonate</i>)	Tier 1	
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
MULTIHEALTH FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER (<i>psyllium seed (with sugar)</i>)	Tier 1	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
NATURAL FIBER LAXATIVE ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
NATURAL FIBER LAXATIVE THERAPY ORAL POWDER (<i>psyllium seed (with sugar)</i>)	Tier 1	
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER (<i>psyllium seed/aspartame</i>)	Tier 1	
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM (<i>psyllium husk</i>)	Tier 1	
NATURAL VEGETABLE (PSYLLIUM) ORAL POWDER (<i>psyllium seed</i>)	Tier 1	
NATURAL VEGETABLE ORAL POWDER (<i>psyllium seed (with dextrose)</i>)	Tier 1	
NATURAL VEGETABLE POWDER ORAL POWDER 3.4 GRAM/12 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
NUTRISOURCE FIBER ORAL PACKET (<i>guar gum</i>)	Tier 1	
NUTRISOURCE FIBER ORAL POWDER (<i>guar gum</i>)	Tier 1	
<i>psyllium husk oral capsule 0.52 gram</i>	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
WAL-MUCIL FIBER (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium husk/aspartame</i>)	Tier 1	
WAL-MUCIL FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	
WAL-MUCIL FIBER ORAL CAPSULE 0.52 GRAM (<i>psyllium husk</i>)	Tier 1	
WAL-MUCIL NATURAL FIBER LAX ORAL POWDER 3.4 GRAM/12 GRAM (<i>psyllium husk (with sugar)</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-MUCIL WITH CALCIUM ORAL CAPSULE 1-60 GRAM-MG (<i>psyllium husk/calcium carbonate</i>)	Tier 1	
Laxative - Lubricant - Drugs To Prevent Constipation		
KONDREMUL ORAL EMULSION 2.5 ML/5 ML (<i>mineral oil/carrageenan</i>)	Tier 1	
MINERAL OIL EXTRA HEAVY ORAL OIL (<i>mineral oil</i>)	Tier 1	
MINERAL OIL HEAVY ORAL OIL (<i>mineral oil</i>)	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	
<i>mineral oil rectal enema</i>	Tier 1	
READY-TO-USE ENEMA (MIN OIL) RECTAL ENEMA (<i>mineral oil</i>)	Tier 1	
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
CITRATE OF MAGNESIA ORAL SOLUTION (<i>magnesium citrate</i>)	Tier 1	
CITROMA ORAL SOLUTION (<i>magnesium citrate</i>)	Tier 1	
CLEARLAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
CLEARLAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 ML)	Tier 1	QL (180 ML per 1 day)
FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY (<i>glycerin</i>)	Tier 1	
FLEET GLYCERIN (CHILD) RECTAL SUPPOSITORY (<i>glycerin</i>)	Tier 1	
FLEET GLYCERIN LAXATIVE RECTAL SOLUTION 5.4 GRAM/5.4 ML (<i>glycerin</i>)	Tier 1	
GENTLELAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
<i>glycerin (adult) rectal suppository</i>	Tier 1	
<i>glycerin (child) rectal suppository</i>	Tier 1	
GLYCOLAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	QL (180 ML per 1 day)
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	QL (180 ML per 1 day)
LAXACLEAR ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
LAXATIVE (GLYCERIN-PEDIATRIC) RECTAL SUPPOSITORY (<i>glycerin</i>)	Tier 1	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
<i>magnesium citrate oral solution</i>	Tier 1	
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	Tier 1	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML (<i>magnesium hydroxide</i>)	Tier 1	
NATURA-LAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
PEDIA-LAX RECTAL SOLUTION 2.8 GRAM/2.7 ML (<i>glycerin</i>)	Tier 1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	Tier 1	QL (34 GM per 1 day)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	Tier 1	QL (34 EA per 1 day)
POWDERLAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
POWDERLAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)
PURELAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
PURELAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 GM per 1 day)
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation		
ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML (<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulflsod bicarb/sod chloridelpotassium chloride)	Tier 1	QL (4000 ML per 30 days)
peg 3350/sod sulflsod bicarb/sod chloridelpotassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	QL (4000 ML per 30 days)
sodium chloridelsodium bicarbonatelpotassium chloridelpog (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	QL (4000 ML per 30 days)
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM (peg 3350/sod sulflsod bicarb/sod chloridelpotassium chloride)	Tier 1	QL (4000 EA per 30 days)
ORAL SALINE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
ORAL SALINE LAXATIVE ORAL SOLUTION (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
OSMOPREP ORAL TABLET 1.5 GRAM (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	QL (32 EA per 30 days)
PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	Tier 1	QL (4000 ML per 30 days)
peg-electrolyte soln oral recon soln 420 gram	Tier 1	QL (4000 ML per 30 days)
PHOSPHATE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
PURE AND GENTLE DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 1	
sodium chloridelsodium bicarbonatelpotassium chloridelpog (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	Tier 1	QL (4000 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Stimulant - Drugs To Prevent Constipation		
ALOPHEN (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
<i>bisacodyl oral tablet, delayed release (drlec) 5 mg</i>	Tier 1	QL (50 EA per 30 days)
<i>bisacodyl rectal suppository 10 mg</i>	Tier 1	QL (50 EA per 30 days)
BISA-LAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
<i>castor oil oral oil 100 %</i>	Tier 1	
CHOCOLATE LAXATIVE ORAL TABLET,CHEWABLE 15 MG (<i>sennosides</i>)	Tier 1	
C-LAX LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
DUCODYL (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
EVAC-U-GEN (SENNOSIDES) ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
EX-LAX (SENNOSIDES) ORAL TABLET,CHEWABLE 15 MG (<i>sennosides</i>)	Tier 1	
FLEET BISACODYL RECTAL ENEMA 10 MG/30 ML (<i>bisacodyl</i>)	Tier 1	
FLEET LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
GENTLE LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
GERI-KOT ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
LAXATIVE (SENNOSIDES) ORAL TABLET,CHEWABLE 15 MG (<i>sennosides</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURAL SENNA LAXATIVE ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
NATURAL VEG LAXATIVE(SENNOSID) ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
NATURAL VEGETABLE LAXATIVE ORAL TABLET (<i>sennalfennel</i>)	Tier 1	
SENNAXIN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNAXIN LAXATIVE ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNAXIN ORAL SYRUP 8.8 MG/5 ML (<i>sennosides</i>)	Tier 1	
SENNAXIN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNAXIN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNAXIN ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
VEGETABLE LAXATIVE ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	Tier 1	QL (50 EA per 30 days)
Laxative - Stimulant And Surfactant Combinations - Drugs To Prevent Constipation		
DOCUZEN ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
DOK PLUS ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
LAX STOOL SOFTENER WITH SENNA ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
LAXACIN ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
LAXATIVE PLUS STOOL SOFTENER ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
P-COL RITE ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
SENEXON-S ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
SENNAPLUS ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
SENNAS ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
SENNATIME S ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Tier 1	
SENOKOT-S ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
STOOL SOFTENER-STIMULANT LAXATIVE ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
VEGETABLE LAX-STOOL SOFTENER ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
Laxative - Surfactant - Drugs To Prevent Constipation		
COL-RITE ORAL CAPSULE 100 MG, 250 MG (<i>docusate sodium</i>)	Tier 1	
DIOCTO ORAL LIQUID 50 MG/5 ML (<i>docusate sodium</i>)	Tier 1	
DIOCTO ORAL SYRUP 60 MG/15 ML (<i>docusate sodium</i>)	Tier 1	
DIOCTYL ORAL SYRUP 60 MG/15 ML (<i>docusate sodium</i>)	Tier 1	
DOCU ORAL LIQUID 50 MG/5 ML (<i>docusate sodium</i>)	Tier 1	
DOCUPRENE ORAL TABLET 100 MG (<i>docusate sodium</i>)	Tier 1	
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Tier 1	
<i>docusate sodium oral liquid 50 mg/5 ml</i>	Tier 1	
<i>docusate sodium oral syrup 60 mg/15 ml</i>	Tier 1	
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOCUSIL ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
DOCUSOL RECTAL ENEMA 283 MG (<i>docusate sodium</i>)	Tier 1	
DOK ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
DOK ORAL TABLET 100 MG (<i>docusate sodium</i>)	Tier 1	
DSS ORAL CAPSULE 250 MG (<i>docusate sodium</i>)	Tier 1	
DULCOEASE ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
DULCOLAX STOOL SOFTENER (DSS) ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
ENEMEEZ PLUS RECTAL ENEMA 283-20 MG/5 ML (<i>docusate sodium/benzocaine</i>)	Tier 1	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML (<i>docusate sodium</i>)	Tier 1	
KAO-TIN (DOCUSATE CALCIUM) ORAL CAPSULE 240 MG (<i>docusate calcium</i>)	Tier 1	
LAXA BASIC ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
MOVE IT ALONG ORAL TABLET 100 MG (<i>docusate sodium</i>)	Tier 1	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML (<i>docusate sodium</i>)	Tier 1	
PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG (<i>docusate sodium</i>)	Tier 1	
PROMOLAXIN ORAL TABLET 100 MG (<i>docusate sodium</i>)	Tier 1	
SILACE ORAL LIQUID 50 MG/5 ML (<i>docusate sodium</i>)	Tier 1	
SILACE ORAL SYRUP 60 MG/15 ML (<i>docusate sodium</i>)	Tier 1	
STOOL SOFTENER (DOCUSATE CAL) ORAL CAPSULE 240 MG (<i>docusate calcium</i>)	Tier 1	
STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG, 50 MG (<i>docusate sodium</i>)	Tier 1	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML (<i>docusate sodium</i>)	Tier 1	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML (<i>docusate sodium</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOOL SOFTENER ORAL TABLET 100 MG (<i>docusate sodium</i>)	Tier 1	
Laxative Combinations - Other - Drugs To Prevent Constipation		
CEO-TWO RECTAL SUPPOSITORY 0.9-0.6 GRAM (<i>potassium bitartrate/sodium bicarbonate</i>)	Tier 1	
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	
Genitourinary Therapy - Drugs For The Urinary System		
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 1	SP
G.U. Irrigants - Anti-Infective - Drugs For The Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	MB	
G.U. Irrigants - Drugs For The Urinary System		
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION (<i>sodium chloride irrigation soln/decyl glucoside</i>)	Tier 1	
Interstitial Cystitis Agents - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 1	PA; QL (3 EA per 1 day)
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 1	PA; QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
<i>calcium acetate oral tablet 668 mg (169 mg calcium)</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 1	
Phosphate Binders - Drugs For The Urinary System		
<i>calcium acetate oral tablet 668 mg (169 mg calcium)</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate</i>)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST: Trial of Calcium Acetate in the last 180 days
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<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	QL (1 EA per 1 day)
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	ST: Trial of Finasteride in the last 180 days; QL (1 EA per 1 day)
Urinary Acidifier - Phosphates - Drugs For Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Alkalinizer - Citrates - Drugs For Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i>	Tier 1	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 1	
Urinary Analgesics - Drugs For Infections		
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG (<i>phenazopyridine hcl</i>)	Tier 1	
URINARY PAIN RELIEF ORAL TABLET 95 MG, 97.5 MG (<i>phenazopyridine hcl</i>)	Tier 1	
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 monohydrate-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections		
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i>)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (<i>methenamine/methylene blue/salicylate/sodium phosphate/hyoscyamine</i>)	Tier 1	
Urinary Antispasmodic - Anticholinergic, 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	PA; QL (1 EA per 1 day)
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 1	ST: Trial of Oxybutynin in the last 180 days; QL (1 EA per 1 day)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	ST: Trial of Oxybutynin in the last 180 days; QL (2 EA per 1 day)
<i>tropium oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)
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 tablet 0.6 mg</i>	Tier 1	
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	
Hematological Agents - Drugs For The Blood		
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 1	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	Tier 1	QL (2 EA per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 1	QL (51 EA per 30 days)
Erythropoietins - Drugs For The Blood		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 1	PA; SP; QL (12 ML per 28 days)
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 1	PA; SP
Hematorheologic Agents - Drugs For The Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	PA; QL (30 EA per 5 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1	QL (7 ML per 14 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	Tier 1	QL (28 ML per 14 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	Tier 1	QL (22.4 ML per 14 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	Tier 1	QL (8.4 ML per 14 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	Tier 1	QL (11.2 ML per 14 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	Tier 1	QL (16.8 ML per 14 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 1	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	ST: Trial of Aspirin, Clopidogrel Bisulfate, or Durlaza in the last 120 days
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
ASPIR-81 ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG (<i>aspirin</i>)	Tier 1	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	Tier 1	
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	Tier 1	
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	Tier 1	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 1	SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	SP
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Als Agents - Benzothiazoles - Drugs For Nerves And Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (25 EA per 1 day)
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metaxalone</i> (Metaxall Oral Tablet 800 Mg)	Tier 1	ST: Trial of 2 of the following in the last 120 days: Amrix, Baclofen, Cyclobenzaprine, Gablofen, Lioresal Intrathecal, Methocarbamol, or Ozobax
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	ST: Trial of 2 of the following in the last 120 days: Amrix, Baclofen, Cyclobenzaprine, Gablofen, Lioresal Intrathecal, Methocarbamol, or Ozobax
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	QL (3 EA per 1 day)
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	
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (10 EA per 30 days)
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM (<i>cervical cap</i>)	Tier 1	CT; QL (1 EA per 365 days)
FEMCAP VAGINAL DEVICE 26 MM, 30 MM (<i>cervical cap</i>)	Tier 1	CT
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	Tier 1	CT; QL (36 EA per 27 days)
Medical Supplies And Dme - Gloves - Medical Supplies And Durable Medical Equipment		
ALOE VERA LATEX GLOVES (<i>aloe vera gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
<i>disposable gloves</i>	Tier 1	QL (2 EA per 1 day)
<i>disposable gloves package</i>	Tier 1	QL (2 EA per 1 day)
DISPOSABLE LATEX-FREE GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
<i>latex gloves</i>	Tier 1	QL (2 EA per 1 day)
<i>latex gloves package</i>	Tier 1	QL (2 EA per 1 day)
LATEX GLOVES, LARGE (<i>gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
LATEX GLOVES, MEDIUM (<i>gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
LATEX GLOVES, SMALL (<i>gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
NITRILE EXAM GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
OATMEAL NITRILE EXAM GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
PREMIUM NITRILE GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
ULTRA-SOFT GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
VINYL GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
2TEK CONTROL (HIGH-NORMAL) SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ADJUSTABLE LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ADVOCATE LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL NORM-HI SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASSURE 4 CONTROL SOLUTION COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
ASSURE DOSE NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ASSURE DOSE NORM-HI CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE HAEMOLANCE PLUS 1.2 MM (<i>blade lancet, safety</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTOLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTOLET PLUS LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD ULTRA-FINE II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD; QL (5 EA per 30 days)
<i>blood glucose control, normal solution</i>	Tier 1	DD; QL (5 EA per 30 days)
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD; QL (5 EA per 30 days)
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CAREONE THIN LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CARESENS CONTROL A AND B SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS CONTROL A NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CHOICE DM CLARUS NORM CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMFORT LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR CONTROL SOLUTION, NML SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
COOL CONTROL A SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
COOL CONTROL B SOLUTION SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
DIATRUE CONTROL SOLN NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIATRUE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
DIATRUE CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
DROPLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP LOW CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP NORMAL CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TALK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TOUCH HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX 15 LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE G2 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE G3 CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EZ SMART CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FINE 30 UNIVERSAL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORA LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORA NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE PRECISION NEO METER (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCARD 01 NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCARD EXPRESSION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCARD SHINE SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOSE KETONE CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
HARMONY CONTROL L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
HEALTHPRO HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INFINITY CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
INFINITY CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 1	DD; QL (6 EA per 1 day)
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
LANCETS, THIN , 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
LANCETS, ULTRA THIN , 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
<i>lancing device</i>	Tier 1	DD; QL (1 EA per 365 days)
LANCING DEVICE WITH LANCETS (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
LANCING SYSTEM (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
MEDISENSE GLUCOSE KETONE COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
MEDISENSE MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD; QL (6 EA per 1 day)
MEDPOINT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
METER-CHECK SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MICRODOT HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
MICRODOT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
MICROLET LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
MONOLET LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
NOVA MAX GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ON CALL PLUS CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ON CALL VIVID CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH ULTRA CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH VERIO HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
OPTUMRX SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRODIGY LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
READYLANC SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELION THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SINGLE-LET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SURE-TEST EASYPLUS MINI SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TD GOLD LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TD GOLD LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
TD GOLD LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TRUE METRIX LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUE METRIX LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUE METRIX LEVEL 3 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUECONTROL LEVEL 0 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUECONTROL LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRATRAK HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ULTRATRAK NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET EXCELITE II LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET EXCELITE LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET GP LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTRIP HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CONTROL SOLUTION SOLUTION <i>(blood glucose calibration control solutions high,normal,low)</i>	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
WAVESENSE CONTROL SOLUTION SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
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" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
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" <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" <i>(syringe with needle, insulin, safety, 0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" <i>(syringe with needle, insulin, safety, 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN <i>(insulin admin. supplies)</i>	Tier 1	DD; QL (1 EA per 365 days)
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN <i>(insulin admin. supplies)</i>	Tier 1	DD; QL (1 EA per 365 days)
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN <i>(insulin admin. supplies)</i>	Tier 1	DD; QL (1 EA per 365 days)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" <i>(pen needle, diabetic disposable, safety)</i>	Tier 1	DD; QL (150 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" <i>(syringe with needle,insulin 0.3 ml (half unit mark))</i>	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH UNI-SLIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
<i>insulin syringe needleless syringe 1 ml</i>	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
<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	DD; QL (150 EA per 30 days)
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" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
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 <i>(syringe with needle,insulin,0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
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 <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" <i>(syringe with needle, insulin, safety, 0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" <i>(syringe with needle, insulin, safety, 0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" <i>(syringe with needle, insulin, safety, 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" <i>(syringe with needle, insulin, safety, 0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" <i>(syringe with needle, insulin, safety, 0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit</i>)	Tier 1	DD; QL (150 EA per 30 days)
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>insulin syringe-needle,safety,disposal unit,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit</i>)	Tier 1	DD; QL (150 EA per 30 days)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
Medical Supplies And Dme - Male Condoms - Medical Supplies And Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
FANTASY CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (<i>condoms, latex, non-lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
KIMONO MAXX CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
BLOOD PRESSURE KIT KIT (<i>blood pressure test kit</i>)	Tier 1	QL (1 EA per 365 days)
<i>blood pressure kit-extra large kit</i>	Tier 1	QL (1 EA per 365 days)
<i>blood pressure test kit-large kit</i>	Tier 1	QL (1 EA per 365 days)
<i>blood pressure test kit-medium kit</i>	Tier 1	QL (1 EA per 365 days)
<i>blood pressure test kit-wrist kit</i>	Tier 1	QL (1 EA per 365 days)
INCONTROL BP MONITOR KIT (<i>blood pressure test kit-medium</i>)	Tier 1	QL (1 EA per 365 days)
TABLET CUTTER (<i>medical supply, miscellaneous</i>)	Tier 1	QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 1	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
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" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 22 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 ml)	Tier 1	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1 1/2" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
DISPOSABLE NEEDLES NEEDLE 22 GAUGE X 3/4" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/4", 24 GAUGE X 1 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (needles, disposable)	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	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 1 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
FLOW-EZE VENTED NEEDLE NEEDLE (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
MONOJECT HYPODERMIC NEEDLES NEEDLE 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
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	
needle (disp) 16 g needle 16 gauge x 1"	Tier 1	QL (100 EA per 30 days)
needle (disp) 18 g needle 18 gauge x 1"	Tier 1	QL (100 EA per 30 days)
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 1	QL (100 EA per 30 days)
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 1	QL (100 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (needles, disposable)	Tier 1	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (needles, disposable)	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	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>syringe with needle syringe 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	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 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" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	QL (1 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
MISTASSIST DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
MISTASSIST KIT DEVICE (<i>spirometer with drug delivery adapters</i>)	Tier 1	QL (2 EA per 365 days)
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
ONE WAY VALVED MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PEDIATRIC SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT SPACER-CHILD MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
RITFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX VHC LADYBUG MASK-TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 1	
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACCUTREND GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
ADVANCED TRAVEL LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ADVOCATE CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle, disposable, insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
AEROGEAR ACTION ASTHMA KIT KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	QL (1 EA per 365 days)
AGAMATRIX CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL NORM-HI SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
ALBUSTIX REAGENT STRIP (<i>urine albumin test</i>)	Tier 1	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ASTHMA CHECK METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT (<i>peak flow meter/inhaler, assist devices</i>)	Tier 1	QL (1 EA per 365 days)
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTO-LANCET MINI (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTOLET LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	Tier 1	DD; QL (1 EA per 365 days)
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	Tier 1	DD; QL (1 EA per 365 days)
AZO TEST STRIPS STRIP (<i>urine leukocyte test strips</i>)	Tier 1	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic disposable, safety</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe without needle,insulin disposable, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 22 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD PRECISIONGLIDE SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
<i>blood glucose contrl hi,normal solution</i>	Tier 1	DD; QL (5 EA per 30 days)
<i>blood glucose ctl high,nml,low solution</i>	Tier 1	DD; QL (5 EA per 30 days)
BLOOD PRESSURE KIT KIT (<i>blood pressure test kit</i>)	Tier 1	QL (1 EA per 365 days)
<i>blood pressure kit-extra large kit</i>	Tier 1	QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD; QL (5 EA per 30 days)
BREEZE 2 CONTROL SOLUTION, NML SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD; QL (5 EA per 30 days)
CAREONE THIN LANCET <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
CARESENS CONTROL A AND B SOLUTION <i>(blood glucose calibration control solution, high and normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
CARESENS CONTROL A NORMAL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
CARESENS LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" <i>(syringe with needle, insulin, 0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" <i>(syringe with needle, insulin, 0.5 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
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 <i>(syringe with needle, disposable, insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
CARETOUCH TWIST LANCET 28 GAUGE, 33 GAUGE <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM <i>(diaphragms, contoured)</i>	Tier 1	CT; QL (1 EA per 365 days)
CETYLCIDE G LIQUID <i>(disinfectant)</i>	Tier 1	QL (1892 ML per 30 days)
CHEK-STIX CONTROL STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 10 MD STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 10/SG STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 2 GP STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 50B STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 7 STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP 9 STRIP <i>(urine multiple test strips)</i>	Tier 1	
CHEMSTRIP MICRAL STRIP <i>(urine albumin test)</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHOICE DM CLARUS NORM CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
COMPACT SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>)	Tier 1	CT; QL (36 EA per 27 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR CONTROL SOLUTION, HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR CONTROL SOLUTION, LOW SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR CONTROL SOLUTION, NML SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD; QL (5 EA per 30 days)
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
COOL CONTROL A SOLUTION SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
COOL CONTROL B SOLUTION SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD; QL (5 EA per 30 days)
DIATRUE CONTROL SOLN NORMAL SOLUTION <i>(blood glucose calibration control solution, normal)</i>	Tier 1	DD; QL (5 EA per 30 days)
DIATRUE CONTROL SOLUTION HIGH SOLUTION <i>(blood glucose calibration control solution, high)</i>	Tier 1	DD; QL (5 EA per 30 days)
DIATRUE CONTROL SOLUTION LOW SOLUTION <i>(blood glucose calibration control solution, low)</i>	Tier 1	DD; QL (5 EA per 30 days)
<i>disposable gloves package</i>	Tier 1	QL (2 EA per 1 day)
DISPOSABLE LATEX-FREE GLOVES <i>(gloves)</i>	Tier 1	QL (2 EA per 1 day)
DISPOSABLE NEEDLES NEEDLE 22 GAUGE X 3/4" <i>(needles, disposable)</i>	Tier 1	QL (100 EA per 30 days)
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" <i>(syringe with needle,insulin 0.5 ml (half unit mark))</i>	Tier 1	DD; QL (150 EA per 30 days)
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" <i>(syringe with needle,insulin,0.3 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
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" <i>(syringe with needle,disposable,insulin 1 ml)</i>	Tier 1	DD; QL (150 EA per 30 days)
DROPLET LANCETS 30 GAUGE <i>(lancets)</i>	Tier 1	DD; QL (6 EA per 1 day)
DROPLET LANCING DEVICE <i>(lancing device)</i>	Tier 1	DD; QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY PLUS II HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY PLUS II LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP HIGH CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP LOW CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY STEP NORMAL CONTROL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TALK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TALK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/4", 24 GAUGE X 1 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (<i>needles, disposable</i>)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (<i>syringe without needle, insulin disposable, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH SAFETY LANCETS 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
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" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TRAK LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX 15 LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASYMAX 15 LEVEL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT COMPACT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT COMPACT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ELEMENT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE EVO LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE GLUCOSE CONTROL LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EMBRACE PRO SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE MINI GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVENCARE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
EVOLUTION NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EZ SMART LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
EZ-LETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FC2 FEMALE CONDOM (<i>condoms, female</i>)	Tier 1	CT; QL (36 EA per 27 days)
FEMCAP VAGINAL DEVICE 22 MM (<i>cervical cap</i>)	Tier 1	CT; QL (1 EA per 365 days)
FEMCAP VAGINAL DEVICE 26 MM, 30 MM (<i>cervical cap</i>)	Tier 1	CT
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
FLOW-EZE VENTED NEEDLE NEEDLE (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORA LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
FORA LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FORTISCARE HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORTISCARE LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
FORTISCARE NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE PRECISION NEO METER (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
GLUCOCOM CONTROL HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCOM CONTROL NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
HARMONY CONTROL L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
IN-CHECK DIAL TRAINING DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
IN-CHECK NASAL WITH MASK DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
IN-CHECK ORAL FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INFINITY CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY CONTROL SOLUTION LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
INFINITY CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
<i>insulin syringe needleless syringe 1 ml</i>	Tier 1	DD; QL (150 EA per 30 days)
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
<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	DD; QL (150 EA per 30 days)
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
KETONE URINE TEST STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
KETOSTIX STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
LANCETS, THIN 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS,ULTRA THIN (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
LANCING SYSTEM (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
LATEX GLOVES, LARGE (<i>gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
LATEX GLOVES, MEDIUM (<i>gloves, latex</i>)	Tier 1	QL (2 EA per 1 day)
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
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 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (<i>syringe with needle, insulin, safety, 0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle, insulin, safety, 0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
MEDPOINT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
MICRODOT HIGH-LOW CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
MICROLIFE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
MINI LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
MISTASSIST KIT DEVICE (<i>spirometer with drug delivery adapters</i>)	Tier 1	QL (2 EA per 365 days)
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
MONOJECT HYPODERMIC NEEDLES NEEDLE 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML 20 X 3/4", 3 ML 22 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
MONOLET THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
MOUTHPIECE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
MYGLUCOHEALTH LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 1	QL (100 EA per 30 days)
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 1	QL (100 EA per 30 days)
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 1	QL (100 EA per 30 days)
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 1	QL (100 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 1	
NOVA MAX GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
NOVAMAX PLUS GLU-KET SOLUTION (<i>blood glucose and ketone control, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
OATMEAL NITRILE EXAM GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
ON CALL EXPRESS CONTROL SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ON CALL PLUS CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ON CALL PLUS LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ON CALL VIVID CONTROL SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ONETOUCH VERIO HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
OPTUMRX SOLUTION (<i>blood glucose calibration control solution, high and normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PEDIATRIC SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PERSONAL BEST LOW RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
PIP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 1	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (<i>blood-glucose calib. control</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRECISION XTRA B-KETONE STRIP (<i>blood ketone test, strips</i>)	Tier 1	DD; QL (10 EA per 30 days)
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	Tier 1	DD; QL (2 EA per 365 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRO COMFORT SPACER-ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
PRODIGY LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PRODIGY LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
PUSH BUTTON SAFETY LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
REFUAH PLUS GLUCOSE CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELIAMED TWIST AND CAP LANCET 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELION THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST CONTROL SOLUTION NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
SAFETY LANCETS 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
SINGLE-LET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
SMARTEST LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SPACE CHAMBER PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SUREFLEX LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
SURE-LANCE 26 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	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	
TABLET CUTTER (<i>medical supply, miscellaneous</i>)	Tier 1	QL (1 EA per 365 days)
TELCARE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TOPCARE UNIVERSAL1 LANCET 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TRUECONTROL LEVEL 0 SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUECONTROL LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)
TRUEDRAW LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
TRUEPLUS KETONE STRIP (<i>urine acetone test,strips</i>)	Tier 1	DD
TRUEPLUS LANCETS 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTI-LANCE (<i>lancing device</i>)	Tier 1	DD; QL (1 EA per 365 days)
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTILET CLASSIC LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
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" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTILET LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA FINE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
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" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRA-SOFT GLOVES (<i>gloves</i>)	Tier 1	QL (2 EA per 1 day)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
UNISTIK 3 COMFORT LANCET (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTRIP HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
UNISTRIP LOW CONTROL SOLUTION (<i>blood glucose calibration control solution, low</i>)	Tier 1	DD; QL (5 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (<i>syringe with needle, insulin, safety, 1 ml</i>)	Tier 1	DD; QL (150 EA per 30 days)
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD INO CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)
WAVESENSE CONTROL SOLUTION SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WINDMILL TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 1	QL (2 EA per 365 days)
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (<i>levocarnitine</i>)	Tier 1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML (<i>fluoride (sodium)</i>)	Tier 1	Age (Max 16 Years)
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)lml</i>	Tier 1	Age (Max 16 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	Age (Max 16 Years)
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (<i>fluoride (sodium)</i>)	Tier 1	Age (Max 16 Years)
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth And Throat - Anti-Infective-Local Anesthetic Combinations - Drugs For The Mouth And Throat		
ORASEP MUCOUS MEMBRANE SPRAY, NON-AEROSOL 2-0.5-0.1 % (<i>benzocaine/menthol/cetylpyridinium chloride</i>)	Tier 1	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	QL (5 GM per 30 days)
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	QL (5 GM per 30 days)
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	QL (200 ML per 30 days)
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL (6 EA per 1 day)
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (4 EA per 28 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 1	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 1	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 1	PA; SP
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 1	PA; SP; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 40 Mg/ML)	Tier 1	PA; SP; QL (12 ML per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	Tier 1	PA; SP; QL (4 EA per 1 day)
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i> fingolimod hcl</i>)	Tier 1	PA; SP; QL (1 EA per 1 day)
Ophthalmic Agents - Drugs For The Eye		
Artificial Tears And Lubricant Combinations - Drugs For The Eye		
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oil/petrolatum, white</i>)	Tier 1	
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS 0.1-0.3 % (<i>dextran 70/hypromellose</i>)	Tier 1	
ARTIFICIAL TEARS(GLYCERIN-PEG) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin/propylene glycol</i>)	Tier 1	
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol/povidone</i>)	Tier 1	
CLEAR EYES NATURAL TEARS OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol/povidone</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 % (<i>dextran 70/hypromellose</i>)	Tier 1	
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % (<i>dextran/hypromellose/glycerin</i>)	Tier 1	
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
RESTORE PM OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oil/ petrolatum, white</i>)	Tier 1	
Artificial Tears And Lubricant Single Agents - Drugs For The Eye		
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (<i>polyvinyl alcohol</i>)	Tier 1	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	Tier 1	
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
RESTORE PLUS (CMCELLULOSE) OPHTHALMIC (EYE) DROPPERETTE 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTORE TEARS OPHTHALMIC (EYE) DROPS 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
REVIVE PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
ULTRA FRESH OPHTHALMIC (EYE) DROPS 0.5 % (<i>carboxymethylcellulose sodium</i>)	Tier 1	
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		
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (<i>hydroxyamphetamine hbr/tropicamide</i>)	Tier 1	
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	QL (3.5 GM per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	QL (5 ML per 25 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	QL (3.5 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	QL (7.5 ML per 30 days)
<i>neomycin sulfatelbacitracin zinclpolymyxin blhydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	QL (3.5 GM per 30 days)
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (<i>gentamicin sulfatelprednisolone acetate</i>)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (<i>gentamicin sulfatelprednisolone acetate</i>)	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 1	QL (3.5 GM per 30 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	QL (10 ML per 30 days)
Ophthalmic - Anticholinergics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antihistamine-Decongestant Combinations - Drugs For Itchy Eye		
ALLERGY EYE (NAPHAZOLINE-PHEN) OPHTHALMIC (EYE) DROPS 0.025-0.3 % (<i>naphazoline hcllpheniramine maleate</i>)	Tier 1	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.025-0.3 %, 0.02675-0.315 % (<i>naphazoline hcllpheniramine maleate</i>)	Tier 1	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (6 ML per 30 days)
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
ITCHY EYE DROPS OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	Tier 1	QL (5 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PATADAY OPHTHALMIC (EYE) DROPS 0.1 % OTC (<i>olopatadine hcl</i>)	Tier 1	QL (5 ML per 30 days)
PATADAY OPHTHALMIC (EYE) DROPS 0.2 % OTC (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 ML per 30 days)
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen fumarate</i>)	Tier 1	QL (5 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti- Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 1	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % (<i>fluorometholone</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		
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	PA; QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Nsaids - Anti- Infective/Anti-Inflammatories		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>brinzolamide</i>)	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Decongestant-Artificial Tear Combinations - Drugs For Itchy Eye		
EYE DROPS (WITH POVIDONE) OPHTHALMIC (EYE) DROPS 0.05-0.1-1-1 % (<i>tetrahydrozoline hcl/dextran 70/polyethylene gl 400/povidone</i>)	Tier 1	
EYE DROPS ADVANCED RELIEF OPHTHALMIC (EYE) DROPS 0.05-0.1-1-1 % (<i>tetrahydrozoline hcl/dextran 70/polyethylene gl 400/povidone</i>)	Tier 1	
LUBRICANT REDNESS RELIEVER OPHTHALMIC (EYE) DROPS 0.05-1 % (<i>tetrahydrozoline hcl/polyethylene glycol</i>)	Tier 1	
Ophthalmic - Decongestant-Astringent Combinations - Drugs For Itchy Eye		
EYE DROPS IRRITATION RELIEF OPHTHALMIC (EYE) DROPS 0.05-0.25 % (<i>tetrahydrozoline hcl/zinc sulfate</i>)	Tier 1	
EYE DROPS(TETRAHYDROZ-ZN SULF) OPHTHALMIC (EYE) DROPS 0.05-0.25 % (<i>tetrahydrozoline hcl/zinc sulfate</i>)	Tier 1	
Ophthalmic - Decongestants - Drugs For Itchy Eye		
ALTAZINE OPHTHALMIC (EYE) DROPS 0.05 % (<i>tetrahydrozoline hcl</i>)	Tier 1	
EYE DROPS (TETRAHYDROZOLINE) OPHTHALMIC (EYE) DROPS 0.05 % (<i>tetrahydrozoline hcl</i>)	Tier 1	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.2 % (<i>naphazoline hcl/glycerin</i>)	Tier 1	
REDNESS RELIEVER EYE DROPS OPHTHALMIC (EYE) DROPS 0.05 % (<i>tetrahydrozoline hcl</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REDNESS RELIEVER LUBRICANT OPHTHALMIC (EYE) DROPS 0.012-0.2 % (<i>naphazoline hcl/polyethylene glycol 300</i>)	Tier 1	
STERILE EYE DROPS OPHTHALMIC (EYE) DROPS 0.05 % (<i>tetrahydrozoline hcl</i>)	Tier 1	
Ophthalmic - Hyperosmolar Agents - Drugs For The Eye		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 % (<i>sodium chloride</i>)	Tier 1	
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 % (<i>sodium chloride</i>)	Tier 1	
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS (<i>dextran 70/hypromellose</i>)	Tier 1	
MURO 128 OPHTHALMIC (EYE) DROPS 2 %, 5 % (<i>sodium chloride</i>)	Tier 1	
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 % (<i>sodium chloride</i>)	Tier 1	
<i>sodium chloride ophthalmic (eye) drops 5 %</i>	Tier 1	
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (<i>timolol</i>)	Tier 1	ST: Trial of generic Timolol drops in the last 30 days
<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 ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
Ophthalmic - Irrigation Solutions - Drugs For The Eye		
COLLYRIUM OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium borate/boric acid/water/sodium chloride</i>)	Tier 1	
EYE WASH (BORIC ACID) OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium borate/boric acid/water/sodium chloride</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYE WASH OPHTHALMIC (EYE) DROPS (<i>sodium/potassium/sodium chloride</i>)	Tier 1	
MEDIWASH EYE IRRIGANT OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium borate/boric acid/water/sodium chloride</i>)	Tier 1	
MEDIWASH OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium borate/boric acid/water/sodium chloride</i>)	Tier 1	
STERILE EYE WASH OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium borate/boric acid/water/sodium chloride</i>)	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>tetracaine hcl</i>)	Tier 1	QL (30 ML per 30 days)
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (30 ML per 30 days)
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (30 ML per 30 days)
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti- Infective/Anti-Inflammatories		
<i>bacitracin/polymyxin b sulfate</i> (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	
<i>neomycin sulfate/bacitracin/polymyxin b</i> (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin sulfate</i> (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 % (<i>tobramycin</i>)	Tier 1	
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		
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	QL (10 ML per 7 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (3 ML per 7 days)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	QL (10 ML per 7 days)
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium</i> (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 Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (<i>povidone-iodine</i>)	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	PA; QL (7.5 ML per 7 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

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 % (<i>brimonidine tartrate</i>)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	ST: Trial of Latanoprost in the last 120 days; QL (2.5 ML per 25 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (<i>latanoprost</i>)	Tier 1	PA; QL (2.5 ML per 25 days)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	Tier 1	PA; QL (2.5 ML per 25 days)
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective Mixtures - Anti-Infective/Anti-Inflammatories		
EAR DROPS FOR SWIMMERS OTIC (EAR) DROPS 95-5 % (<i>isopropyl alcohol in glycerin</i>)	Tier 1	
EAR DRY OTIC (EAR) DROPS 95-5 % (<i>isopropyl alcohol in glycerin</i>)	Tier 1	
SWIMMER'S INSTANT EAR DRY OTIC (EAR) DROPS 95-5 % (<i>isopropyl alcohol in glycerin</i>)	Tier 1	
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (<i>ciprofloxacin hcl/dexamethasone</i>)	Tier 1	PA; QL (7.5 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	QL (10 ML per 30 days)
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	QL (10 ML per 30 days)
Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	QL (10 ML per 14 days)
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	QL (10 ML per 30 days)
Otic (Ear) - Wax Removers-Softeners - Wax Removal		
CARBAMOXIDE EAR DROPS OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
DEBROX OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
EAR DROPS (CARBAMIDE PEROXIDE) OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
EAR DROPS OTC OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
EAR WAX REMOVAL DROPS OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
EAR WAX REMOVAL KIT OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
MURINE EAR OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
MURINE EAR WAX REMOVAL SYSTEM OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)
Respiratory Therapy Agents - Drugs For The Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
ALLERGY AND SINUS RELIEF ORAL TABLET 25-10 MG (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
CHILDREN NIGHT TIME COLD-COUGH ORAL LIQUID 6.25-2.5 MG/5 ML (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
CHILDS TRIACTING COLD-COUGH ORAL LIQUID 6.25-2.5 MG/5 ML (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
COLD AND ALLERGY ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
COLD AND ALLERGY PE ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
COLD AND COUGH (DIPHENHYDR-PE) ORAL LIQUID 6.25-2.5 MG/5 ML (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
COLD-ALLERGY-SINUS ORAL TABLET 2.5-60 MG (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
DIMETAPP COLD-CONGESTION ORAL LIQUID 6.25-2.5 MG/5 ML (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 ML per 30 days)
ED A-HIST ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
ED A-HIST ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (120 ML per 30 days)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (480 ML per 30 days)
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (120 ML per 30 days)
SINUS AND ALLERGY PE ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
SINUS-ALLERGY (PHENYLEPHRINE) ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUDOGEST SINUS AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
SUPHEDRINE PE COLD AND ALLERGY ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
SUPHEDRINE PE SINUS AND ALLERGY ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
VALU-TAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (120 ML per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
WAL-DRYL-D ALLERGY AND SINUS ORAL TABLET 25-10 MG (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 EA per 30 days)
WAL-FINATE-D ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
WAL-PHED ORAL TABLET 4-60 MG (<i>chlorpheniramine maleate/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
WAL-PHED PE SINUS AND ALLERGY ORAL TABLET 4-10 MG (<i>chlorpheniramine maleate/phenylephrine hcl</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 (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	Tier 1	QL (2 EA per 1 day)
Antihistamine - 1st Generation - Alkylamines - Drugs For Allergies		
ALA-HIST IR ORAL TABLET 2 MG (<i>dexbrompheniramine maleate</i>)	Tier 1	
ALLER-CHLOR ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
ALLERGY 4-HOUR ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY-TIME ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
CHLORHIST ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	
CHLORTABS ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
PHARBECHLOR ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
WAL-FINATE ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies		
ALER-CAP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLER-G-TIME ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY MEDICATION ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY MEDICINE ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
BANOPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
BENADRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
CHILD ALLERGY RELIEF (DIPHEN) ORAL TABLET,DISINTEGRATING 12.5 MG (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,CHEWABLE 12.5 MG (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S AURODRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S DIPHENHYDRAMINE ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S WAL-DRYL ALLERGY ORAL TABLET,DISINTEGRATING 12.5 MG (<i>diphenhydramine hcl</i>)	Tier 1	
COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
COMPLETE ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
COMPLETE ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHEDRYL ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHENHIST ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	Tier 1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	
GERI-DRYL ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
GERI-DRYL ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
M-DRYL ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
VALU-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
WAL-DRYL ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
ALA-HIST IR ORAL TABLET 2 MG (<i>dexbrompheniramine maleate</i>)	Tier 1	
ALER-CAP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
ALLERGY ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
CHILDREN'S AURODRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
CHLORHIST ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
COMPOZ ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
DIPHEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
DIPHENHIST ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
EZ NITE SLEEP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTIME SLEEP ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NYTOL ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARBECHLOR ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP TIME ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP-TABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
24HOUR ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (<i>loratadine</i>)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	
ALLERCLEAR ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	
ALLER-EASE ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (1 EA per 1 day)
ALLER-EASE ORAL TABLET 60 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (2 EA per 1 day)
ALLER-FEX ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (1 EA per 1 day)
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (1 EA per 1 day)
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 60 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (2 EA per 1 day)
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (<i>loratadine</i>)	Tier 1	QL (10 ML per 1 day)
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG (<i>loratadine</i>)	Tier 1	
ALLER-TEC ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	
<i>cetirizine oral solution 1 mg/ml, 5 mg/5 ml</i>	Tier 1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION 30 MG/5 ML (<i>fexofenadine hcl</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING 30 MG (<i>fexofenadine hcl</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML (<i>fexofenadine hcl</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (<i>loratadine</i>)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
CHILDREN'S WAL-FEX ORAL SUSPENSION 30 MG/5 ML (<i>fexofenadine hcl</i>)	Tier 1	Age (Max 12 Years)
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	Tier 1	Age (Max 12 Years)
<i>fexofenadine oral tablet 180 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fexofenadine oral tablet 60 mg</i>	Tier 1	QL (2 EA per 1 day)
LORADAMED ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	
<i>loratadine oral solution 5 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day)
<i>loratadine oral tablet 10 mg</i>	Tier 1	
<i>loratadine oral tablet,disintegrating 10 mg</i>	Tier 1	
WAL-FEX ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (1 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-FEX ALLERGY ORAL TABLET 60 MG (<i>fexofenadine hcl</i>)	Tier 1	QL (2 EA per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5 ML (<i>loratadine</i>)	Tier 1	QL (10 ML per 1 day)
WAL-ITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
ALLERCLEAR ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML (<i>fexofenadine hcl</i>)	Tier 1	Age (Max 12 Years)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	Tier 1	Age (Max 12 Years)
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
Aromatic Antitussives For Vaporization - Drugs For Allergies		
MEDICATED CHEST RUB TOPICAL OINTMENT (<i>eucalyptus/menthol/camphor/turpentine oil/white petrolatum</i>)	Tier 1	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days); Age (Max 8 Years)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (60 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	Tier 1	ST: Trial of Qvar Redihaler in the last 180 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 1	QL (10.6 GM per 30 days)
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
<i>montelukast oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Max 14 Years)
<i>zafirlukast oral tablet 10 mg</i>	Tier 1	ST: Trial of Montelukast in the last 180 days; QL (2 EA per 1 day)
<i>zafirlukast oral tablet 20 mg</i>	Tier 1	ST: Trial of Montelukast Sodium in the last 180 days; QL (2 EA per 1 day)
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	QL (8 ML per 1 day)
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige) - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	MB	SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>omalizumab</i>)	MB	SP

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	ST: Trial of Theophylline solution in the last 120 days
<i>theophylline anhydrous</i> (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 1	ST: Trial of Atrovent HFA, Combivent Respimat, or Fluticasone/Salmeterol in the last 180 days; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	ST: Trial of Atrovent HFA, Combivent Respimat, or Fluticasone/Salmeterol in the last 180 days; QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 1	QL (60 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL: 2 INHALERS IN 30 DAYS
<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	
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	ST: Trial of Albuterol Sulfate in the last 90 days
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Trial of Albuterol tablets in the last 90 days
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	ST: Trial of Albuterol tablets in the last 90 days
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 1	QL (4 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 1	QL (1 EA per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Expectorants - Single Agents, General - Drugs For Cough And Cold		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
CHEST CONGESTION RELIEF ORAL TABLET 400 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
COUGH SYRUP ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT COUGH SYRUP ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT ORAL TABLET 200 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)
FENESIN IR ORAL TABLET 400 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)
GERI-TUSSIN ORAL LIQUID 100 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
G-FENESIN ORAL TABLET 400 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)
guaifenesin oral liquid 100 mg/5 ml	Tier 1	QL (60 ML per 1 day)
guaifenesin oral tablet 200 mg, 400 mg	Tier 1	QL (6 EA per 1 day)
LIQUITUSS GG ORAL LIQUID 200 MG/5 ML (guaifenesin)	Tier 1	QL (60 ML per 1 day)
MUCOSA ORAL TABLET 400 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)
MUCUS RELIEF ORAL TABLET 200 MG, 400 MG (guaifenesin)	Tier 1	QL (6 EA per 1 day)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFENESEN ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
RI-TUSSIN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
ROBAFEN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
SCOT-TUSSIN EXPECTORANT ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
SILTUSSIN SA ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSNEL-EX ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN EXPECTORANT ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN HONEY ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
TUSSIN ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
WAL-TUSSIN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
Mucolytics - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	QL (30 ML per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	ST: Trial of a preferred nasal steroid and second generation antihistamine in the last 180 days; QL (30 ML per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	ST: Trial of a preferred nasal steroid and second generation antihistamine in the last 180 days; QL (30 ML per 25 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	ST: Trial of Azelastine Nasal in the last 120 days; QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (15.8 ML per 30 days)
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (16.9 ML per 30 days)
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (16.9 ML per 30 days)
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (15.8 ML per 30 days)
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (15.8 ML per 30 days)
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i>	Tier 1	QL (8.43 ML per 30 days)
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 1	QL (15.8 ML 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 mcglactuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>	Tier 1	ST: Trial of 2 of the following nasal steroids in the last 120 days: Budesonide, Flunisolide, Fluticasone Propionate, or Triamcinolone Acetonide; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone acetonide</i>)	Tier 1	QL (16.9 ML per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	Tier 1	QL (16.9 ML per 30 days)
Nasal Mast Cell Stabilizers - Allergy		
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	Tier 1	QL (26 ML per 25 days)
NASAL ALLERGY SYMPTOM CONTROL NASAL SPRAY,NON-AEROSOL 5.2 MG/SPRAY (4 %) (<i>cromolyn sodium</i>)	Tier 1	QL (26 ML per 25 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Moisturizer Combinations - Allergy		
NEILMED PEDIAT SINUS RINSE REF SINUS IRRIGATION PACKET (<i>sodium chloridelsodium bicarbonate</i>)	Tier 1	
NEILMED SINUS RINSE REFILL SINUS IRRIGATION PACKET (<i>sodium chloridelsodium bicarbonate</i>)	Tier 1	
SINUS RINSE SINUS IRRIGATION PACKET (<i>sodium chloridelsodium bicarbonate</i>)	Tier 1	
SINUS WASH SINUS IRRIGATION PACKET (<i>sodium chloridelsodium bicarbonate</i>)	Tier 1	
Nasal Moisturizers - Allergy		
ALTAMIST NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
AYR SALINE NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
CHILDREN'S SALINE NASAL SPRAY NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
DEEP SEA NASAL NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
LITTLE REMEDIES NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
NASAL MOISTURIZING NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
NASAL SPRAY (SODIUM CHLORIDE) NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
OCEAN NASAL NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
SALINE MIST NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
SALINE NASAL MIST NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	
SALINE NOSE NASAL AEROSOL,SPRAY 0.65 % (<i>sodium chloride</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Wash Combinations - Allergy		
NASADOCK PLUS KIT SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride/sodium bicarb/nasal rinse device and stand</i>)	Tier 1	
NASAFLO PORCELAIN KIT SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride,sod bicarb with neti pot nasal rinse device</i>)	Tier 1	
NASAL RELIEF SINUS WASH W/NETI SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride,sod bicarb with neti pot nasal rinse device</i>)	Tier 1	
NASAL RELIEF SINUS WASH-BOTTLE SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	
NASAL WASH SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	QL (1 EA per 365 days)
NEILMED NASAFLO SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride,sod bicarb with neti pot nasal rinse device</i>)	Tier 1	QL (1 EA per 365 days)
NEILMED SINUS RINSE COMPLETE SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	QL (1 EA per 365 days)
SINUGATOR NASAL WASH KIT SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride, sodium bicarb-electric nasal rinse device</i>)	Tier 1	
SINUS RINSE PEDIATRIC SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	QL (1 EA per 365 days)
SINUS RINSE PEDIATRIC STARTER SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	
SINUS RINSE STARTER SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride and bicarb/squeeze bottle nasal rinse device</i>)	Tier 1	QL (1 EA per 365 days)
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
ADULT TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
ANTITUSSIVE DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILD CHEST CONGESTION-COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILD COUGH-CHEST CONGEST DM ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILD MUCINEX FREEFROM DAY CGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILD MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILDREN'S COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHILDREN'S MUCINEX COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
CHLD ROBITUSSIN COUGH-CHEST DM ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
COUGH SYRUP DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
COUGH-CHEST CONGESTION DM ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
DELSYM COUGH-CHEST CONGEST DM ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
DM MAX ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
EXPECTORANT DM ORAL LIQUID 20-300 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
EXPECTORANT DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
MUCINEX FAST-MAX DM MAX ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
MUCUS RELIEF DM MAX ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
RI-TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
ROBAFEN DM COUGH-CHEST CONGEST ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
ROBITUSSIN COUGH-CHEST CONG DM ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
SILTUSSIN-DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM CLEAR ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM COUGH AND CHEST ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM COUGH AND CHEST ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM MAX ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
ULTRA TUSS SAFE ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
WAL-TUSSIN DM CLEAR ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
WAL-TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin/dextromethorphan hbr</i>)	Tier 1	QL (480 ML per 30 days); Age (Min 12 Years)
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (180 ML per 1 FILL)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (360 ML per 1 FILL)
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (<i>pseudoephedrine hclcodeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML (<i>pseudoephedrine hclcodeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML (<i>pseudoephedrine hclcodeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	QL (480 ML per 30 days)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (<i>codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
Systemic Sympathomimetic Decongestants - Drugs For Cough And Cold		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
12 HOUR NASAL DECONGEST (PSE) ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
ADULT NASAL DECONGESTANT ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)
CHILDREN'S SILFEDRINE ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S SUDAFED PE NASAL ORAL SOLUTION 2.5 MG/5 ML (<i>phenylephrine hcl</i>)	Tier 1	
LONG ACTING NASAL DECONG (PSE) ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
NASAL DECONGESTANT (PE) ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	Tier 1	QL (1 EA per 1 day)
SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
SINUS DECONGESTANT (PE) ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
SINUS PE DECONGESTANT ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
SINUS PRESSURE-CONG RELIEF PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
SUDOGEST ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
SUDOGEST ORAL TABLET 60 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
SUDOGEST PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPHEDRIN ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
SUPHEDRINE 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
SUPHEDRINE ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
SUPHEDRINE PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
VALU-TAPP DECONGESTANT ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
WAL-PHED D ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (1 EA per 1 day)
WAL-PHED ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
WAL-PHED PE ORAL TABLET 10 MG (<i>phenylephrine hcl</i>)	Tier 1	
ZEPHREX-D ORAL TABLET (ABUSE-RESISTANT) 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	QL (4 EA per 1 day)
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 1	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
1-DAY VAGINAL OINTMENT 6.5 % (<i>tioconazole</i>)	Tier 1	
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) (<i>miconazole nitrate</i>)	Tier 1	
3-DAY VAGINAL VAGINAL CREAM 2 % (<i>clotrimazole</i>)	Tier 1	
CLOTRIMAZOLE 3 DAY VAGINAL CREAM 2 % (<i>clotrimazole</i>)	Tier 1	
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 % (<i>clotrimazole</i>)	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOTRIMAZOLE-7 VAGINAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	Tier 1	
MICONAZOLE 7 VAGINAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG (<i>miconazole nitrate</i>)	Tier 1	
<i>miconazole nitrate vaginal comb pack, prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	Tier 1	
<i>miconazole nitrate vaginal cream 2 %</i>	Tier 1	
MICONAZOLE-3 VAGINAL COMB PACK, PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM) (<i>miconazole nitrate</i>)	Tier 1	
MICONAZOLE-3 VAGINAL CREAM 200 MG/5 GRAM (4 %) (<i>miconazole nitrate</i>)	Tier 1	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) (<i>miconazole nitrate</i>)	Tier 1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	Tier 1	
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	Tier 1	
MONISTAT 3 VAGINAL CREAM 200 MG/5 GRAM (4 %) (<i>miconazole nitrate</i>)	Tier 1	
MONISTAT 7 VAGINAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
<i>tioconazole vaginal ointment 6.5 %</i>	Tier 1	
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 % (<i>tioconazole</i>)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs For Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	ST: Trial of vaginal Clotrimazole, Gynazole, Miconazole, Monistat 3, Nystatin, or Tioconazole in the last 120 days

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	ST: Trial of vaginal Clotrimazole, Gynazole, Miconazole, Monistat 3, Nystatin, or Tioconazole in the last 120 days
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
Vaginal Estrogens - Drugs For Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM <i>(estrogens, conjugated)</i>	Tier 1	

QL = Quantity Limit | ST = Step Therapy | PA = Prior Authorization | AGE = Age Limit | SP = Specialty Pharmacy | MB = Medical Benefit | DD = Diabetic Drugs/Devices | CT = Contraceptives | CA = Oral Cancer Drugs

Index of Drugs

12 HOUR DECONGESTANT.....247	ACID REDUCER (CIMETIDINE)..... 126	ADVOCATE REDI-CODE+ CTRL HIGH..... 150, 187
12 HOUR NASAL DECONGEST (PSE)..... 247	ACID REDUCER (FAMOTIDINE)..... 126	ADVOCATE REDI-CODE+ CTRL LOW..... 150, 187
1-DAY..... 249	ACNE CLEANSING BAR..... 69	ADVOCATE SYRINGES 164, 187, 188
1ST TIER UNILET COMFORTOUCH..... 149	ACNE CONTROL CLEANSER..... 69	AEROGEAR ACTION ASTHMA KIT..... 182, 188
24 HOUR ALLERGY RELIEF..... 242	ACNE FOAMING WASH..... 69	AF..... 76
24 HOUR NASAL ALLERGY 242	ACNE MEDICATION..... 69	AFINITOR..... 26
24HOUR ALLERGY..... 234	ACNE PADS..... 69	Afirmelle..... 59
2TEK CONTROL (HIGH- NORMAL)..... 149	ACNE TREATMENT (BENZOYL PEROX)..... 70	AFTERA..... 67
3 DAY VAGINAL..... 249	ACNE VANISHING..... 70	AGAMATRIX CONTROL HIGH..... 150, 188
3-DAY VAGINAL..... 249	ACNE-CLEAR..... 70	AGAMATRIX CONTROL NORM-HI..... 150, 188
8 HOUR PAIN RELIEVER..... 3	ACNOMEL..... 70	AGAMATRIX CONTROL SOLN-LEVEL 2..... 150, 188
8HR MUSCLE ACHES-PAIN.. 3	ACTI-LANCE LANCETS..... 150	AGAMATRIX CONTROL SOLN-LEVEL 4..... 150, 188
acarbose 107	acyclovir 20	AIMSCO LATEX CONDOM 176, 188
ACCU-CHEK AVIVA CONTROL SOLN..... 149, 187	ADACEL(TDAP ADOLESN/ADULT)(PF)..... 30	AIRZONE PEAK FLOW METER..... 182, 188
ACCU-CHEK FASTCLIX LANCET DRUM..... 149, 187	ADDAPRIN..... 10	Ak-Poly-Bac..... 224
ACCU-CHEK GUIDE L1-L2 CTRL SOL..... 149	ADDED STRENGTH HEADACHE RELIEF..... 12	Ala-Cort..... 80
ACCU-CHEK MULTICLIX LANCET..... 149	ADJUSTABLE LANCING DEVICE..... 150	ALA-HIST IR..... 229, 233
ACCU-CHEK SAFE-T-PRO 150	ADMELOG SOLOSTAR U- 100 INSULIN..... 113	ALAVERT..... 234
ACCU-CHEK SAFE-T-PRO PLUS..... 150, 187	ADMELOG U-100 INSULIN LISPRO..... 114	ALAWAY..... 220
ACCU-CHEK SMARTVIEW CONTRL SOL..... 150, 187	Adriamycin..... 28	ALBUSTIX REAGENT .. 89, 188
ACCU-CHEK SOFTCLIX LANCETS..... 150	ADULT ASPIRIN REGIMEN.. 13	albuterol sulfate 239
ACCUTREND GLUCOSE CONTROL..... 150, 187	ADULT LOW DOSE ASPIRIN..... 13, 145	ALCALAK..... 117
ACE AEROSOL CLOUD ENHANCER..... 183, 187	ADULT NASAL DECONGESTANT..... 247	alclometasone 80
acebutolol 39	ADULT TUSSIN CHEST CONGESTION..... 240	alendronate 110
acetaminophen 3, 4	ADULT TUSSIN DM..... 245	ALER-CAP..... 230, 233
acetaminophen-codeine 2	ADULT WAL-TUSSIN..... 240	ALEVE..... 10
acetazolamide 42	ADVANCED ANTACID- ANTIGAS..... 118	alfuzosin 141
acetic acid 227	ADVANCED EXFOLIATING CLEANSER..... 70	ALKA-SELTZER GOLD..... 116
acetylcysteine 241	ADVANCED TRAVEL LANCETS..... 150, 187	ALKA-SELTZER PLUS ALLERGY..... 54, 233
ACID CONTROLLER..... 126	ADVOCATE CONTROL SOLUTION HIGH..... 150, 187	ALL DAY ALLERGY (CETIRIZINE)..... 234
ACID GONE ANTACID..... 116	ADVOCATE LANCET..... 150	ALL DAY PAIN RELIEF..... 10
ACID GONE ANTACID E.STRENGTH..... 116	ADVOCATE LOW CONTROL..... 150, 187	ALL DAY RELIEF..... 10
		ALLER-CHLOR..... 229
		ALLERCLEAR..... 234, 236
		ALLER-CORT..... 242
		ALLER-EASE..... 234
		ALLER-FEX..... 234

ALLER-FLO.....	242	ALTACHLORE.....	223	ANTACID ANTI-GAS (CA	
ALLER-G-TIME.....	230	ALTAMIST.....	243	CARB-SIM).....	119
ALLERGY.....	230, 233	Altavera (28).....	59	ANTACID CALCIUM.....	117
ALLERGY		ALTAZINE.....	222	ANTACID EXST (MAG	
(CHLORPHENIRAMINE).....	229	ALTERNATE SITE LANCET		CARB-AL HYD).....	116
ALLERGY		.....	150, 188	ANTACID EXT STR	
(DIPHENHYDRAMINE)		ALTRENO.....	71	(CALCIUM CARB).....	117
.....	230, 233	aluminum hydroxide gel ...	116	ANTACID EXTRA-	
ALLERGY 4-HOUR.....	229	alum-mag hydroxide-		STRENGTH.....	117, 119
ALLERGY AND SINUS		simeth	119	ANTACID LIQUID.....	119
RELIEF.....	227	Alyacen 1/35 (28).....	59	ANTACID M.....	119
ALLERGY CREAM		Alyacen 7/7/7 (28).....	65	ANTACID MAXIMUM	
(DIPHENHYDRAMIN).....	85	Amabelz.....	110	STRENGTH.....	119
ALLERGY EYE		ambrisentan	43	ANTACID PLUS ANTI-GAS	
(KETOTIFEN).....	220	amiloride	42	.....	119, 120
ALLERGY EYE		amiloride-		ANTACID REGULAR	
(NAPHAZOLINE-PHEN).....	220	hydrochlorothiazide	43	STRENGTH.....	120
ALLERGY MEDICATION...	230	amino acid 3 % no.2 (ped)-		ANTACID ULTRA	
ALLERGY MEDICINE.....	230	d10w	98	STRENGTH.....	117
ALLERGY RELIEF		amino acid 3.5%		ANTACID-ANTIGAS.....	120
(CETIRIZINE).....	234	no.2(ped)-d10w	98	ANTACID-SIMETHICONE...	120
ALLERGY RELIEF		amino acid 4 % no.2 (ped)-		ANTIBIOTIC (BACITRACIN	
(FEXOFENADINE).....	234	d10w	98	ZINC).....	72
ALLERGY RELIEF		amiodarone	36	ANTIBIOTIC (NEOMY-	
(FLUTICASONE).....	242	AMITIZA.....	129, 130	BACIT-POLYM).....	72
ALLERGY RELIEF		amitriptyline	50	ANTIBIOTIC PLUS	
(LORATADINE).....	234, 235	amlodipine	40	(PRAMOXINE).....	73
ALLERGY		amlodipine-atorvastatin	39	ANTIBIOTIC PLUS PAIN	
RELIEF(CHLORPHENIRAM		amlodipine-benazepril	33	REL(PRAM).....	73
N).....	229	amlodipine-valsartan	34	ANTIBIOTIC-PAIN RELIEF	
ALLERGY		amlodipine-valsartan-		(BACIT).....	73
RELIEF(DIPHENHYDRAM		hctiazid	34	ANTI-DANDRUFF.....	78
N).....	230	Amnesteem.....	68	ANTI-DANDRUFF (COAL	
ALLERGY-TIME.....	230	amoxicillin	15	TAR).....	83
ALLER-TEC.....	235	amoxicillin-pot clavulanate	15	ANTI-DIARRHEAL.....	122
ALLI.....	89	ampicillin	15	ANTI-DIARRHEAL	
allopurinol	143	anagrelide	145	(LOPERAMIDE).....	122
ALMACONE.....	119	ANALGESIC CREME.....	87	ANTIFUNGAL.....	77
ALMACONE-2.....	119	ANALGESIC GRX BALM.....	86	ANTI-FUNGAL.....	74
ALOE VERA LATEX		anastrozole	24	ANTIFUNGAL	
GLOVES.....	149	ANECREAM.....	85	(CLOTRIMAZOLE).....	74
ALOE VESTA ANTIFUNGAL		ANIMAL CHEWS.....	99	ANTIFUNGAL	
(MICON).....	74	ANIMAL SHAPE VITAMINS..	99	(TERBINAFINE).....	74
alogliptin	107	ANIMAL SHAPES.....	99	ANTIFUNGAL	
alogliptin-metformin	109	ANIMAL SHAPES PLUS		(TOLNAFTATE).....	76
alogliptin-pioglitazone	109	IRON.....	100	ANTIFUNGAL CREAM	
ALOPHEN (BISACODYL)...	136	ANTACID.....	119	(MICONAZOLE).....	74
ALPHAGAN P.....	226	ANTACID (CALCIUM		ANTIFUNGAL RINGWORM..	74
alprazolam	44, 52	CARBONATE).....	117	ANTIFUNGAL SPRAY.....	76
ALTACAINE.....	224	ANTACID ANTI-GAS.....	119		

ANTI-GAS MAXIMUM STRENGTH.....	127	ASPIR-81.....	13, 145	AUTOJECT 2 INJECTION DEVICE.....	164, 188
ANTI-GAS ULTRA STRENGTH.....	127	aspirin	13, 14	AUTO-LANCET MINI...151,	188
ANTI-ITCH (DIPHENHYDRAMINE).....	85	ASPIRIN CHILDRENS..	13, 145	AUTOLET LANCING DEVICE.....	151, 188
ANTI-ITCH (HC).....	80	ASPIRIN LOW DOSE.....	13	AUTOLET PLUS LANCING DEVICE.....	151
ANTI-ITCH (MENTHOL/CAMPHOR).....	78	aspirin-dipyridamole	145	AUTOPEN 1 TO 21 UNITS.....	164, 188
ANTI-ITCH MAXIMUM STRENGTH.....	85	ASPIR-TRIN.....	14, 145	AUTOPEN 2 TO 42 UNITS.....	164, 188
ANTI-ITCH MEDICATED.....	84	ASSURE 4 CONTROL SOLUTION.....	150	Aviane.....	59
ANTI-ITCH(DIPHENHYD) WITH ZINC.....	78	ASSURE DOSE NORMAL CONTROL.....	150	AVITA.....	71
ANTI-ITCH(HYDROCORTISONE) -ALOE.....	82	ASSURE DOSE NORM-HI CONTROL.....	150	AVONEX.....	216
ANTI-NAUSEA.....	125	ASSURE HAEMOLANCE PLUS.....	151	AYR SALINE.....	243
ANTITUSSIVE DM.....	245	ASSURE ID INSULIN SAFETY.....	164	Ayuna.....	59
aprepitant	125	ASSURE LANCE.....	151	azathioprine	146
Apri.....	59	ASSURE LANCE PLUS.....	151	azelastine	220, 241
APRISO.....	129	ASSURE PRISM CONTROL 1-2 SOLN.....	151	azithromycin	21
APRODINE.....	228	ASTHMA CHECK METER.....	182, 188	AZO TEST STRIPS.....	89, 188
AQUA CARE SODIUM CHLORIDE.....	91	ASTHMAPACK CHILDREN'S.....	182, 188	AZO URINARY PAIN RELIEF.....	142
AQUANIL HC.....	80	ASTRINGENT.....	79	AZOPT.....	222
Aranelle (28).....	65	atenolol	39	Azurette (28).....	58
ARMONAIR RESPICLICK...236		atenolol-chlorthalidone	41	bacitracin	72, 225
ARNUITY ELLIPTA.....	236	ATHENOL.....	4	bacitracin zinc	72, 73
ARTHRICREAM RUB.....	87	ATHLETE'S FOOT.....	75	bacitracin-polymyxin b	224
ARTHRITIS HOT PAIN RELIEF.....	86	ATHLETE'S FOOT (CLOTRIMAZOLE).....	74	BACITRAYCIN PLUS.....	73
ARTHRITIS PAIN RELIEF (ACETAM).....	4	ATHLETE'S FOOT (TERBINAFINE).....	74	BACK PAIN-OFF.....	12
ARTHRITIS PAIN RELIEF(CAPSAIC).....	87	ATHLETE'S FOOT (TOLNAFTATE).....	76, 77	baclofen	147
ARTHRITIS PAIN RELIEVER.....	4	ATHLETIC FOOT CREAM....	75	balsalazide	129
ARTIFICIAL TEARS (PETRO/MIN).....	217	atomoxetine	52	Balziva (28).....	59
ARTIFICIAL TEARS (POLYVIN ALC).....	218	atorvastatin	37	BAN-ACID.....	117
ARTIFICIAL TEARS(DEXT70-HYPRO).....	217, 223	atovaquone-proguanil	17	BANOPHEN.....	231
ARTIFICIAL TEARS(GLYCERIN-PEG)...217		atropine	220	BANOPHEN ANTI-ITCH.....	78
ARTIFICIAL TEARS(PVALCH-POVID)...217		ATROVENT HFA.....	238	BASAGLAR KWIKPEN U-100 INSULIN.....	113
Ascomp With Codeine.....	2	Aubra.....	59	BAYER ADVANCED.....	14
		Aubra Eq.....	59	BAZA ANTIFUNGAL.....	75
		AUGMENTIN.....	16	BD AUTOSHIELD DUO PEN NEEDLE.....	164, 188
		Aurovela 1.5/30 (21).....	59	BD BLUNT PLASTIC CANNULA.....	178, 188
		Aurovela 1/20 (21).....	59	BD ECLIPSE LUER-LOK.....	164, 178, 189
		Aurovela 24 Fe.....	59	BD INSULIN SYRINGE.....	165, 189
		Aurovela Fe 1.5/30 (28).....	59	BD INSULIN SYRINGE HALF UNIT.....	164, 189
		Aurovela Fe 1-20 (28).....	59		

BD INSULIN SYRINGE MICRO-FINE..... 165, 189	BD ULTRA-FINE NANO PEN NEEDLE..... 166, 191	BLIS-TO-SOL (TOLNAFTATE).....77
BD INSULIN SYRINGE SAFETY-LOK..... 165, 189	BD ULTRA-FINE ORIG PEN NEEDLE..... 166, 191	blood glucose contrl hi,normal 151, 191
BD INSULIN SYRINGE SLIP TIP..... 165, 189	BD ULTRA-FINE SHORT PEN NEEDLE..... 166, 191	blood glucose control, normal 151
BD INSULIN SYRINGE U- 500..... 165, 189	BD VEO INSULIN SYR HALF UNIT..... 166, 191	blood glucose ctl high,nml,low 151, 191
BD INSULIN SYRINGE ULTRA-FINE..... 165	BD VEO INSULIN SYRINGE UF..... 166	BLOOD PRESSURE KIT 177, 191
BD INTEGRA NEEDLE 178, 189	Bekyree (28)..... 58	blood pressure kit-extra large 177, 191
BD INTEGRA SYRINGE 178, 189	BENADRYL ALLERGY.....231	blood pressure test kit- large 177
BD INTRADERMAL BEVEL NEEDLES..... 178, 189	BENADRYL ITCH RELIEF STICK..... 78	blood pressure test kit- medium 177
BD LO-DOSE MICRO-FINE IV..... 165, 189	benazepril 33	blood pressure test kit- wrist 177
BD LO-DOSE ULTRA-FINE 165, 189	BENGAY GREASELESS..... 86	BLUE TUBE.....85
BD LUER-LOK SYRINGE 178, 190	benzonatate.....236	BOOSTRIX TDAP..... 30
BD MICROTAINER LANCET..... 151, 190	benzoyl peroxide 70	BORO-PACKS.....79
BD NOKOR ADMIX NEEDLE..... 178, 190	BETA MED..... 78	BP.....70
BD PRECISIONGLIDE 178, 190	BETADINE OPHTHALMIC PREP.....225	BP WASH.....70
BD PRECISIONGLIDE NON-STERILE..... 178, 190	BETA-HC.....80	BPO.....70
BD REGULAR BEVEL NEEDLES..... 179, 190	betamethasone dipropionate 80	BRAFTOVI.....24
BD SAFETYGLIDE INSULIN SYRINGE.... 165, 166, 190, 191	betamethasone, augmented 80	BREATHERITE MDI SPACER..... 183
BD SAFETYGLIDE SYRINGE..... 166, 179, 191	BETASEPT SURGICAL SCRUB..... 29	BREATHERITE SPACER- MASK, NEO..... 183
BD SHORT BEVEL NEEDLES..... 179, 191	BETATAR GEL..... 83	BREATHERITE SPACER- MASK,ADULT..... 183
BD SHORT BEVEL THIN WALL..... 179, 191	BETATEMP..... 4	BREATHERITE SPACER- MASK,INFANT..... 183
BD SPECIALTY USE NEEDLES..... 179, 191	betaxolol.....39	BREATHERITE SPACER- MASK,S.CHLD..... 183
BD ULTRA FINE LANCETS 151, 191	bethanechol chloride 143	BREATHERITE VALVED MDI CHAMBER..... 183
BD ULTRA-FINE II LANCETS..... 151	BETIMOL.....223	BREATHERITE VALVED MDI SPACER..... 183
BD ULTRA-FINE MICRO PEN NEEDLE..... 166, 191	bexarotene 27	BREEZE 2 CONTROL SOLUTION, LOW..... 151, 192
BD ULTRA-FINE MINI PEN NEEDLE..... 166, 191	BEXSERO..... 32	BREEZE 2 CONTROL SOLUTION, NML..... 151, 192
	bicalutamide.....23	BREEZE 2 CONTROL SOLUTION,HIGH..... 151, 192
	bimatoprost.....226	Briellyn..... 60
	bisacodyl 136	BRILINTA..... 145
	BISA-LAX (BISACODYL).... 136	brimonidine 226
	BISMATROL..... 122	
	BISMUTH..... 123	
	bismuth subsalicylate 123	
	bisoprolol fumarate 39	
	bisoprolol- hydrochlorothiazide 41	
	Bleph-10..... 225	
	Blisovi 24 Fe..... 60	
	Blisovi Fe 1.5/30 (28).....60	
	Blisovi Fe 1/20 (28).....60	

bromelains	115	calcium carbonate-vitamin d3	93	Caziant (28).....	65
bromocriptine	51	calcium citrate	92	cefaclor	19
budesonide	236, 242	CALCIUM CITRATE + D.....	93	cefdinir	19
BULLSEYE MINI SAFETY LANCETS.....	151	calcium citrate-vitamin d2 ..	93	cefprozil	19
bumetanide	42	calcium citrate-vitamin d3 ..	93	cefuroxime axetil	19
bupropion hcl	49	calcium gluconate	92	celecoxib	10
bupropion hcl (smoking deter)	56	CALCIUM MAGNESIUM.....	93	CEO-TWO.....	140
bupirone	44	calcium polycarbophil	130	cephalexin	18
Butalbital Compound W/Codeine.....	2	CALCIUM WITH VITAMIN D.....	93	cetirizine	235
butalbital-acetaminop-caf-cod	2	calcium-magnesium	93	CETYLCIDE G.....	29, 192
butalbital-acetaminophen	8	CALDYPHEN.....	84	CHANTIX.....	57
butalbital-acetaminophen-caff	8	CALDYPHEN CLEAR.....	84	CHANTIX CONTINUING MONTH BOX.....	57
butalbital-aspirin-caffeine ...	12	CAL-GEST ANTACID.....	118	CHANTIX STARTING MONTH BOX.....	57
CALACLEAR.....	84	CALLERGY CLEAR.....	84	Chateal (28).....	60
CALADRYL.....	84	CALPHRON.....	92, 141	Chateal Eq (28).....	60
CALAGESIC.....	84	Camila.....	65	CHEK-STIX CONTROL.....	88, 187, 192
CALAHIST CLEAR.....	84	capecitabine	24	CHEMET.....	15
CALAHIST WITH PRAMOXINE.....	84	capsaicin	87	CHEMSTRIP 10 MD.....	88, 192
CALAMINE MEDICATED.....	84	CAPZASIN.....	86	CHEMSTRIP 10/SG.....	88, 192
calamine phenolated	79	carbamazepine	46	CHEMSTRIP 2 GP.....	88, 192
CALAMINE PLUS (PRAMOX-CALAMIN).....	84	CARBAMOXIDE EAR DROPS.....	227	CHEMSTRIP 50B.....	88, 192
calamine-zinc oxide	85	carbidopa-levodopa	50	CHEMSTRIP 7.....	88, 192
CALCI-MIX.....	92	carbidopa-levodopa-entacapone	50	CHEMSTRIP 9.....	88, 192
calcipotriene	78	CAREONE THIN LANCET.....	151, 192	CHEMSTRIP MICRAL...	89, 192
calcitonin (salmon)	110	CAREONE ULTRA THIN LANCET.....	151	CHEST CONGESTION RELIEF.....	240
CALCITRATE.....	92	CARESENS CONTROL A AND B.....	151, 192	CHEST RUB.....	86
calcitriol	105	CARESENS CONTROL A NORMAL.....	152, 192	CHEWABLE-VITE.....	98, 99
CALCIUM 500.....	92	CARESENS CONTROL A NORMAL.....	152, 192	CHILD ALLERGY RELF(CETIRIZINE).....	235
CALCIUM 500 + D.....	93	CARESENS LANCETS.....	152, 192	CHILD ALLERGY RELIEF (DIPHEN).....	231
CALCIUM 500 WITH D.....	93	CARETOUCH INSULIN SYRINGE.....	166, 167, 192	CHILD CHEST CONGESTION-COUGH.....	245
CALCIUM 600.....	92	CARETOUCH SAFETY LANCETS.....	152, 192	CHILD COUGH-CHEST CONGEST DM.....	245
CALCIUM 600 + D(3).....	93	CARETOUCH TWIST LANCET.....	152, 192	CHILD FEVER REDUCER-PAIN RELVR.....	4
calcium acetate	92, 141	carisoprodol	147	CHILD MUCINEX FREEFROM DAY CGH.....	245
calcium acetate(phosphat bind)	141	CARNITOR (SUGAR-FREE).....	215	CHILD MUCUS RELIEF COUGH.....	245
CALCIUM ANTACID.....	117	carteolol	223	CHILD MUCUS RELIEF EXPECTORANT.....	240
CALCIUM ANTACID TROPICAL.....	117	Cartia Xt.....	40	CHILD PAIN REL-FEVER REDUCER.....	4
CALCIUM ANTACID ULTRA MAX ST.....	117	carvedilol	34		
calcium carbonate	92, 117, 118	castor oil	136		
		CAYA CONTOURED...	148, 192		

CHILDREN NIGHT TIME	CHILDREN'S SUDAFED PE	CLARITIN.....	235
COLD-COUGH.....	NASAL.....	C-LAX LAXATIVE	
228	248	(BISACODYL).....	136
CHILDREN'S	CHILDREN'S TACTINAL.....	CLEAN-CLEAR	
ACETAMINOPHEN.....	5	CONTINUOUS CONTROL....	70
4	CHILDREN'S TYLENOL.....	CLEAR EYES NATURAL	
CHILDREN'S ALAWAY.....	5	TEARS.....	217
220	CHILDREN'S WAL-DRYL	CLEARASIL DAILY	
CHILDREN'S ALLEGRA	ALLERGY.....	CLEAR(BENZOYL).....	70
ALLERGY.....	231	CLEARASIL ULTRA.....	70
235	CHILDREN'S WAL-FEX.....	CLEARLAX.....	133
CHILDREN'S ALLERGY	235	CLEOCIN.....	249
(DIPHENHYD).....	CHILDREN'S WAL-ZYR.....	CLEVER CHEK LANCETS..	152
231	235	CLEVER CHOICE	
CHILDREN'S ALLERGY	CHILD'S ALL DAY	CHAMBER-LRG MASK.....	183
RELIEF(FEX).....	ALLERGY(CETIR).....	CLEVER CHOICE	
235, 236	235	CHAMBER-MED MASK.....	183
CHILDREN'S ALLERGY	CHILD'S CHEWABLE	CLEVER CHOICE	
RELIEF(LOR).....	VITAMINS/IRON.....	CHAMBER-SM MASK.....	183
235	100	CLEVER CHOICE LEVEL 1	
CHILDREN'S	CHILDS TRIACTING COLD-	CONTROL.....	152, 193
ALLERGY(CETIRIZINE).....	COUGH.....	CLEVER CHOICE LEVEL 2	
235	228	CONTROL.....	152, 193
CHILDREN'S ASPIRIN.....	CHILDS/IRON.....	CLEVER CHOICE LEVEL 3	
14	100	CONTROL.....	152, 193
CHILDREN'S AURODRYL	CHLD ROBITUSSIN	CLEVER CHOICE PEAK	
ALLERGY.....	COUGH-CHEST DM.....	FLOW METER.....	182, 193
231, 233	245	clindamycin hcl	20
CHILDREN'S AUROPHEN	chloramphenicol sod	clindamycin palmitate hcl ...	20
PAIN-FEVER.....	succinate	Clindamycin Pediatric.....	21
4	19	clindamycin phosphate	69, 249
CHILDREN'S CETIRIZINE..	chlordiazepoxide hcl	clonazepam	44
235	44	clonidine hcl	41
CHILDREN'S CHEST	chlorhexidine gluconate ... 216	clopidogrel	145
CONGESTION.....	CHLORHIST.....	clotrimazole	75, 215, 249
240	230, 233	CLOTTRIMAZOLE 3 DAY....	249
CHILDREN'S CHEWABLE....	chloroquine phosphate 17	CLOTTRIMAZOLE AF.....	75
99	chlorothiazide	CLOTTRIMAZOLE-3.....	249
CHILDREN'S COMPLETE	chlorpheniramine maleate 230	CLOTTRIMAZOLE-7.....	250
VITAMIN.....	230	clotrimazole-	
100	CHLORTABS.....	betamethasone	77
CHILDREN'S COUGH.....	chlorthalidone	COAGUCHEK LANCETS	
245	43	.....	152, 193
CHILDREN'S	chlorzoxazone	codeine sulfate	1
DIPHENHYDRAMINE.....	147	codeine-butalbital-asa-caff ... 2	
231	CHOCOLATE LAXATIVE.... 136	codeine-guaifenesin	247
CHILDREN'S EASY-MELTS... 4	CHOICE DM CLARUS	CODITUSSIN AC.....	247
CHILDREN'S FEVER	NORM CONTROL.....	colchicine	143
REDUCING.....	152, 193	COLD AND ALLERGY.....	228
4	cholecalciferol (vitamin		
CHILDREN'S IBUPROFEN... 11	d3)		
CHILDREN'S IRON.....	105		
94	cholestyramine (with		
CHILDREN'S MAPAP.....	sugar)		
5	36		
CHILDREN'S MUCINEX	Cholestyramine Light.....		
COUGH.....	36		
245	ciclopirox		
CHILDREN'S NON-ASPIRIN...5	74		
CHILDREN'S PAIN RELIEF ... 5	cilostazol		
CHILDREN'S PAIN	145		
RELIEVER.....	cimetidine		
5	126		
CHILDREN'S PAIN-FEVER	cimetidine hcl		
RELIEF.....	126		
5	cinacalcet		
CHILDREN'S PEPTO.....	110		
118	CIPRODEX.....		
CHILDREN'S PROFEN IB..... 11	226		
CHILDREN'S SALINE	ciprofloxacin hcl		
NASAL SPRAY.....	19, 225		
243	cialopram		
CHILDREN'S SILAPAP.....	48		
5	CITRACAL + D MAXIMUM.... 94		
CHILDREN'S SILFEDRINE. 247	94		
CHILDREN'S SOOTHE..... 118	CITRATE OF MAGNESIA... 133		
	133		
	CITROMA.....		
	133		
	Claravis.....		
	68		
	CLARISPRAY.....		
	242		
	clarithromycin		
	21		

COLD AND ALLERGY PE...228	CONTOUR CONTROL SOLUTION, NML..... 152, 194	DANDRUFF SHAMPOO (PYRITHIONE)..... 79
COLD AND COUGH (DIPHENHYDR-PE)..... 228	CONTOUR NEXT LEV 1 CONTROL SOL..... 152, 194	DANDRUFF SHAMPOO (SELENIUM)..... 79
COLD AND HOT (M.SALIC-MENTHOL).....86	CONTOUR NEXT LEV 2 CONTROL SOL..... 152, 194	DANDRUFF SHAMPOO/CONDITIONER.. 79
COLD AND HOT THERAPY BALM.....86	COOL CONTROL A SOLUTION..... 152, 194	dantrolene 147
COLD-ALLERGY-SINUS....228	COOL CONTROL B SOLUTION..... 152, 194	dapsone 17
colesevelam 36	CORAL CALCIUM..... 92	darifenacin 142
colestipol.....36	CORTAID..... 80	DARZALEX.....25
COLLYRIUM.....223	cortisone 111	Dasetta 1/35 (28).....60
Colocort..... 129	CORTISONE (HYDROCORTISONE).....80	Dasetta 7/7/7 (28).....65
COLOR LANCETS..... 152, 193	CORTISONE COOLING.....80	DAYLOGIC ACNE FOAMING WASH..... 70
COL-RITE.....138	CORTISONE WITH ALOE.... 82	DAYLOGIC ACNE TREATMENT.....70
COMBISTIX REAGENT 88, 193	CORTIZONE-10..... 80	Deblitane..... 65
COMBIVENT RESPIMAT ....239	CORTIZONE-10 PLUS.....80	DEBROX..... 227
COMFORT EZ INSULIN SYRINGE..... 167, 193	CORTIZONE-10 WITH ALOE..... 82	Decadron..... 111
COMFORT EZ LANCETS... 152	COTELLIC..... 26	DECARA.....105
COMFORT GEL..... 120	COUGH SYRUP.....240	DEEP BLUE RELIEF.....86
COMFORT GEL EXTRA STRENGTH.....120	COUGH SYRUP DM..... 245	DEEP SEA NASAL.....243
COMFORT LANCETS..... 152	COUGH-CHEST CONGESTION DM.....245	deferasirox 15
COMPACT SPACE CHAMBER.....184, 193	CRAMP TABS..... 7	DELSYM COUGH-CHEST CONGEST DM..... 245
COMPACT SPACE CHAMBER PLUS..... 183, 193	CREON.....126	DELTA D3..... 105
COMPACT SPACE CHAMBER-LRG MASK..... 184, 193	CRITIC-AID CLEAR AF(MICONAZOL)..... 75	demeclocycline.....22
COMPACT SPACE CHAMBER-MED MASK..... 184, 193	cromolyn 224, 237, 242	DEPO-SUBQ PROVERA 104.....58
COMPACT SPACE CHAMBER-SM MASK. 184, 193	Crotan.....87	DERMADROX..... 85
COMPLETE ALLERGY..... 231	Cryelle (28)..... 60	DERMAFUNGAL..... 75
COMPLETE ALLERGY MEDICINE..... 231	cyanocobalamin (vitamin b-12) 105	DERMAREST ECZEMA (HYDROCORT)..... 80
COMPLETE LICE TREATMENT.....87	Cyclafem 1/35 (28)..... 60	DERMASARRA..... 78
COMPLETENATE..... 102	Cyclafem 7/7/7 (28)..... 65	DERMAZINC SHAMPOO..... 79
COMPOZ..... 54, 233	cyclobenzaprine 147	DESENX..... 75
Compro..... 125	cyclopentolate 220	desipramine 50
CONDOMS-PREM LUBRICATED..... 176, 193	cyclophosphamide 23	desmopressin 107
Constulose..... 133	cycloserine 18	desog-
CONTOUR CONTROL SOLUTION, HIGH..... 152, 194	cyproheptadine.....233	e.estradiolle.estradiol.....58
CONTOUR CONTROL SOLUTION, LOW..... 152, 194	CYRAMZA..... 27	desogestrel-ethinyl estradiol.....60
	Cyred..... 60	dexamethasone 111
	Cyred Eq.....60	DEXAMETHASONE INTENSOL.....111
	CYSTAGON..... 140	dexamethasone sodium phosphate 221
	DAILY FIBER.....130	dexmethylphenidate.....51
	DAILY FIBER (PSYLLIUM-SUCROSE).....130	dextroamphetamine-amphetamine 52

dextromethorphan-guaifenesin	245	DISPOSABLE LATEX-FREE GLOVES.....	149, 194	dutasteride	141
dextrose 5 % in water (d5w)	91	DISPOSABLE NEEDLES.....	179, 194	DYNA-HEX.....	29
dextrose 5 %-lactated ringers	91	divalproex	45	E.C. PRIN.....	14, 145
DHS ZINC.....	79	DM MAX.....	245	EAR DROPS (CARBAMIDE PEROXIDE).....	227
DIABETIC TUSSIN EX.....	240	DOCU.....	138	EAR DROPS FOR SWIMMERS.....	226
DIALYVITE.....	90	DOCUPRENE.....	138	EAR DROPS OTC.....	227
DIAMODE.....	122	docusate calcium	138	EAR DRY.....	226
DIARRHEA RELIEF (BISMUTH SUBS).....	123	docusate sodium	138	EAR WAX REMOVAL DROPS.....	227
DIATRUE CONTROL SOLN NORMAL.....	152, 194	DOCUSIL.....	139	EAR WAX REMOVAL KIT ...	227
DIATRUE CONTROL SOLUTION HIGH.....	153, 194	DOCUSOL.....	139	EASIVENT HOLDING CHAMBER.....	184
DIATRUE CONTROL SOLUTION LOW.....	153, 194	DOCUZEN.....	137	EASIVENT MASK LARGE.....	184, 195
diazepam	44, 45, 52	DOK.....	139	EASIVENT MASK MEDIUM.....	184, 195
diclofenac potassium	10	DOK PLUS.....	137	EASIVENT MASK SMALL.....	184, 195
diclofenac sodium	10, 221	donepezil	57	EASY COMFORT INSULIN SYRINGE.....	167, 168, 195
dicloxacillin	22	dorzolamide	222	EASY COMFORT LANCETS.....	153
dicyclomine	128	dorzolamide-timolol	221	EASY GLIDE INSULIN SYRINGE.....	168, 195
DIFFERIN.....	71	Dotti.....	111	EASY PLUS II HIGH CONTROL.....	153, 195
DIGESTIVE RELIEF.....	123	DOUBLE ANTIBIOTIC (B.TRACN ZN).....	72	EASY PLUS II LOW CONTROL.....	153, 195
Digitek.....	42	DOUBLE ANTIBIOTIC-PAIN RELIEF.....	73	EASY STEP HIGH CONTROL SOLN.....	153, 195
Digox.....	42	doxazosin	43	EASY STEP LOW CONTROL SOLUTION.....	153, 195
digoxin	42	doxepin	50	EASY STEP NORMAL CONTROL SOLN.....	153, 195
diltiazem hcl	40	doxorubicin	28	EASY TALK HIGH CONTROL.....	153, 195
DILT-XR.....	40	doxycycline monohydrate ..	22	EASY TALK LOW CONTROL.....	153, 195
DIMETAPP COLD-CONGESTION.....	228	DRAMAMINE LESS DROWSY.....	124	EASY TOUCH.....	179, 196
DINO-LIFE EXTRA C MULTIVITAMIN.....	98	DRITHOCREME HP.....	78	EASY TOUCH FLIPLOCK INSULIN.....	168, 196
DINO-LIFE MULTIVITAMIN..	98	dronabinol	125	EASY TOUCH HIGH-LOW CONTROL.....	153
DINO-LIFE WITH IRON-ZINC.....	99	DROPLET INSULIN SYR HALF UNIT.....	167, 194	EASY TOUCH HYPODERMIC NEEDLE.....	179, 196
DIOCTO.....	138	DROPLET INSULIN SYRINGE.....	167, 194	EASY TOUCH INSULIN SAFETY SYR.....	168, 196
DIOCTYL.....	138	DROPLET LANCETS..	153, 194		
DIOTAME.....	123	DROPLET LANCING DEVICE.....	153, 194		
DIPHEDRYL.....	231	drospirenone-ethinyl estradiol	60		
DIPHEDRYL ALLERGY.....	231, 233	DRYSOL.....	78		
Diphen.....	231, 233	DRYSOL DAB-O-MATIC.....	78		
DIPHEN.....	232, 233	DSS.....	139		
DIPHENHIST.....	232, 233	DUCODYL (BISACODYL)...	136		
diphenhydramine hcl	232	DULCOEASE.....	139		
diphenoxylate-atropine	124	DULCOLAX STOOL SOFTENER (DSS).....	139		
dipyridamole	146	duloxetine	49		
disposable gloves	149, 194	DUREX AVANTI BARE REAL FEEL.....	176		

EASY TOUCH INSULIN SYRINGE.....	168	ELON DUAL DEFENSE.....	77	<i>estradiol</i>	111, 251
EASY TOUCH LANCETS.....	153, 196	Eluryng.....	67	<i>estradiol-norethindrone acet</i>	110
EASY TOUCH LUER LOCK INSULIN.....	168, 196	EMBRACE EVO LEVEL 1.....	154, 197	<i>eszopiclone</i>	56
EASY TOUCH SAFETY LANCETS.....	153, 196	EMBRACE GLUCOSE CONTROL HIGH.....	154, 197	<i>ethacrynic acid</i>	42
EASY TOUCH SHEATHLOCK INSULIN.....	169, 196	EMBRACE GLUCOSE CONTROL LOW.....	154, 197	<i>ethambutol</i>	18
EASY TOUCH TWIST LANCETS.....	153, 196	EMBRACE LANCETS.....	154, 197	<i>ethosuximide</i>	48
EASY TOUCH UNI-SLIP.....	169	EMBRACE PRO.....	154, 197	<i>ethyl alcohol</i>	29
EASY TRAK HIGH CONTROL.....	153, 197	EMBRACE TALK CONTROL-HIGH (L2).....	154, 197	<i>ethynodiol diac-eth estradiol</i>	60
EASY TRAK LOW CONTROL.....	153, 197	EMBRACE TALK CONTROL-LOW (L1).....	154, 197	<i>etonogestrel-ethinyl estradiol</i>	67
EASY TWIST AND CAP LANCETS.....	153, 197	EMCYT.....	25	<i>etoposide</i>	25
EASYGLUCO PLUS NORMAL CONTROL.....	154, 197	Emoquette.....	60	EURAX.....	87, 88
EASYMAX 15 LEVEL 1.....	154, 197	EMPLICITI.....	24	EUTHYROX.....	115
EASYMAX 15 LEVEL 2.....	154, 197	<i>enalapril maleate</i>	33	EVAC-U-GEN (SENNOSIDES).....	136
EASYMAX LOW CONTROL.....	154	<i>enalapril-hydrochlorothiazide</i>	33	EVENCARE.....	155, 198
EASYMAX NORMAL CONTROL.....	154	ENBREL.....	9	EVENCARE G2.....	154
EC-NAPROXEN.....	11	ENBREL MINI.....	9	EVENCARE G3 CONTROL.....	154
ECONTRA EZ.....	67	ENBREL SURECLICK.....	9	EVENCARE MINI GLUCOSE CONTROL.....	155, 197
ECONTRA ONE-STEP.....	67	Endocet.....	3	EVENCARE PROVIEW CONTROL-L2,L3.....	155, 198
ECOTRIN.....	14	ENDUR-ACIN.....	105	<i>everolimus (antineoplastic)</i>	27
ED A-HIST.....	228	ENEMA.....	135	EVOLUTION NORMAL CONTROL.....	155, 198
ED-APAP.....	5	ENEMA DISPOSABLE.....	134	EXCEDRIN MIGRAINE.....	12
<i>electrolytes-dextrose</i>	96	ENEMEEZ.....	139	EXCEL SYRINGE.....	180, 198
ELEMENT COMPACT HIGH CONTROL.....	154, 197	ENEMEEZ PLUS.....	139	EXEL HYPODERMIC NEEDLES.....	180, 198
ELEMENT COMPACT NORMAL CONTROL.....	154, 197	ENGERIX-B (PF).....	30	EXEL INSULIN.....	169
ELEMENT HIGH CONTROL.....	154, 197	<i>enoxaparin</i>	144	EXEL SYRINGE.....	180, 198
ELEMENT LOW CONTROL.....	154, 197	Enpresse.....	66	<i>exemestane</i>	24
ELEMENT NORMAL CONTROL.....	154, 197	Enskyce.....	60	EX-LAX (SENNOSIDES).....	136
Elinest.....	60	<i>entacapone</i>	50	EXPECTORANT.....	240
Elixophyllin.....	238	<i>entecavir</i>	19	EXPECTORANT COUGH SYRUP.....	240
ELLA.....	67	Enulose.....	125	EXPECTORANT DM.....	245
ELMIRON.....	140	<i>epinephrine</i>	41	EXTRA PAIN RELIEF.....	12
		Epitol.....	46, 52	EXTRA STRENGTH BAYER.....	14
		<i>eplerenone</i>	33	EXTRAPRIN.....	12
		EQUALACTIN.....	130	EYE ALLERGY RELIEF.....	220
		ERBITUX.....	28	EYE DROPS (TETRAHYDROZOLINE).....	222
		<i>ergocalciferol (vitamin d2)</i>	106	EYE DROPS (WITH POVIDONE).....	222
		<i>ergoloid</i>	58	EYE DROPS ADVANCED RELIEF.....	222
		<i>ergotamine-caffeine</i>	53		
		<i>erlotinib</i>	22		
		Errin.....	65		
		<i>erythromycin</i>	225		
		<i>erythromycin with ethanol</i>	69		
		<i>escitalopram oxalate</i>	48		
		Estarylla.....	60		

EYE DROPS IRRITATION RELIEF	222	FIBER (PSYLLIUM HUSK)..	130	FLEET GLYCERIN (ADULT)	133
EYE DROPS(TETRAHYDROZ-ZN SULF).....	222	FIBER (PSYLLIUM HUSK/SUGAR).....	130	FLEET GLYCERIN (CHILD)	133
EYE ITCH RELIEF	220	FIBER (WITH ASPARTAME).....	130	FLEET GLYCERIN LAXATIVE.....	133
EYE WASH.....	224	FIBER LAXATIVE (CA POLYCARBO).....	130	FLEET LAXATIVE (BISACODYL).....	136
EYE WASH (BORIC ACID).	223	FIBER LAXATIVE (METHYLCELLULO).....	131	FLEXICHAMBER.....	184, 198
E-Z JECT LANCETS... 155, 198		FIBER LAXATIVE (PSYLLIUM HUSK).....	131	FLEXICHAMBER-LG CHILD MASK.....	184, 198
E-Z JECT THIN LANCETS.. 155		FIBER LAXATIVE (SUCROSE).....	131	FLEXICHAMBER-SM ADULT MASK.....	184, 198
EZ NITE SLEEP	54, 233	FIBER SMOOTH.....	131	FLEXICHAMBER-SM CHILD MASK.....	184, 198
EZ SMART CONTROL.....	155	FIBER SMOOTH (SUCROSE).....	131	FLINTSTONES COMPLETE (IRON).....	100
EZ SMART LANCETS. 155, 198		FIBER THERAPY (CA POLYCARBOPH).....	131	FLINTSTONES MULTIVITAMIN.....	99
<i>ezetimibe</i>	37	FIBER THERAPY (M-CELL/SUGAR).....	131	FLINTSTONES PLUS CALCIUM.....	100
E-Z-GAS II.....	120	FIBER THERAPY (M-CELLULOSE).....	131	FLINTSTONES WITH IRON	100
EZ-LETS.....	155, 198	FIBER THERAPY LAXATIVE (HUSK).....	131	FLINTSTONES/EXTRA C.....	99
Falmina (28).....	61	FIBER THERAPY(PSYL SEED-SUGAR).....	131	FLOVENT DISKUS.....	236
<i>famotidine</i>	126	FIBER-CAPS (PSYLLIUM HUSK).....	131	FLOVENT HFA.....	237
FANTASY CONDOM.....	176	FIBER-LAX.....	131	FLOW-EZE VENTED NEEDLE.....	180, 198
FARYDAK.....	26	FIBER-TABS.....	131	<i>fluconazole</i>	17
FC2 FEMALE CONDOM	149, 198	FIFTY50 SAFETY SEAL LANCETS.....	155	<i>fludrocortisone</i>	114
<i>felbamate</i>	45	<i>finasteride</i>	141	<i>flunisolide</i>	242
<i>felodipine</i>	41	FINE 30 UNIVERSAL LANCETS.....	155	<i>fluocinolone</i>	80, 81
FEMCAP	148, 198	FINGERSTIX LANCETS	155, 198	<i>fluocinolone and shower cap</i>	80
Femynor.....	61	FIRMAGON KIT W DILUENT SYRINGE.....	26	<i>fluocinonide</i>	81
FENESIN IR.....	240	FIRST AID ANTIBIOTIC.....	72	Fluocinonide-E.....	81
<i>fenofibrate</i>	37	FIRST AID ANTIBIOTIC-PAIN RLF	73	<i>fluocinonide-emollient</i>	81
<i>fenofibrate micronized</i>	37	FISH OIL.....	37, 38	FLUORABON.....	215
<i>fenofibrate nanocrystallized</i>	37	FISH OIL CONCENTRATE... 37		<i>fluoride (sodium)</i>	215
<i>fentanyl</i>	1	FISH OIL EXTRA STRENGTH.....	38	<i>fluorometholone</i>	221
FEOSOL.....	94	FLANAX (NAPROXEN).....	11	<i>fluorouracil</i>	77, 78
FERATE.....	95	FLAVOR CHEWS ANTACID	118	<i>fluoxetine</i>	48
FEROSUL.....	95	<i>flavoxate</i>	142	FLURA-DROPS.....	215
FERRETTIS.....	95	<i>flecainide</i>	36	<i>flurazepam</i>	52, 55
FERREX 150.....	95	FLEET BISACODYL.....	136	<i>flurbiprofen</i>	11
FERRIMIN 150.....	95			<i>flurbiprofen sodium</i>	221
FERROCITE.....	95			<i>flutamide</i>	23
FERRO-TIME.....	95			<i>fluticasone propionate</i>	81, 242
<i>ferrous fumarate</i>	95			<i>fluticasone propion-salmeterol</i>	239, 240
<i>ferrous gluconate</i>	95			<i>fluvoxamine</i>	48
<i>ferrous sulfate</i>	95			FML FORTE.....	221
FERROUSUL.....	95				
FEVER REDUCER.....	5				
FEVERALL.....	5				
<i>fexofenadine</i>	235, 236				
FIBER.....	131				
FIBER (CALCIUM POLYCARBOPHIL).....	130				

FML S.O.P.....	221	FREESTYLE UNISTIK 2	156, 200	GERI-PECTATE.....	123
FOAMING ACNE FACE				GERI-TUSSIN.....	240
WASH.....	70	FREEZONE CORN		G-FENESIN.....	240
FOAMING ANTACID... 115, 116		REMOVER.....	83	GIANVI (28).....	61
foliac acid	106	FUNGI-NAIL.....	77	GILENYA.....	217
FOOT AND SNEAKER.....	77	FUNGOID-D.....	77	glatiramer	217
FOR STY RELIEF.....	218	furosemide	42	Glatopa.....	217
FORA HIGH CONTROL		G TUSSIN AC.....	247	GLEOSTINE.....	23
.....	155, 199	gabapentin	45, 46	glimepiride	108
FORA LANCING DEVICE		galantamine	58	glipizide	108
.....	155, 199	GARDASIL 9 (PF).....	32	glipizide-metformin	108
FORA LOW CONTROL		GAS RELIEF		GLUCAGEN DIAGNOSTIC	
.....	155, 199	(SIMETHICONE).....	127	KIT.....	89
FORA NORMAL CONTROL	155	GAS RELIEF 80		GLUCAGEN HYPOKIT.....	106
FORACARE GDH HIGH		(SIMETHICONE).....	127	GLUCAGON EMERGENCY	
CONTROL.....	155, 199	GAS RELIEF EXTRA		KIT (HUMAN).....	106
FORACARE GDH LOW		STRENGTH.....	128	GLUCOCARD 01 HI-	
CONTROL.....	155, 199	GAS RELIEF ULTRA		NORMAL CONTROL.....	156
FORACARE GDH NORMAL		STRENGTH.....	128	GLUCOCARD 01 NORMAL	
CONTROL.....	155, 199	GAS-X EXTRA STRENGTH	128	CONTROL.....	156
FORACARE LANCETS		GAS-X ULTRA-STRENGTH	128	GLUCOCARD	
.....	155, 199	GAVILYTE-C.....	135	EXPRESSION.....	156
FORMULA 3.....	77	Gavilyte-G.....	135	GLUCOCARD SHINE.....	156
FORMULA EM.....	125	Gavilyte-N.....	135	GLUCOCOM CONTROL	
FORTISCARE HIGH... 155, 199		GAVISCON EXTRA		HIGH.....	156, 200
FORTISCARE LOW.... 156, 199		STRENGTH.....	116	GLUCOCOM CONTROL	
FORTISCARE NORMAL		GE100 CONTROL		NORMAL.....	156, 200
.....	156, 199	SOLUTION NORMAL.....	156	GLUCOCOM LANCETS	
fosinopril	33	GELUSIL ANTACID AND		.....	156, 200
FREESTYLE CONTROL.... 156		ANTI-GAS.....	120	GLUCOSE CONTROL.....	156
FREESTYLE FREEDOM		gemfibrozil	37	GLUCOSE KETONE	
LITE.....	156, 199	Generlac.....	126	CONTROL SOLN.....	156
FREESTYLE INSULINX		Gentak.....	225	glyburide	108
.....	147, 156, 199	gentamicin	71, 225	glyburide micronized	108
FREESTYLE INSULINX		GENTEAL TEARS MILD.... 218		glyburide-metformin	108
TEST STRIPS.....	148, 199	GENTEAL TEARS		glycerin (adult)	133
FREESTYLE LANCETS		MODERATE.....	218	glycerin (child)	133
.....	156, 199	GENTEAL TEARS		GLYCOLAX.....	133
FREESTYLE LITE METER		SEVERE(PETROLAT).....	218	glycopyrrolate	128
.....	156, 199	GENTLE LAXATIVE		Glydo.....	85
FREESTYLE LITE STRIPS. 148		(BISACODYL).....	136	GOJJI GLUCOSE CNTRL	
FREESTYLE PRECISION		GENTLELAX.....	133	SOL-NORMAL.....	157, 200
.....	169, 199	GERI-DRYL.....	232	GOJJI LANCETS.....	157, 200
FREESTYLE PRECISION		GERI-KOT.....	136	GOLD BOND MEDICATED	
NEO METER.....	156, 199	GERI-LANTA.....	120	ANTI-ITCH.....	84
FREESTYLE PRECISION		GERI-MOX ANTACID-		GOLYTELY.....	135
NEO STRIPS.....	148	ANTIGAS.....	120	GOODY'S MIGRAINE	
FREESTYLE TEST.....	148	GERI-MUCIL		RELIEF.....	12
		(ASPARTAME).....	131	griseofulvin microsize	17
		GERI-MUCIL (SUGAR).....	131	griseofulvin ultramicrosize	17

GUAIATUSSIN AC.....	247	HONEY BEARS		HYDROCORTISONE PLUS..	81
guaifenesin	240	MULTIVITAMIN.....	98	hydrocortisone-acetic acid	
GUAIFENESIN AC.....	247	HONEY BEARS WITH		.....	227
GUAIFENESIN DAC.....	247	IRON-ZINC.....	99, 100	hydrocortisone-aloe vera	82
guanfacine	41, 51	HUMALOG MIX 50-50		HYDROCREAM.....	81
GUMMI BEAR		INSULN U-100.....	113	hydrogen peroxide	29
MULTIVITAMIN.....	99	HUMALOG MIX 50-50		hydromorphone	1
GYNAZOLE-1.....	250	KWIKPEN.....	113	hydroxychloroquine	17
GYNOL II.....	68	HUMALOG MIX 75-25		hydroxyprogest(pf)(preg	
Hailey.....	61	KWIKPEN.....	113	presv)	114
Hailey 24 Fe.....	61	HUMALOG MIX 75-25(U-		hydroxyprogesterone	
Hailey Fe 1.5/30 (28).....	61	100)INSULN.....	113	cap(ppres)	114
Hailey Fe 1/20 (28).....	61	HUMIRA.....	8, 9, 129	hydroxyprogesterone	
HALAVEN.....	25	HUMIRA PEN.....	129	caproate	114
HARMONY CONTROL		HUMIRA PEN CROHNS-		hydroxyurea	24
L1,L3.....	157, 200	UC-HS START.....	8, 9, 129	hydroxyzine hcl	44
HAVRIX (PF).....	29	HUMIRA PEN PSOR-		hydroxyzine pamoate	44
HEADACHE FORMULA		UVEITS-ADOL HS.....	8, 9, 129	HYPODERMIC NEEDLES	
ADDED STR.....	13	HUMIRA(CF).....	9, 130	.....	180, 200
HEADACHE RELIEF (ASA-		HUMIRA(CF) PEDI		HYZAAR.....	34
ACET-CAF).....	13	CROHNS STARTER... 8, 9, 130		ibandronate	110
HEALTHPRO HIGH-LOW		HUMIRA(CF) PEN.....	8, 9, 130	Ibu.....	11
CONTROL.....	157	HUMIRA(CF) PEN		IBU-200.....	11
HEALTHWISE INSULIN		CROHNS-UC-HS.....	8, 9, 130	ibuprofen	11
SYRINGE.....	169, 200	HUMIRA(CF) PEN PSOR-		IBUPROFEN IB.....	11
HEALTHY ACCENTS		UV-ADOL HS.....	8, 9, 130	IBUPROFEN JR	
UNILET LANCET.....	157	HUMULIN 70/30 U-100		STRENGTH.....	11
HEALTHYLAX.....	133	INSULIN.....	112	IFEREX 150.....	95
HEARTBURN ANTACID.....	116	HUMULIN 70/30 U-100		imatinib	27
HEARTBURN		KWIKPEN.....	112	IMBRUVICA.....	24, 27
PREVENTION.....	127	HUMULIN N NPH INSULIN		imipramine hcl	50
HEARTBURN RELIEF.....	116	KWIKPEN.....	112	imiquimod	83
HEARTBURN RELIEF		HUMULIN N NPH U-100		IMODIUM A-D.....	122
(CIMETIDINE).....	127	INSULIN.....	112	IMOVAX RABIES VACCINE	
HEARTBURN RELIEF		HUMULIN R REGULAR U-		(PF).....	32
(FAMOTIDINE).....	127	100 INSULN.....	112	Incassia.....	65
HEARTBURN TREATMENT		HUMULIN R U-500 (CONC)		IN-CHECK DIAL TRAINING	
24 HOUR.....	127	INSULIN.....	112	DEVICE.....	184, 200
Heather.....	65	hydralazine	42	IN-CHECK NASAL WITH	
HEMA-COMBISTIX.....	88, 200	hydrochlorothiazide	43	MASK.....	182, 200
HEMOCYTE.....	95	HYDROCIL.....	131	IN-CHECK ORAL FLOW	
HEPLISAV-B (PF).....	30	hydrocodone-		METER.....	182, 200
HI-CAL PLUS VIT D.....	94	acetaminophen	2	INCONTROL BP MONITOR	177
HIGH POTENCY		hydrocodone-ibuprofen	3	INCONTROL SUPER THIN	
CAPSAICIN.....	87	hydrocortisone		LANCETS.....	157, 200
HIGH POTENCY IRON.....	95	.....	14, 81, 111, 129	INCONTROL ULTRA THIN	
HOMATROPAIRE.....	220	hydrocortisone acetate	81	LANCETS.....	157, 200
HOME LICE-BEDBUG-		hydrocortisone butyrate	81	indapamide	43
DUST MITE SPR.....	88	hydrocortisone butyr-		INDOCIN.....	12
		emollient	81	indomethacin	12

INFANT FEVER REDUCER- PAIN RELF	5	INZO ANTIFUNGAL.....	75	Junel Fe 24.....	62
INFANT PAIN RELIEVER.....	6	IONIL T.....	83	KABIVEN.....	98
INFANT'S ACETAMINOPHEN.....	6	IOSAT.....	94	KADCYLA.....	23, 28
INFANT'S ADVIL.....	11	IPOL.....	32	Kalliga.....	62
INFANTS GAS RELIEF.....	128	ipratropium bromide	238, 241	KAOPECTATE (BISMUTH SUBSALICY).....	123
INFANT'S IBUPROFEN.....	11	ipratropium-albuterol	239	KAOPECTATE EX STR (BISMUTH SS).....	123
INFANT'S MOTRIN.....	11	I-PRIN.....	11	KAO-TIN (DOCUSATE CALCIUM).....	139
INFANTS' PAIN AND FEVER.....	6	irbesartan	35	Kariva (28).....	58
INFANTS' PAIN RELIEF.....	6	irbesartan- hydrochlorothiazide	34	KAZANO.....	109
INFANT'S PAIN RELIEF.....	6	irinotecan	27	Kelnor 1/35 (28).....	62
INFANT'S PAIN RELIEVER... 6		IRON.....	96	Kelnor 1-50.....	62
INFANTS PROFENIB.....	11	IRON (DRIED).....	96	ketoconazole	16, 75
INFINITY CONTROL SOLUTION HIGH.....	157, 200	IRON (FERROUS SULFATE).....	96	KETONE CARE.....	187, 201
INFINITY CONTROL SOLUTION LOW.....	157, 201	IRON CHEWS.....	96	KETONE URINE TEST.....	201
INFINITY CONTROL SOLUTION NORM.....	157, 201	Isibloom.....	61	ketoprofen	11
INFINITY VOICE CTRL		isoniazid	18	ketorolac	10, 221
SOLN-LVL 2.....	157, 201	isosorbide dinitrate	35	KETOSTIX.....	201
INJECT EASE LANCETS	157, 201	isosorbide mononitrate	35	ketotifen fumarate	220
INSPIRACHAMBER....	184, 201	isotretinoin	68	KEYTRUDA.....	28
INSPIRACHAMBER WITH MASK-LARGE.....	184, 201	isoxsuprine	43	KIDSTART.....	99
INSPIRACHAMBER WITH MASK-MED.....	184, 201	ITCH RELIEF.....	78	KIMONO CONDOMS(NON- LUBRICATED).....	177
INSPIRACHAMBER WITH MASK-SMALL.....	184, 201	ITCH RELIEF (CLOTRIMAZOLE).....	75	KIMONO MAXX CONDOMS	177
insulin asp prt-insulin aspart	113	ITCH RELIEF (DIPHENHYDRAMINE).....	85	KIMONO MICROTHIN AQUA LUBE CON.....	177
insulin lispro protamin- lispro	113	ITCHY EYE DROPS.....	220	KIMONO MICROTHIN CONDOMS.....	177
insulin syr/ndl u100 half mark	169, 201	itraconazole	17	KIMONO MICROTHIN LARGE CONDOMS.....	177
INSULIN SYRINGE	169, 170, 201	ivermectin	16	KIMONO TEXTURED CONDOMS.....	177
INSULIN SYRINGE MICROFINE.....	169, 201	IXEMPRA.....	25	KIONEX (WITH SORBITOL). 91	
insulin syringe needleless	169, 201	Jantoven.....	143	Klor-Con M10.....	97
insulin syringe-needle u- 100	170, 201	JARDIANCE.....	108	Klor-Con M20.....	97
INTRALIPID.....	99	Jasmiel (28).....	61	KONDREMUL.....	133
INTRON A.....	26	Jencycla.....	65	KONSYL (SUGAR).....	131
Introvale.....	61	JOCK ITCH.....	77	K-PEC ANTIDIARRHEAL (BISM SUB).....	123
INVACARE LANCETS.157, 201		JOCK ITCH (CLOTRIMAZOLE).....	75	K-PHOS NO 2.....	141
		JOCK ITCH (TERBINAFINE) 74		KPN.....	102
		JOLESSA.....	61	Kurvelo (28).....	62
		JR. ACETAMINOPHEN.....	6	labetalol	34
		JR. STR NON-ASPIRIN PAIN.....	6	LABSTIX REAGENT....	88, 201
		JR. STRENGTH PAIN RELIEVER.....	6	lactulose	126, 134
		Juleber.....	61	lamotrigine	47
		Junel 1.5/30 (21).....	61	lancets	157
		Junel 1/20 (21).....	61		
		Junel Fe 1.5/30 (28).....	61		
		Junel Fe 1/20 (28).....	61		

LANCETS, SUPER THIN		levonorgestrel-ethinyl estrad.....62	LITTLE TUMMYS GAS RELIEF..... 128
..... 157, 201		levonorg-eth estrad triphasic.....66	LO-DOSE ASPIRIN..... 14, 145
LANCETS, THIN..... 157, 201		Levora-28..... 62	LOHIST - D.....228
LANCETS, ULTRA THIN		levorphanol tartrate 1	LONG ACTING NASAL DECONG (PSE)..... 248
..... 157, 202		levothyroxine 115	loperamide 122
lancing device 157		LICE BEDDING SPRAY..... 88	LOPREEZA..... 110
LANCING DEVICE WITH		LICE COMPLETE KIT 1-2-3..87	LORADAMED.....235
LANCETS..... 157		LICE KILLING..... 87	loratadine 235
LANCING SYSTEM..... 157, 202		LICE KILLING (PERMETHRIN)..... 88	lorazepam.....44
lansoprazole 127		LICE PYRINYL SHAMPOO...87	Lorcet (Hydrocodone).....3
Larin 1.5/30 (21)..... 62		LICE SOLUTION..... 87	Lorcet Hd..... 3
Larin 1/20 (21)..... 62		LICE TREATMENT.....87, 88	LORTUSS EX.....247
Larin 24 Fe..... 62		LICE TREATMENT (PERMETHRIN)..... 88	Loryna (28)..... 62
Larin Fe 1.5/30 (28)..... 62		lidocaine.....85	losartan.....35
Larin Fe 1/20 (28)..... 62		lidocaine hcl 14, 85	losartan-hydrochlorothiazide 34
Larissia..... 62		Lidocaine Viscous.....216	LOTRIMIN AF.....75
latanoprost 226		LIFESHIELD BLUNT CANNULA..... 180, 202	lovastatin.....37
latex gloves 149		Lillow (28)..... 62	Low-Ogestrel (28).....63
LATEX GLOVES, LARGE		linezolid 21	Lo-Zumandimine (28)..... 63
..... 149, 202		liothyronine 115	LUBRICANT EYE..... 218
LATEX GLOVES, MEDIUM		LIQUID ANTACID..... 120, 121	LUBRICANT EYE DROPS.. 218
..... 149, 202		LIQUITUSS GG..... 240	LUBRICANT REDNESS RELIEVER.....222
LATEX GLOVES, SMALL... 149		lisinopril.....33	LUBRICATING PLUS..... 218
LAX STOOL SOFTENER		lisinopril-hydrochlorothiazide 33	LUBRIFRESH PM..... 218
WITH SENNA..... 137		LITE COAT ASPIRIN..... 14	LUGOLS.....94
LAXA BASIC..... 139		LITE TOUCH INSULIN SYRINGE..... 170, 202	LUMOXITI.....24, 26
LAXACIN..... 137		LITE TOUCH LANCETS	LUPRON DEPOT..... 26
LAXACLEAR..... 134		..... 157, 202	LUPRON DEPOT (3 MONTH)..... 26
LAXATIVE (BISACODYL)... 136		LITE TOUCH-MEDIUM MASK..... 184, 202	LUPRON DEPOT (4 MONTH)..... 26
LAXATIVE (GLYCERIN-PEDIATRIC)..... 134		LITEAIRE MDI CHAMBER	LUPRON DEPOT-PED..... 114
LAXATIVE (SENNOSIDES) 136		..... 184, 202	Lutera (28)..... 63
LAXATIVE PEG 3350..... 134		LITETOUCH-LARGE MASK	LYSIPLEX PLUS..... 100
LAXATIVE PLUS STOOL SOFTENER..... 137		..... 185, 202	LYSODREN.....23
L-CARNITINE..... 90		LITTLE ANIMALS..... 99	Lyza..... 65
LEENA 28..... 66		LITTLE ANIMALS-IRON..... 100	MAALOX ADVANCED..... 121
leflunomide 10		LITTLE REMEDIES..... 243	MAG-AL..... 116
Lessina..... 62		LITTLE REMEDIES FEVER AND PAIN.....6	MAG-AL PLUS..... 121
LETAIRIS.....44		LITTLE REMEDIES GAS RELIEF..... 128	MAG-AL PLUS EXTRA STRENGTH..... 121
leucovorin calcium 28, 29			MAGELLAN INSULIN SAFETY SYRNG..... 170, 202
LEUKERAN..... 23			MAGELLAN SYRINGE 170, 202
levetiracetam.....47			MAGLOX..... 121
levobunolol 223			magnesium citrate 134
levocarnitine 215			
levocarnitine (with sugar) 215			
levofloxacin 19, 225			
Levonest (28).....66			
levonorgestrel.....67			

magnesium hydroxide	134	MEN-PHOR.....	78	MICONAZOLE 7.....	250
magnesium oxide	96, 118	MENSTRUAL RELIEF.....	8	miconazole nitrate	75, 250
malathion	88	MENSTRUAL		MICONAZOLE-3.....	250
MAPAP		RELIEF(PAMABR-PYRIL).....	8	miconazole-skin clnsr17 ...	250
(ACETAMINOPHEN).....	6	MENVEO A-C-Y-W-135-DIP		MICONAZORB AF.....	75
MAPAP ARTHRITIS PAIN.....	6	(PF).....	31	MICRO THIN LANCETS.....	158
Marlissa (28).....	63	MENVEO MENA		MICROCHAMBER.....	185
MARQIBO.....	28	COMPONENT (PF).....	31	MICRODOT HIGH-LOW	
MASANTI DOUBLE		MENVEO MENCYW-135		CONTROL.....	158, 203
STRENGTH.....	121	COMPNT (PF).....	31	MICRODOT NORMAL	
MASOPHEN.....	6	mepерidine	1	CONTROL.....	158
MATULANE.....	22	mercaptapurine	23	Microgestin 1.5/30 (21).....	63
MAVYRET.....	20	mesalamine	129	Microgestin 1/20 (21).....	63
MAXEPA.....	37	Metadate Er.....	51	Microgestin Fe 1.5/30 (28).....	63
MAXICOMFORT INSULIN		METAMUCIL PLUS		Microgestin Fe 1/20 (28).....	63
SYRINGE.....	171, 203	CALCIUM.....	131	MICRO-GUARD.....	75
MAXI-COMFORT INSULIN		METAMUCIL SUGAR-FREE		MICROLET LANCET.....	158
SYRINGE.....	171, 203	(ASPART).....	131	MICROLIFE PEAK FLOW	
M-DRYL.....	232	metaproterenol	239	METER.....	182, 203
meclizine	124	Metaxall.....	147	MICROSPACER.....	185
MEDICATED CHEST RUB..	236	metaxalone	147	midodrine	41
MEDI-MECLIZINE.....	124	METER-CHECK.....	158	MIDOL.....	7
MEDIPROXEN.....	11	metformin	114	miglitol	107
MEDISENSE.....	158	methadone	1	MIGRAINE FORMULA.....	13
MEDISENSE CONTROLS		Methadone Intensol.....	1	MIGRAINE RELIEF.....	13
1-HI 1-LO.....	158, 203	methazolamide	42	Mili.....	63
MEDISENSE GLUCOSE		methenamine hippurate	21	MILK OF MAGNESIA.....	134
KETONE.....	158	methenamine mandelate	21	Mimvey.....	110
MEDISENSE MID		methimazole	109	mineral oil	133
CONTROL.....	158	methocarbamol	147	MINERAL OIL EXTRA	
MEDISENSE THIN		methotrexate sodium	9, 23	HEAVY.....	133
LANCETS.....	158	methotrexate sodium (pf) ...	23	MINERAL OIL HEAVY.....	133
MEDIWASH.....	224	methyldopa	41	MINI LANCING DEVICE	
MEDIWASH EYE IRRIGANT		methylergonovine	114	.....	158, 203
.....	224	methylphenidate hcl	51, 52	MINI WRIGHT PEAK FLOW	
MEDLANCE PLUS		methylprednisolone	111	METER.....	182
LANCETS.....	158	metipranolol	223	Minitran.....	35
MEDLANCE PLUS		metoclopramide hcl	128	MINI-WRIGHT PEAK FLOW	
SPECIAL BLADE.....	158	metolazone	43	METER.....	182, 203
MEDPOINT NORMAL		metoprolol succinate	39	minocycline	22
CONTROL.....	158, 203	metoprolol tartrate	39	minoxidil	42
medroxyprogesterone	58, 114	metronidazole ..	17, 69, 85, 251	MINTOX.....	121
mefloquine	17	mexiletine	35	MINTOX MAXIMUM	
megestrol	27, 89	MG217 PSORIASIS (COAL		STRENGTH.....	121
MEKTOVI.....	26	TAR).....	83	MINTOX PLUS.....	121
meloxicam	10	MGO.....	96	mirtazapine	48
melphalan	23	MI-ACID.....	121	misoprostol	127
memantine	58	MI-ACID GAS		MISTASSIST.....	185, 203
MENACTRA (PF).....	31	RELIEF(SIMETHICON).....	128	MISTASSIST KIT.....	185, 203
Menest.....	111	MICATIN.....	75	M-M-R II (PF).....	33

M-NATAL PLUS.....	102	MULTIHEALTH FIBER		<i>naratriptan</i>	53
<i>modafinil</i>	54	(SUGAR).....	131	NASADOCK PLUS KIT.....	244
<i>mometasone</i>	81, 242	MULTISTIX.....	89, 205	NASAFLO PORCELAIN KIT.....	244
Mondoxyne NI.....	22	MULTISTIX 10 SG.....	88, 204	NASAL ALLERGY.....	242
MONISTAT 3.....	250	MULTISTIX 5.....	89, 204	NASAL ALLERGY	
MONISTAT 7.....	250	MULTISTIX 7.....	89, 204	SYMPTOM CONTROL.....	242
MONOJECT 3CC SYR		MULTISTIX 8 SG.....	89, 204	NASAL DECONGESTANT	
25GX1".....	180, 203	MULTISTIX 9.....	89, 204	(PE).....	248
MONOJECT HYPODERMIC		MULTISTIX 9 SG.....	89, 204	NASAL DECONGESTANT	
NEEDLES.....	180, 203	MULTI-VIT WITH		(PSEUDOEPH).....	248
MONOJECT HYPODERMIC		FLUORIDE-IRON.....	101	NASAL MOISTURIZING.....	243
POLYPROPYL.....	181, 204	MULTIVITAMIN WITH		NASAL RELIEF SINUS	
MONOJECT INSULIN		FLUORIDE.....	101	WASH W/NETI.....	244
SAFETY SYRINGE.....	171, 204	MULTI-VITAMIN WITH		NASAL RELIEF SINUS	
MONOJECT INSULIN		FLUORIDE.....	101	WASH-BOTTLE.....	244
SYRINGE.....	171, 204	MULTIVITAMINS WITH		NASAL SPRAY (SODIUM	
MONOJECT SYRINGE		FLUORIDE.....	101	CHLORIDE).....	243
.....	171, 181, 204	<i>mupirocin</i>	72	NASAL WASH.....	244
MONOJECT ULTRA		MURINE EAR.....	227	<i>nateglinide</i>	107
COMFORT INSULIN... ..	171, 204	MURINE EAR WAX		NATURAL CALCIUM.....	92
MONOLET LANCETS.....	158	REMOVAL SYSTEM.....	227	NATURAL DAILY FIBER....	132
MONOLET THIN LANCETS		MURO 128.....	223	NATURAL FIBER	
.....	158, 204	MUSCLE RUB.....	86	LAXATIVE.....	132
Mono-Linyah.....	63	MVC-FLUORIDE.....	101	NATURAL FIBER	
<i>montelukast</i>	237	MY CHOICE.....	67, 68	LAXATIVE (SUGAR).....	132
<i>morphine</i>	1	MY FAVORITE MULTIPLE... ..	98	NATURAL FIBER	
<i>morphine concentrate</i>	1	MY WAY.....	67	LAXATIVE THERAPY.....	132
MOSCO CALLUS-CORN		MYCO NAIL A.....	77	NATURAL FIBER	
REMOVER.....	83	<i>mycophenolate mofetil</i>	146	LAXATIVE(ASPART).....	132
MOTION RELIEF		MYFERON 150.....	96	NATURAL FIBER	
(MECLIZINE).....	124	MYGLUCOHEALTH		SUPPLEMENT.....	132
MOTION SICKNESS		CONTROL SOLUTION.....	158, 205	NATURAL SENNA	
(MECLIZINE).....	124	MYGLUCOHEALTH		LAXATIVE.....	137
MOTION SICKNESS II.....	124	LANCETS.....	158, 205	NATURAL VEG	
MOTION SICKNESS		MYLANTA MAXIMUM		LAXATIVE(SENNOSID).....	137
RELIEF(MECLIZ).....	124	STRENGTH.....	121	NATURAL VEGETABLE....	132
MOTION-TIME.....	124	MYLERAN.....	22	NATURAL VEGETABLE	
MOUTHPIECE.....	185, 204	MYNATAL.....	102	(PSYLLIUM).....	132
MOVE IT ALONG.....	139	MYNATAL ADVANCE.....	102	NATURAL VEGETABLE	
<i>moxifloxacin</i>	225	MYNATAL PLUS.....	102	LAXATIVE.....	137
M-PAP.....	6	MYNATAL-Z.....	102	NATURAL VEGETABLE	
MUCINEX FAST-MAX DM		MYNATE 90 PLUS.....	102	POWDER.....	132
MAX.....	245	MYNEPHROCAPS.....	90	NATURA-LAX.....	134
MUCOSA.....	240	MYNEPHRON.....	90	NAUSEA CONTROL.....	125
MUCUS RELIEF.....	240	Myorisan.....	68	NAUSEA RELIEF.....	125
MUCUS RELIEF COUGH... ..	246	MYRBETRIQ.....	140	NEBUPENT.....	21
MUCUS RELIEF DM MAX..	246	<i>nabumetone</i>	10	NEBUSAL.....	57
MULTI ANTIBIOTIC PLUS....	73	<i>nadolol</i>	40	Necon 0.5/35 (28).....	63
MULTI-DELYN WITH IRON..	97	<i>naproxen</i>	12	<i>needle (disp) 16 g</i>	181, 205
MULTIHEALTH FIBER.....	132	<i>naproxen sodium</i>	12	<i>needle (disp) 18 g</i>	181, 205

needle (disp) 19 g	181, 205	NIGHTTIME SLEEP AID		NOVOLIN 70/30 U-100	
needle (disp) 23 gauge		(DIPHEN).....	54	INSULIN.....	112
.....	181, 205	NIGHTTIME SLEEP-AID		NOVOLIN 70-30 FLEXPEN	
nefazodone	48	(DOXYLAMN).....	54	U-100.....	112
NEILMED NASAFLO.....	244	Nikki (28).....	63	NOVOLIN N FLEXPEN.....	112
NEILMED PEDIAT SINUS		nilutamide	23	NOVOLIN N NPH U-100	
RINSE REF.....	243	NITRILE EXAM GLOVES....	149	INSULIN.....	112
NEILMED SINUS RINSE		Nitro-Bid.....	35	NOVOLIN R REGULAR U-	
COMPLETE.....	244	NITRO-DUR.....	35	100 INSULN.....	113
NEILMED SINUS RINSE		nitrofurantoin	142	NOVOLOG MIX 70-30 U-	
REFILL.....	243	nitrofurantoin		100 INSULN.....	113
neomycin	15	macrocrystal	142	NOVOLOG MIX 70-	
neomycin-bacitracin-poly-		nitrofurantoin monohydlm-		30FLEXPEN U-100.....	113
hc	219	cryst	142	NU-IRON.....	96
neomycin-bacitracin-		nitroglycerin	35	NUTRILIPID.....	99
polymyxin	224	NIVA-PLUS.....	97, 102	NUTRISOURCE FIBER.....	132
neomycin-polymyxin b gu	140	NIZORAL A-D.....	75	Nyamyc.....	74
neomycin-polymyxin b-		NOBLE FORMULA.....	79	nystatin	16, 74, 215
dexameth	219	NOBLE FORMULA HC.....	81	Nystop.....	74
neomycin-polymyxin-		NOHIST-LQ.....	228	NYTOL.....	54, 233
gramicidin	224	NOKOR NEEDLE.....	181, 205	OATMEAL NITRILE EXAM	
neomycin-polymyxin-hc		NON-ASPIRIN.....	6, 7	GLOVES.....	149, 205
.....	219, 227	NON-ASPIRIN CHILDRENS...	6	OBAGI NU-DERM	
Neo-Polycin.....	224	NON-ASPIRIN EXTRA		TOLEREEN.....	81
Neo-Polycin Hc.....	219	STRENGTH.....	6	O-CAL F.A.....	98
NEOSPORIN (NEO-BAC-		NORA-BE.....	65	O-CAL PRENATAL.....	102
POLYM).....	72	NORDITROPIN FLEXPRO..	112	OCEAN NASAL.....	243
NEOSPORIN + PAIN		norethindrone		OCELLA.....	64
RELIEF.....	73	(contraceptive)	65	ODOMZO.....	25
NEOSPORIN PLUS		norethindrone ac-eth		ODOR CONTROL FOOT-	
PAINRELIEF(BAC).....	73	estradiol	63	SNEAKER.....	77
NEPHPLEX RX.....	90	norethindrone-e.estradiol-		ofloxacin	225, 227
NEPHRONEX.....	90	iron	63	olopatadine	242
NESINA.....	107	norgestimate-ethinyl		omega 3-dha-epa-fish oil	38
NEUTROGENA T-GEL.....	83	estradiol	63, 66	omega-3 acid ethyl esters ...37	
NEW DAY.....	67, 68	Norlyda.....	65	omega-3 fatty acids	37
niacin	37, 105	NORTEMP.....	7	omega-3 fatty acids-fish	
Niacor.....	37	Nortrel 0.5/35 (28).....	63	oil	39
NICORELIEF.....	56	NORTREL 1/35 (21).....	63	omeprazole	127
nicotine	56	Nortrel 1/35 (28).....	63	ON CALL EXPRESS	
nicotine (polacrilex)	56	Nortrel 7/7/7 (28).....	66	CONTROL.....	159, 205
NICOTROL.....	56	nortriptyline	50	ON CALL LANCET.....	159, 205
NICOTROL NS.....	56	NOVA MAX GLUCOSE		ON CALL PLUS CONTROL	
nifedipine	41	CONTROL.....	158, 205	.....	159, 205
NIGHTTIME SLEEP.....	54, 233	NOVA SAFETY LANCETS..	158	ON CALL PLUS LANCET	
NIGHTTIME ALLERGY		NOVA SUREFLEX		.....	159, 205
RELIEF.....	232	LANCETS.....	158, 205	ON CALL VIVID CONTROL	
NIGHTTIME DRY-EYE		NOVAMAX PLUS GLU-KET		.....	159, 205
RELIEF.....	218	.....	159, 205	ondansetron	125
				ondansetron hcl	125

ONE WAY VALVED			
MOUTHPIECE.....	185		
ONE-PER-DAY OMEGA-3....	39		
ONETOUCH DELICA			
LANCETS.....	159, 205		
ONETOUCH DELICA PLUS			
LANCET.....	159, 205		
ONETOUCH SURESOFT			
LANCING DEV.....	159, 205		
ONETOUCH ULTRA			
CONTROL.....	159		
ONETOUCH ULTRASOFT			
LANCETS.....	159, 205		
ONETOUCH VERIO HIGH			
CONTROL.....	159, 205		
ONETOUCH VERIO MID			
CONTROL.....	159, 205		
ON-THE-GO LANCETS.....	159		
OPCICON ONE-STEP....	67, 68		
OPTICHAMBER ADULT			
MASK-LARGE.....	185, 206		
OPTICHAMBER DIAMOND			
LG MASK.....	185, 206		
OPTICHAMBER DIAMOND			
VHC.....	185, 206		
OPTICHAMBER DIAMOND-			
MED MSK.....	185, 206		
OPTICHAMBER DIAMOND-			
SML MASK.....	185, 206		
OPTIMAL D3.....	106		
OPTION-2.....	68		
OPTUMRX.....	159, 206		
ORACIT.....	142		
ORAL SALINE LAXATIVE...	135		
Oralene.....	216		
ORALYTE.....	96		
ORASEP.....	216		
orphenadrine citrate	147		
Orsythia.....	64		
oseltamivir	20		
OSMOPREP.....	135		
OVERNIGHT			
LUBRICATING EYE.....	218		
oxazepam	44, 52		
oxcarbazepine	46, 47		
oxiconazole	76		
OXISTAT.....	76		
oxybutynin chloride	143		
oxycodone	2		
oxycodone-			
acetaminophen	3		
oxycodone-aspirin	3		
OXYCONTIN.....	2		
oxytocin	114		
OYSCO 500/D.....	94		
OYSTER SHELL + D3.....	94		
OYSTER SHELL CALCIUM..	92		
OYSTER SHELL CALCIUM			
500.....	92		
OYSTER SHELL CALCIUM			
AND MAG.....	93		
OYSTER SHELL CALCIUM-			
VIT D2.....	94		
OYSTER SHELL CALCIUM-			
VIT D3.....	94		
OYSTERCAL-D.....	94		
Pacerone.....	36		
PAIN EASE MEDIUM			
STREAM SPRAY.....	84		
PAIN EASE MIST SPRAY....	84		
PAIN RELIEF			
(ACETAMINOPHEN).....	7		
PAIN RELIEF ADULT.....	7		
PAIN RELIEF REGULAR			
STRENGTH.....	7		
PAIN RELIEF(WITH			
SALICYLAMIDE).....	13		
PAIN RELIEVER.....	7		
PAIN RELIEVER (ACETAM-			
ASPIRIN).....	13		
PAIN RELIEVER JR			
STRENGTH.....	7		
PAIN RELIEVER PLUS.....	13		
PAIN RELIEVING (M-			
SALIC-MEN).....	86		
PAIN RELIEVING(CAM-			
M.SAL-MENT).....	86		
PAIN-OFF.....	13		
PANDA MASK.....	185		
PANOXYL.....	70		
pantoprazole	127		
PAREMYD.....	219		
paricalcitol	215		
Paroex Oral Rinse.....	216		
paromomycin	15		
paroxetine hcl	48		
PARVA-CAL 500.....	94		
PATADAY.....	221		
P-COL RITE.....	138		
PC-TAR.....	83		
PEAK AIR PEAK FLOW			
METER.....	182, 206		
PEDIA IRON.....	96		
PEDIA POLY-VITE.....	99, 100		
PEDIA RELIEF INFANT			
NASAL.....	248		
PEDIA TRI-VITE.....	99		
PEDIACARE FEVER			
REDUCER.....	7		
PEDIA-LAX.....	134		
PEDIA-LAX STOOL			
SOFTENER.....	139		
PEDIATRIC ELECTROLYTE	97		
PEDIATRIC ENEMA.....	135		
PEDIATRIC FREEZER			
POPS.....	97		
PEDIATRIC MEDIUM MASK			
.....	185, 206		
PEDIATRIC PANDA MASK			
.....	185, 206		
PEDIATRIC SMALL MASK			
.....	185, 206		
PEDI-BORO SOAK.....	79		
peg 3350-electrolytes	135		
peg-electrolyte soln	135		
penicillin g procaine	21		
penicillin v potassium ...	21, 22		
pentamidine	21		
pentoxifylline	144		
PEPTIC RELIEF.....	123		
PEP-T-MED.....	123		
Periogard.....	216		
permethrin	88		
perphenazine-amitriptyline .	49		
PERRY PRENATAL.....	102		
PERSA-GEL.....	70		
PERSONAL BEST FULL			
RANGE.....	183, 206		
PERSONAL BEST LOW			
RANGE.....	183, 206		
PFLEX INSPIRATORY			
TRAINER.....	185, 206		
PHARBECHLOR.....	230, 234		
PHARBEDRYL.....	232		
PHARBETOL.....	7		
phendimetrazine tartrate	89		
phenobarbital	55		
phentermine	89		
phenylephrine hcl	222		

<i>phenytoin</i>	46	<i>potassium, sodium</i>		<i>prenatal vits96-iron fum-</i>	
<i>phenytoin sodium</i>		<i>phosphates</i>	97	<i>folic</i>	104
<i>extended</i>	46	POWDERLAX.....	134	PRENATAL-U.....	98, 104
Philith.....	64	<i>pramipexole</i>	51	PREPARATION H	
PHILLIPS' LIQUI-GELS.....	139	<i>pravastatin</i>	37	HYDROCORTISONE.....	82
PHILLIPS MILK OF		<i>prazosin</i>	43	PREPLUS.....	104
MAGNESIA.....	118	PRECISION GLUCOSE		PRESSURE ACTIVATED	
PHOSPHATE LAXATIVE....	135	CONTROL SOLN.....	159, 206	LANCETS.....	159, 207
PHOSPHOROUS		PRECISION		Prevalite.....	36
SUPPLEMENT.....	97	GLUCOSE/KETONE		Previfem.....	64
<i>phytonadione (vitamin k1)</i>	106	CONTR.....	159, 207	PREVNAR 13 (PF).....	32
PIKO 1.....	183, 206	PRECISION XTRA B-		PRIFTIN.....	18
<i>pilocarpine hcl</i>	216, 219	KETONE.....	88, 207	<i>primaquine</i>	17
Pimtree (28).....	58	PRECISION XTRA		PRIMEAIRE.....	185, 207
PINAWAY.....	16	MONITOR.....	159, 207	<i>primidone</i>	44
<i>pindolol</i>	40	PRECISION XTRA TEST....	148	PRO COMFORT INSULIN	
PINK BISMUTH.....	123	PRED-G.....	219	SYRINGE.....	171, 172, 207
PINK BISMUTH MAXIMUM		PRED-G S.O.P.....	219	PRO COMFORT LANCET	
STRENGTH.....	123	<i>prednicarbate</i>	82	.....	159, 207
PINWORM TREATMENT.....	16	<i>prednisolone</i>	111	PRO COMFORT SPACER-	
<i>pioglitazone</i>	114	<i>prednisolone acetate</i>	221	ADULT MASK.....	185, 207
PIP LANCET.....	159, 206	<i>prednisolone sodium</i>		PRO COMFORT SPACER-	
Pirmella.....	64, 66	<i>phosphate</i>	111, 221	CHILD MASK.....	186, 207
PITOCIN.....	114	<i>prednisone</i>	111	<i>probenecid</i>	143
PNEUMOVAX-23.....	31	<i>pregabalin</i>	46	<i>probenecid-colchicine</i>	143
<i>pnv cmb#95-ferrous</i>		PREMARIN.....	111, 251	PROCARE SPACER WITH	
<i>fumarate-fa</i>	102	PRE-MENSTRUAL RELIEF....	8	ADULT MASK.....	186, 207
POCKET CHAMBER.....	185	PREMIUM NITRILE		PROCARE SPACER WITH	
POCKET PEAK FLOW		GLOVES.....	149	CHILD MASK.....	186, 207
METER.....	183, 206	PREMIUM OMEGA-3.....	91	PROCHAMBER.....	186, 207
<i>podofilox</i>	83	PREMPHASE.....	110	<i>prochlorperazine</i>	125
POLY BACITRACIN (ZINC)..	72	PREMPRO.....	110	<i>prochlorperazine maleate</i> ...	51
POLY HUB NEEDLE... 181,	206	PRENATABS FA.....	102	Procto-Med Hc.....	14
Polycin.....	224	PRENATABS RX.....	103	Procto-Pak.....	14, 82
<i>polyethylene glycol 3350</i> ..	134	PRENATAL.....	103	Proctosol Hc.....	14, 82
POLY-IRON.....	96	PRENATAL 19.....	103	Proctozone-Hc.....	15
<i>polymyxin b sulf-</i>		PRENATAL FORMULA.....	103	PRODIGY CONTROL	
<i>trimethoprim</i>	224	PRENATAL LOW IRON.....	103	SOLUTION, LOW.....	160
<i>polysaccharide iron</i>		PRENATAL ONE DAILY....	103	PRODIGY CONTROL	
<i>complex</i>	96	PRENATAL PLUS.....	103	SOLUTION,HIGH.....	160, 207
POLYSPORIN		PRENATAL PLUS		PRODIGY INSULIN	
(BACITRACIN ZINC).....	72	(CALCIUM CARB).....	103	SYRINGE.....	172, 207
POLY-VI-FLOR.....	101	PRENATAL TABLET.....	103	PRODIGY LANCETS..	160, 207
POLY-VI-FLOR WITH IRON	101	PRENATAL VITAMIN.....	103	PRODIGY LANCING	
<i>polyvinyl alcohol</i>	218	PRENATAL VITAMIN PLUS		DEVICE.....	160, 207
POLY-VITAMINS.....	100	LOW IRON.....	103	PRODIGY TWIST TOP	
Portia 28.....	64	PRENATAL VITAMIN WITH		LANCET.....	160
<i>potassium chloride</i>	97	MINERALS.....	103	PROGRAF.....	146
<i>potassium citrate</i>	142	<i>prenatal vit-iron fum-folic</i>		PROLIA.....	115
<i>potassium gluconate</i>	97	<i>ac</i>	103	<i>promethazine</i>	232

promethazine-codeine	246	RECOMBIVAX HB (PF).....	30	RI-GEL II.....	121
promethazine-dm	244	REDNESS RELIEF	222	RIGHTEST CONTROL	
promethazine-phenyleph- codeine	247	REDNESS RELIEVER EYE		SOLUTION HIGH.....	160, 208
promethazine- phenylephrine	228	DROPS.....	222	RIGHTEST CONTROL	
Promethegan.....	233	REDNESS RELIEVER		SOLUTION NORM.....	160, 208
PROMOLAXIN.....	139	LUBRICANT.....	223	RIGHTEST GC250S CNTRL	
propafenone	36	REESE'S PINWORM		SOL NORM.....	160, 208
propantheline	128	MEDICINE.....	16	RIGHTEST GD500	
propranolol	40	REFENESEN.....	241	LANCING DEVICE.....	160, 208
propylthiouracil	109	REFRESH CELLUVISC.....	218	RIGHTEST GL300	
PROVIL.....	12	REFUAH PLUS GLUCOSE		LANCETS.....	160, 208
pseudoephedrine hcl	248	CONTROL.....	160, 208	RIGINIC.....	116
psyllium husk	132	REGULOID (PSYLLIUM		riluzole	146
PULMICORT FLEXHALER.	237	HUSK-SUCRO).....	132	RI-MAG.....	118
PURE AND GENTLE		RELENZA DISKHALER.....	20	RI-MAG PLUS.....	122
DISPOSABLE.....	135	RELIAMED LANCET... 160, 208		RI-MOX.....	122
PURE COMFORT		RELIAMED SAFETY SEAL		RI-MOX PLUS.....	122
LANCETS.....	160, 208	LANCETS.....	160, 208	RINGWORM.....	76
PURE COMFORT SAFETY		RELIAMED TWIST AND		RITEFLO AEROCHAMBER	
LANCETS.....	160, 208	CAP LANCET.....	160, 208	.....	186, 208
PURELAX.....	134	RELION THIN LANCETS		RITIFED.....	228
PUSH BUTTON SAFETY		.....	160, 208	RI-TUSSIN.....	241
LANCETS.....	160, 208	RELION ULTRA THIN PLUS		RI-TUSSIN DM.....	246
pyrazinamide	18	LANCETS.....	160, 208	RITUXAN.....	24
pyridostigmine bromide	146	REMEDY ANTIFUNGAL.....	76	rivastigmine tartrate	58
pyridoxine (vitamin b6)	105	REMEDY PHYTOPLEX		rizatriptan	53
quinapril	33	ANTIFUNGAL.....	76	ROBAFEN.....	241
quinapril- hydrochlorothiazide	33	RENAL CAPS.....	90	ROBAFEN DM COUGH-	
quinidine sulfate	35	RENA-VITE RX.....	90	CHEST CONGEST.....	246
quinine sulfate	17	RENO CAPS.....	90	ROBITUSSIN COUGH-	
QUIT 2.....	56	repaglinide	107	CHEST CONG DM.....	246
QUIT 4.....	56	RESPA-AR.....	229	ropinirole	51
QVAR REDHALER.....	237	RESTASIS.....	221	Rosadan.....	69, 85
RABAVERT (PF).....	32	RESTORE PLUS		rosuvastatin	37
raloxifene	115	(CMCELLULOSE).....	218	RYBELSUS.....	109
ramipril	33	RESTORE PM.....	218	RYNEX PSE.....	228
RAPID CLEAR		RESTORE TEARS.....	219	SAFESNAP INSULIN	
TREATMENT PADS.....	70	RETACRIT.....	144	SYRINGE.....	172
READYLANCE SAFETY		REVIVE PLUS.....	219	SAFETY LANCETS....	160, 208
LANCETS.....	160, 208	REZAMID.....	70	SAFETY SEAL LANCETS... 161	
READY-TO-USE ENEMA.....	135	RHOPRESSA.....	226	SAFETY-LET LANCETS	
READY-TO-USE ENEMA		ribavirin	20	.....	161, 208
(MIN OIL).....	133	RID COMPLETE LICE ELIM		SALINE MIST.....	243
REBIF (WITH ALBUMIN)....	217	KIT.....	87, 88	SALINE NASAL.....	243
REBIF REBIDOSE.....	217	RID LICE KILLING.....	87	SALINE NASAL MIST.....	243
REBIF TITRATION PACK... 217		RIDAURA.....	10	SALINE NOSE.....	243
Reclipsen (28).....	64	rifabutin	18	SALMON OIL-1000.....	39
		RIFAMATE.....	18	SALONPAS(M.SALICYLAT	
		rifampin	18	E-MENTHOL).....	86
		RI-GEL.....	122	salsalate	14

SANTYL.....	79	SILICONE MASK - INFANT	186, 208	sodium chloride	57, 91, 223
SAVELLA.....	49, 53	.....		sodium chloride 0.9 %	91
SCALP RELIEF.....	82	SILICONE MASK -		SODIUM POLYSTYRENE	
SCALPICIN ANTI-ITCH.....	82	PEDIATRIC.....	186, 208	(SORB FREE).....	91
SCOOBY-DOO ONE A DAY		SILTUSSIN SA.....	241	sodium polystyrene	
.....	100	SILTUSSIN-DM.....	246	sulfonate	91
SCOT-TUSSIN		silver sulfadiazine	79	sofosbuvir-velpatasvir	20
EXPECTORANT.....	241	simethicone	128	SOFT TOUCH LANCETS	
SCOT-TUSSIN SENIOR.....	246	Simliya (28).....	58	.....	161, 209
SEA-CLENS WOUND		SIMPLY SLEEP.....	54	SOLUS V2 CONTROL	
CLEANSER.....	140	simvastatin	37	SOLUTION, LOW.....	161, 209
SEA-OMEGA.....	91	SINGLE-LET.....	161, 208	SOLUS V2 CONTROL	
SEBEX.....	83	SINUGATOR NASAL WASH		SOLUTION,HIGH.....	161, 209
SECURA ANTIFUNGAL.....	76	KIT.....	244	SOLUS V2 LANCETS.....	161, 209
SECURA ANTIFUNGAL		SINUS 12 HOUR.....	248	SOMATULINE DEPOT.....	115
EXTRA THICK.....	76	SINUS AND ALLERGY PE.....	228	SOMINEX.....	55, 234
SEGLUROMET.....	107	SINUS DECONGESTANT		SOOTHE (BISMUTH	
selegiline hcl	51	(PE).....	248	SUBSALICYLATE).....	123
selenium sulfide	79	SINUS PE		SOOTHE REGULAR	
SELSUN BLUE.....	79	DECONGESTANT.....	248	STRENGTH.....	123
SELSUN BLUE		SINUS PRESSURE-CONG		SOOTHING CARE	
(PYRITHIONE ZINC).....	79	RELIEF PE.....	248	(HYDROCORTISONE).....	82
SE-NATAL 19 CHEWABLE.....	104	SINUS RINSE.....	243	Sorine.....	36
SENEXON-S.....	138	SINUS RINSE PEDIATRIC.....	244	sotalol	36
SENNA.....	137	SINUS RINSE PEDIATRIC		Sotalol Af.....	36
SENNA LAX.....	137	STARTER.....	244	SPACE CHAMBER PLUS	
SENNA LAXATIVE.....	137	SINUS RINSE STARTER.....	244	.....	186, 209
SENNA PLUS.....	138	SINUS WASH.....	243	SPIRIVA RESPIMAT.....	238
SENNA-S.....	138	SINUS-ALLERGY		SPIRIVA WITH	
SENNA-TIME S.....	138	(PHENYLEPHRINE).....	228	HANDIHALER.....	238
SENNO.....	137	SLEEP AID		spironolactone	33
senosides-docusate		(DIPHENHYDRAMINE).....	54	SPRAY AND STRETCH.....	85
sodium	138	SLEEP AID (DOXYLAMINE).....	54	Sprintec (28).....	64
SENOKOT-S.....	138	SLEEP AID MAX STR		Sps (With Sorbitol).....	91
SEN-O-TAB.....	137	(DIPHENHYDR).....	55	Sronyx.....	64
SEREVENT DISKUS.....	238	SLEEP II.....	55	SSD.....	79
sertraline	48	SLEEP TABLET		SSKI.....	94
Setlakin.....	64	(DIPHENHYDRAMINE).....	55, 234	ST JOSEPH ASPIRIN.....	14
sevelamer carbonate	141	SLEEP TIME.....	55, 234	ST. JOSEPH ASPIRIN.....	14
Sharobel.....	65	SLEEPING.....	55	STEGLATRO.....	108
SHINGRIX (PF).....	32	SLEEP-TABS.....	55, 234	STEGLUJAN.....	108
SHOHL'S MODIFIED.....	142	SLOW RELEASE IRON.....	96	STERILANCE TL.....	161, 209
SIDESTREAM PEDIATRIC		SMART SENSE LANCETS		STERILE EYE DROPS.....	223
FACE MASK.....	186	.....	161, 208	STERILE EYE WASH.....	224
SILACE.....	139	SMARTEST CONTROL		STIMULANT LAXATIVE	
SILADRYL SA.....	232	.....	161, 209	PLUS.....	138
sildenafil		SMARTEST LANCET.....	161, 209	STOMACH RELIEF.....	124
(pulm.hypertension)	44	SMOOTH ANTACID.....	118	STOMACH RELIEF MAX	
		SMOOTHLAX.....	134	STRENGTH.....	124
		sodium bicarbonate	117		

STOMACH RELIEF			<i>tamoxifen</i>.....27
ORIGINAL.....	124		<i>tamsulosin</i>.....141
STOOL SOFTENER....	139, 140		Tarina 24 Fe.....64
STOOL SOFTENER			Tarina Fe 1/20 (28).....64
(DOCUSATE CAL).....	139		Tarina Fe 1-20 Eq (28).....64
STOOL SOFTENER-			TARSUM PROFESSIONAL..83
LAXATIVE.....	138		Taztia Xt.....40
STOOL SOFTENER-			TAZVERIK.....25
STIMULANT LAXAT	138		TD GOLD LEVEL 1
STOP LICE.....	88		CONTROL.....161
STOP SMOKING AID	56		TD GOLD LEVEL 2
STRONG IODINE.....	94		CONTROL.....161
Subvenite.....	47		TD GOLD LEVEL 3
<i>sucralfate</i>	140		CONTROL.....161
SUDAFED 12 HOUR.....	248		TDVAX.....31
SUDOGEST.....	248		TECENTRIQ.....28
SUDOGEST 12-HOUR.....	248		TECHLITE INSULIN SYR
SUDOGEST COLD AND			HALF UNIT.....173
ALLERGY.....	228		TECHLITE INSULIN
SUDOGEST PE.....	248		SYRINGE.....173
SUDOGEST SINUS AND			TECHLITE LANCETS.....161
ALLERGY.....	229		TELCARE CONTROL..162, 210
<i>sulfacetamide sodium</i>	225		TELCARE LANCETS..162, 210
<i>sulfacetamide sodium</i>			<i>temazepam</i>.....55
(<i>acne</i>).....	69		<i>temozolomide</i>.....23
<i>sulfacetamide sodium-</i>			Tencon.....8
<i>sulfur</i>	69		TENIVAC (PF).....31
<i>sulfacetamide-</i>			TENSION HEADACHE.....7
<i>prednisolone</i>	219		TENSION HEADACHE
<i>sulfadiazine</i>	22		PAIN RELIEVER.....7
<i>sulfamethoxazole-</i>			TENSION HEADACHE
<i>trimethoprim</i>	16		RELIEF.....7
<i>sulfasalazine</i>	129		TERA-GEL TAR SHAMPOO..83
SULFATRIM.....	16		<i>terazosin</i>.....43
<i>sulindac</i>	10		<i>terbinafine hcl</i>.....16, 74
<i>sumatriptan</i>	53		<i>terbutaline</i>.....239
<i>sumatriptan succinate</i> ..	53, 54		<i>terconazole</i>.....250, 251
SUPER CALCIUM.....	92		TERUMO INSULIN
SUPER OMEGA-3.....	38		SYRINGE.....173, 210
SUPER THIN LANCETS			TERUMO SYRINGE....182, 210
.....	161, 209		<i>testosterone</i>.....106, 107
SUPHEDRIN.....	248, 249		<i>testosterone cypionate</i>.....106
SUPHEDRINE.....	249		<i>testosterone enanthate</i>.....106
SUPHEDRINE 12 HOUR....	249		<i>tetrabenazine</i>.....54
SUPHEDRINE PE.....	249		<i>tetracaine hcl</i>.....224
SUPHEDRINE PE COLD			<i>tetracaine hcl (pf)</i>.....224
AND ALLERGY.....	229		<i>tetracycline</i>.....22
SUPHEDRINE PE SINUS			THE MAGIC BULLET.....137
ANDALLERGY.....	229		Theochron.....238
SURE COMFORT INS.			<i>theophylline</i>.....238
SYR. U-100.....	172, 209		
SURE COMFORT INSULIN			
SYRINGE.....	172, 209		
SURE COMFORT			
LANCETS.....	161, 209		
SUREFLEX LANCING			
DEVICE.....	161, 209		
SURE-JECT INSULIN			
SYRINGE....	172, 173, 209, 210		
SURE-LANCE.....	161, 210		
SURE-LANCE ULTRA THIN			
.....	161		
SURE-TEST EASYPLUS			
MINI.....	161		
SURE-TOUCH LANCET			
.....	161, 210		
SWIMMER'S INSTANT EAR			
DRY.....	226		
Syeda.....	64		
SYMLINPEN 120.....	109		
SYMLINPEN 60.....	109		
SYNJARDY.....	107		
SYNJARDY XR.....	108		
SYRINGE 3CC/20GX1"			
.....	181, 210		
SYRINGE 3CC/21GX1"			
.....	181, 210		
SYRINGE 3CC/21GX1-1/2"			
.....	181, 210		
SYRINGE 3CC/22GX1"			
.....	181, 210		
SYRINGE 3CC/22GX3/4"			
.....	181, 210		
SYRINGE 3CC/25GX1"			
.....	181, 210		
<i>syringe with needle</i> ... 182, 210			
SYSTANE NIGHTTIME.....	218		
TABLET CUTTER.....	177, 210		
TABLOID.....	23		
<i>tacrolimus</i>	79, 146		
TACTINAL.....	7		
TAGRISO.....	22		
TAKE ACTION.....	68		
TALTZ AUTOINJECTOR.....	71		
TALTZ AUTOINJECTOR (2			
PACK).....	71		
TALTZ AUTOINJECTOR (3			
PACK).....	71		
TALTZ SYRINGE.....	71		

Thera-Gel.....	83	Travel-Ease		TrueControl Level 0	
Thera-Gesic.....	86	(Meclizine).....	125	.....	162, 211
Therapeutic Liquid.....	98	Trazodone	49	TrueControl Level 1	
Therapeutic Shampoo..	83	Trecator.....	18	.....	162, 211
TheraTears.....	219	Tretinoin	71	TrueDraw Lancing	
Theromega.....	39	Tri Femynor.....	66	Device.....	162, 211
thiamine hcl (vitamin b1) ..	104	triamcinolone acetonide		TruePlus Insulin.....	174
thiamine mononitrate (vit		.....	82, 216, 242	TruePlus Ketone.....	211
b1)	104	triamterene-		TruePlus Lancets 162, 211	
Thin Lancets.....	162	hydrochlorothiazid	43	Trulicity.....	109
ThinPro Insulin		triazolam	55	Trumenba.....	32
Syringe....	173, 174, 210, 211	Tricare.....	104	Trustex Latex	
Threshold IMT Trainer		Triderm.....	82	Condom.....	177
.....	186, 211	Tri-Estarylla.....	66	Trustex Lubricated	
Threshold PEP Device		trifluridine	225	Condoms.....	177
.....	186, 211	Tri-Legest Fe.....	66	Trustex Non-Lub	
Thyrosafe.....	94	Tri-Linyah.....	66	Condoms.....	177
Tiadyt Er.....	40	Tri-Lo-Estarylla.....	66	Trustex-Ria	
tiagabine	46	Tri-Lo-Marzia.....	66	Lub/Spermicide.....	177
Tibsovo.....	27	Tri-Lo-Mili.....	66	Trustex-Ria	
Tilia Fe.....	66	Tri-Lo-Sprintec.....	66	Lubricated Condoms..	177
timolol maleate	223	Trilyte With Flavor Packets..	135	Trustex-Ria Non-Lub	
tinidazole	17	trimethoprim	16	Condoms.....	177
tioconazole	250	Tri-Mili.....	66	Truzone Peak Flow	
Tioconazole-1.....	250	Trinate.....	104	Meter.....	183, 211
tizanidine	147	Trintellix.....	49	Tulana.....	65
TobraDex.....	220	Triphrocaps.....	90	Tums Ultra.....	118
tobramycin	225	Triple Antibiotic.....	72	Tusnel-Ex.....	241
tobramycin-		Triple Antibiotic Plus..	73	Tussin.....	241
dexamethasone	220	Triple Antibiotic-Pain		Tussin Chest	
Tobrex.....	225	Relief.....	73	Congestion.....	241
Today Contraceptive		Triple Paste AF.....	76	Tussin DM.....	246
Sponge.....	68	Tri-Previfem (28).....	66	Tussin DM Clear.....	246
TolcycLen.....	77	Tri-Sprintec (28).....	67	Tussin DM Cough and	
tolnaftate	77	Tri-Vitamin With		Chest.....	246
tolterodine	143	Fluoride.....	101	Tussin DM Max.....	246
TopCare Ultra		Trivora (28).....	67	Tussin Expectorant...	241
Comfort.....	174, 211	Tri-Vylibra.....	67	Tussin Honey.....	241
TopCare Universal1		Tri-Vylibra Lo.....	67	Tussin Mucus-Chest	
Lancet.....	162, 211	tropicamide	220	Congestion.....	241
topiramate	47	trospium	143	Twinrix (PF).....	29
torse mide	42	True Comfort Insulin		Twist Lancets.....	162
Total Allergy		Syringe.....	174, 211	Tymlos.....	110
Medicine.....	232, 234	True Comfort Lancet		Typhim Vi.....	31
T-Plus.....	83	.....	162, 211	Ulticare.....	174, 175
tramadol	2	True Metrix Level 1....	162	Ulticare Insulin Syr	
tranexamic acid	144	True Metrix Level 2....	162	Half Unit.....	174
Travel Sickness		True Metrix Level 3....	162	Ulticare Insulin	
(Meclizine).....	124			Syringe.....	174
				Ulti-Lance.....	162, 212

ULTILET BASIC LANCETS 162, 212	ULTRATRAK ULTIMATE 163, 213	valproic acid (as sodium salt) 45
ULTILET CLASSIC LANCETS..... 162, 212	UNDELENIC..... 77	valsartan 35
ULTILET INSULIN SYRINGE..... 175, 212	UNILET COMFORTOUCH LANCET..... 163	valsartan-hydrochlorothiazide 35
ULTILET LANCETS..... 162, 212	UNILET EXCELITE II LANCET..... 163	VALU-DRYL ALLERGY..... 232
ULTILET SAFETY LANCETS..... 162, 212	UNILET EXCELITE LANCET..... 163	VALU-TAPP..... 229
ULTRA A-D..... 122	UNILET GP LANCET..... 163	VALU-TAPP DECONGESTANT..... 249
ULTRA CMFT INS SYR HALF UNIT..... 175, 212	UNILET LANCET..... 163	vancomycin 19
ULTRA COMFORT INSULIN SYRINGE..... 175, 212	UNILET LANCETS..... 163	VANICREAM HC..... 82
ULTRA FINE LANCETS..... 162, 212	UNILET SUPER THIN LANCETS..... 163	VANISHPOINT INSULIN SYRINGE..... 176, 214
ULTRA FLO INSULIN SYRINGE..... 175, 212	UNISOM (DOXYLAMINE)..... 55	VANISHPOINT SYRINGE..... 176, 182
ULTRA FRESH..... 219	UNISOM SLEEPGELS..... 55	VANQUISH..... 13
ULTRA OMEGA-3..... 39	UNISTIK 3 COMFORT LANCET..... 163, 213	VAQTA (PF)..... 29, 30
ULTRA STRENGTH ANTACID..... 118	UNISTIK 3 EXTRA LANCET..... 163	VARIVAX (PF)..... 32
ULTRA STRENGTH CALCIUM ANTACID..... 118	UNISTIK 3 GENTLE..... 163	VCF CONTRACEPTIVE FILM..... 68
ULTRA THIN II LANCETS..... 162, 212	UNISTIK 3 LANCETS.. 163, 213	VCF CONTRACEPTIVE GEL..... 68
ULTRA THIN LANCETS..... 162, 212	UNISTIK 3 NORMAL LANCET..... 163, 213	VEGETABLE LAXATIVE..... 137
ULTRA THIN PLUS LANCETS..... 162, 212	UNISTIK CZT LANCET..... 163, 213	VEGETABLE LAX-STOOL SOFTENER..... 138
ULTRA TLC LANCETS..... 162	UNISTIK PRO LANCET..... 163, 213	Velivet Triphasic Regimen (28)..... 67
ULTRA TUSS SAFE..... 246	UNISTIK SAFETY..... 163, 213	venlafaxine 49
ULTRACARE INSULIN SYRINGE.... 175, 176, 212, 213	UNISTIK TOUCH LANCETS..... 163, 213	verapamil 36, 41
ULTRA-CARE LANCETS..... 162, 213	UNISTRIP HIGH CONTROL..... 163, 213	VERASENS CONTROL SOLN-LEVEL 1..... 163, 214
ULTRALANCE LANCETS..... 163, 213	UNISTRIP LOW CONTROL..... 163, 213	VERTICALM..... 125
ULTRA-SOFT GLOVES..... 149, 213	UNIVERSAL 1 LANCETS.... 163	VICKS VAPORUB..... 86
ULTRA-THIN II (SHORT) INS SYR..... 176, 213	urea 83	Vienna..... 64
ULTRA-THIN II INSULIN SYRINGE..... 176, 213	URINARY PAIN RELIEF..... 142	VINATE CARE..... 98, 104
ULTRA-THIN II LANCETS..... 163, 213	URISTIX 4..... 89, 214	VINATE GT..... 104
ULTRATRAK HIGH-LOW CONTROL..... 163	URISTIX REAGENT..... 89, 214	VINATE II..... 104
ULTRATRAK NORMAL CONTROL..... 163	URO-458..... 21, 142	VINATE M..... 104
	ursodiol 126	VINATE ONE..... 104
	USTELL..... 21, 142	VINATE ULTRA..... 104
	UVADEX..... 27	vincristine 28
	VAGINAL CONTRACEPTIVE FILM..... 68	VINYL GLOVES..... 149
	VAGINAL CONTRACEPTIVE FOAM..... 68	Viorele (28)..... 59
	valacyclovir 20	VIRT-CAPS..... 90
	valproic acid 45	VIRTUSSIN AC..... 247
		VIRTUSSIN DAC..... 247
		VITALET..... 100
		VITAMIN B-1..... 105
		VITAMIN B-1 (MONONITRATE)..... 104

VITAMIN B-6.....	105	WAL-MUCIL WITH		WOMEN'S LAXATIVE	
Vitamin D2.....	106	CALCIUM.....	133	(BISACODYL).....	137
VITAMIN D3.....	106	WAL-PHED.....	229, 249	WOUND WASH SALINE.....	88
VITAMINS A,C,D AND		WAL-PHED 12 HOUR.....	249	XARELTO.....	144
FLUORIDE.....	101	WAL-PHED D.....	249	XELPROS.....	226
VIVAGUARD INO		WAL-PHED PE.....	249	XOFLUZA.....	20
CONTROL SOLUTION	164, 214	WAL-PHED PE SINUS AND		XOLAIR.....	237
VIVAGUARD LANCET	164, 214	ALLERGY.....	229	X-SEB T PEARL.....	84
VIVOTIF.....	30, 31	WAL-PROFEN.....	12	XULANE.....	67
Volnea (28).....	59	WAL-PROXEN.....	12	YALE DISPOSABLE	
VORTEX ADULT MASK.....	186	WAL-SLEEP Z.....	55	NEEDLES.....	182, 215
VORTEX FROG MASK-		WAL-SOM		YERVOY.....	25
CHILD.....	186, 214	(DIPHENHYDRAMINE).....	55	YF-VAX (PF).....	30
VORTEX HOLDING		WAL-SOM (DOXYLAMINE)..	55	zafirlukast	237
CHAMBER.....	186	WAL-SPORIN.....	72	zaleplon	56
VORTEX HOLDING		WAL-TUSSIN.....	241	ZALTRAP.....	28
CHAMBER CHILD.....	186, 214	WAL-TUSSIN DM.....	246	Zarah.....	65
VORTEX HOLDING		WAL-TUSSIN DM CLEAR..	246	ZARXIO.....	144
CHAMBER TODDLER	186, 214	WAL-ZYR (CETIRIZINE)....	236	ZEASORB AF.....	76
VORTEX LADYBUG MASK-		WAL-ZYR (KETOTIFEN)....	221	Zenatane.....	68
TODDLER.....	186, 214	warfarin	144	ZENPEP.....	126
VORTEX VHC FROG		water for injection, sterile ..	104	ZEPHREX-D.....	249
MASK-CHILD.....	186	WAVESENSE CONTROL		zidovudine	18
VORTEX VHC LADYBUG		SOLUTION.....	164, 214	zolpidem	56
MASK-TODDLR.....	186	WEE CARE.....	96	zonisamide	48
VUMERITY.....	217	WEEKLY-D.....	106	ZOSTRIX.....	87
Vyfemla (28).....	64	Wera (28).....	65	ZOSTRIX-HP.....	87
Vylibra.....	64	WIDE-SEAL DIAPHRAGM		ZOSTRIX-HP FOOT.....	87
WAL-ACT D COLD AND		60.....	148, 214	Zovia 1/35E (28).....	65
ALLERGY.....	229	WIDE-SEAL DIAPHRAGM		Z-SLEEP.....	55
WAL-DRAM 2.....	125	65.....	148, 214	Zumandimine (28).....	65
WAL-DRYL		WIDE-SEAL DIAPHRAGM			
(DIPHENHYDRAMINE).....	86	70.....	148, 214		
WAL-DRYL		WIDE-SEAL DIAPHRAGM			
(DIPHENHYDRAMINE-ZN)...	78	75.....	148, 214		
WAL-DRYL ALLERGY.....	232	WIDE-SEAL DIAPHRAGM			
WAL-DRYL-D ALLERGY		80.....	148, 214		
AND SINUS.....	229	WIDE-SEAL DIAPHRAGM			
WAL-FEX ALLERGY... 235, 236		85.....	148, 214		
WAL-FINATE.....	230	WIDE-SEAL DIAPHRAGM			
WAL-FINATE-D.....	229	90.....	148, 214		
WAL-ITIN.....	236	WIDE-SEAL DIAPHRAGM			
WAL-MUCIL FIBER.....	132	95.....	148, 214		
WAL-MUCIL FIBER		WINDMILL TRAINER..	187, 215		
(ASPARTAME).....	132	Wixela Inhub.....	240		
WAL-MUCIL FIBER		WOMAN'S LAXATIVE			
(SUGAR).....	132	(BISACODYL).....	137		
WAL-MUCIL NATURAL		WOMEN'S GENTLE			
FIBER LAX.....	132	LAXATIVE(BISAC).....	137		

THIS PAGE INTENTIONALLY LEFT BLANK

Medi-Cal DHCS Carved-out Drugs

The drugs shown below are carved-out of the Santa Clara Family Health Plan (SCFHP) Pharmacy Benefit. This means they are not reimbursed by SCFHP. They should be billed to the Department of Health Care Services (DHCS) Fee-For-Service (FFS) Medi-Cal. Note that this list is frequently updated with additions and deletions of drugs. Please see the Formulary starting on page 1 for full listing.

Carved-out Drugs	
HIV and Hepatitis B Drugs (1 of 2)	Psychiatric Drugs (1 of 2)
<i>abacavir/lamivudine</i> (Epzicom)	<i>amantadine hcl</i> (Symmetrel, Osmolex ER, Gocovri)
<i>abacavir sulfate</i> (Ziagen)	<i>aripiprazole</i> (Abilify)
<i>abacavir sulfate/dolutegravir/lamivudine</i> (Triumeq)	<i>aripiprazole lauroxil</i> (Aristada, Aristada Initio)
<i>atazanavir sulfate</i> (Reyataz)	<i>aripiprazole tablets with sensor</i> (Abilify MyCite)
<i>atazanavir/cobicistat</i> (Evotaz)	<i>asenapine</i> (Saphris, Secuado)
<i>bictegravir/emtricitabine/tenofovir alafenamide</i> (Biktarvy)	<i>benztropine mesylate</i> (Cogentin)
<i>cobicistat</i> (Tybost)	<i>brexpiprazole</i> (Rexulti)
<i>darunavir ethanolate</i> (Prezista)	<i>cariprazine</i> (Vraylar)
<i>darunavir/cobicistat</i> (Prezcobix)	<i>chlorpromazine hcl</i> (Thorazine)
<i>darunavir/cobicistat/emtricitabine/tenofovir alafenamide</i> (Symtuza)	<i>clozapine</i> (Clozaril, FazaClo, Versacloz)
<i>delavirdine mesylate</i> (Rescriptor)	<i>fluphenazine decanoate</i> (Prolixin Decanoate)
<i>dolutegravir</i> (Tivicay)	<i>fluphenazine hcl</i> (Prolixin)
<i>dolutegravir/lamivudine</i> (Dovato)	<i>haloperidol</i> (Haldol)
<i>dolutegravir/rilpivirine</i> (Juluca)	<i>haloperidol decanoate</i> (Haldol Decanoate)
<i>doravirine</i> (Pifeltro)	<i>haloperidol lactate</i> (Haldol)
<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i> (Delstrigo)	<i>iloperidone</i> (Fanapt)
<i>efavirenz</i> (Sustiva)	<i>isocarboxazid</i> (Marplan)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> (Atripla)	<i>lithium carbonate</i> (Lithobid, Eskalith)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> (Symfi, Symfi Lo)	<i>lithium citrate</i>
<i>elvitegravir</i> (Vitekta)	<i>loxapine succinate</i> (Loxitane)
<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate</i> (Stribild)	<i>loxapine aerosol powder breath-activated</i> (Adasuve)
<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i> (Genvoya)	<i>lumateperone</i> (Caplyta)
<i>emtricitabine/rilpivirine/tenofovir alafenamide</i> (Odefsey)	<i>lurasidone hydrochloride</i> (Latuda)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i> (Complera)	<i>molindone hcl</i> (Moban)

Medi-Cal DHCS Carved-out Drugs

Carved-out Drugs	
HIV and Hepatitis B Drugs (2 of 2)	Psychiatric Drugs (2 of 2)
<i>emtricitabine/tenofovir alafenamide</i> (Descovy)	<i>olanzapine</i> (Zyprexa)
<i>emtricitabine</i> (Emtriva)	<i>olanzapine pamoate monohydrate</i> (Zyprexa Relprevv)
<i>emtricitabine</i> (Emtriva)	<i>olanzapine/fluoxetine hcl</i> (Symbyax)
<i>enfuvirtide</i> (Fuzeon)	<i>paliperidone</i> (Invega)
<i>etravirine</i> (Intelence)	<i>paliperidone palmitate</i> (Invega Sustenna, Invega Trinza)
<i>fosamprenavir calcium</i> (Lexiva)	<i>perphenazine</i> (Trilafon)
<i>ibalizumab-uiyk</i> (Trogarzo)	<i>phenelzine sulfate</i> (Nardil)
<i>indinavir sulfate</i> (Crixivan)	<i>pimavanserin</i> (Nuplazid)
<i>lamivudine</i> (Epivir, Epivir HBV)	<i>pimozide</i> (Orap)
<i>lamivudine/tenofovir disoproxil fumarate</i> (Cimduo, Temixys)	<i>quetiapine</i> (Seroquel)
<i>lopinavir/ritonavir</i> (Kaletra)	<i>risperidone</i> (Risperdal, Perseris)
<i>maraviroc</i> (Selzentry)	<i>risperidone microspheres</i> (Risperdal Consta)
<i>nelfinavir mesylate</i> (Viracept)	<i>selegiline (transdermal only)</i> (Emsam)
<i>nevirapine</i> (Viramune)	<i>thioridazine hcl</i> (Mellaril)
<i>raltegravir potassium</i> (Isentress)	<i>thiothixene</i> (Navane)
<i>rilpivirine hcl</i> (Edurant)	<i>thiothixene hcl</i> (Navane)
<i>ritonavir</i> (Norvir)	<i>tranlycypromine sulfate</i> (Parnate)
<i>saquinavir</i> (Fortovase)	<i>trifluoperazine hcl</i> (Stelazine)
<i>saquinavir mesylate</i> (Invirase)	<i>trihexyphenidyl</i> (Artane)
<i>stavudine</i> (Zerit)	<i>ziprasidone hcl</i> (Geodon)
<i>tenofovir alafenamide</i> (Vemlidy)	<i>ziprasidone mesylate</i> (Geodon)
<i>tenofovir disoproxil/emtricitabine</i> (Truvada)	
<i>tenofovir disoproxil fumarate</i> (Viread)	
<i>tipranavir</i> (Aptivus)	
<i>zidovudine/lamivudine</i> (Combivir)	
<i>zidovudine/lamivudine/abacavir sulfate</i> (Trizivir)	

Medi-Cal DHCS Carved-out Drugs

Carved-out Drugs	
Alcohol, Heroin Detoxification and Dependency Treatment Drugs (1 of 2)	Blood Factors and Coagulation Factors (1 of 2)
<i>acamprosate calcium</i> (Campral)	<i>antihemophilic factor VIII/von Willebrand factor complex (human)</i>
<i>buprenorphine hcl</i> (Subutex, Belbuca)	<i>anti-inhibitor (J7198)</i>
<i>buprenorphine implant</i> (Probuphine)	<i>coagulation factor X (human)</i>
<i>buprenorphine extended-release injection</i> (Sublocade)	<i>emicizumab-kxwh</i> (Hemlibra)
<i>buprenorphine/naloxone hcl</i> (Suboxone, Bunavail, Zubsolv, Cassipa)	<i>factor VIIa (antihemophilic factor, recombinant)</i> (Novoseven)
<i>disulfiram</i> (Antabuse)	<i>factor VIII (antihemophilic factor, recombinant)</i>
Alcohol, Heroin Detoxification and Dependency Treatment Drugs (2 of 2)	Blood Factors and Coagulation Factors (2 of 2)
<i>naloxone hcl</i> (Narcan)	<i>factor VIII (antihemophilic factor, human)</i>
<i>naloxone 0.4 mg/0.4 ml auto injector</i> (Evzio)	<i>factor VIII (antihemophilic factor, recombinant)</i> (Novoeight)
<i>naltrexone (oral)</i> (Revia)	<i>factor IX (antihemophilic factor, purified, nonrecombinant)</i>
<i>naltrexone microsphere injectable</i> (Vivitrol)	<i>factor IX (antihemophilic factor, recombinant)</i>
	<i>factor IX (antihemophilic factor, recombinant)</i> (Rixubis)
	<i>factor IX complex</i>
	<i>factor XIII (antihemophilic factor, human)</i>
	<i>factor XIII A-subunit (recombinant)</i>
	<i>hemophilia clotting factor, not otherwise classified</i> (Esperoct)
	<i>injection, factor VIII (antihemophilic factor, recombinant)</i> (Obizur)
	<i>injection, factor VIII, fc fusion (recombinant)</i>
	<i>injection, factor VIII, fc fusion protein (recombinant)</i>
	<i>injection, factor IX fusion protein (recombinant)</i>
	<i>Von Willebrand factor complex (human)</i> (Wilate)
	<i>Von Willebrand factor complex</i> (Humate-P)

THIS PAGE INTENTIONALLY LEFT BLANK



Santa Clara Family
Health Plan™

Last updated 08/2020
50358 MC Formulary

© 2020, Santa Clara Family Health Plan. All rights reserved.