



Santa Clara Family
Health Plan™

MEDI-CAL

Formulario

Lista de medicamentos cubiertos

2021

Servicio al Cliente: **1-800-260-2055** TTY: **711**

De lunes a viernes de 8.30 a.m. a 5 p.m. La llamada es gratuita.

www.scfhp.com

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MEDI-CAL

Formulario

Lista de medicamentos cubiertos

2021

Este Formulario se actualizó en **Diciembre 2021** y está sujeta a cambios. Todas las versiones anteriores ya no están vigentes. Puede encontrar el último Formulario y más material para los miembros de Medi-Cal de Santa Clara Family Health Plan (SCFHP), incluyendo el Manual del miembro de Medi-Cal de SCFHP, en www.scfhp.com/medi-cal/forms-documents.

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Otros idiomas y formatos

Otros idiomas

Puede recibir esta Lista de medicamentos cubiertos y más material del plan gratis en otros idiomas. Llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). La llamada es gratuita.

Otros formatos

Puede obtener esta información gratis en otros formatos auxiliares, como braille, audio y letra de imprenta grande de tamaño 18. Llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). La llamada es gratuita.

Servicios de intérprete

No necesita recurrir a un familiar o a un amigo para que actúe como intérprete. Para recibir servicios lingüísticos, culturales y de interpretación gratis y ayuda las 24 horas del día, los siete días de la semana, o para obtener este manual en otro idioma, llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). La llamada es gratuita.



Llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). Santa Clara Family Health Plan atiende de lunes a viernes, de 8:30 a.m. a 5 p.m. La llamada es gratuita. Ingrese en línea a www.scfhp.com.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-260-2055. (TTY: 1-800-735-2929 or 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-260-2055 (رقم الهاتف النصي: 1-800-735-2929 أو 711).

Հայերեն (Armenian): ՈՒՇՍԴՐՈՒԹՅՈՒՆՆԵՐԷՆ էՔԵ խոսում էք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-800-260-2055 (TTY (հեռատիպ)՝ 1-800-735-2929 կամ 711).

中文 (Chinese): 注意：如果您说中文，将为您提供免费的语言服务。请致电 1-800-260-2055。（TTY：1-800-735-2929 或 711）。

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹਾਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-800-260-2055 (TTY: 1-800-735-2929 ਜ 711) ਤੇ ਕਾਲ ਕਰੋ।

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-260-2055 (TTY: 1-800-735-2929 या 711) पर कॉल करें।

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-260-2055 (TTY: 1-800-735-2929 los sis 711).

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-260-2055 (TTY: 1-800-735-2929または711)まで、お電話にてご連絡ください。

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-260-2055 (TTY: 1-800-735-2929 또는 711)번으로 전화해 주십시오.

ພາສາລາວ (Lao): ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາເບີ 1-800-260-2055. (TTY: 1-800-735-2929 ຫຼື 711).



Llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). Santa Clara Family Health Plan atiende de lunes a viernes, de 8:30 a.m. a 5 p.m. La llamada es gratuita. Ingrese en línea a www.scfhp.com.

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).



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Aviso de no discriminación

La discriminación está prohibida por ley. Santa Clara Family Health Plan (SCFHP) cumple las leyes federales y estatales de derechos civiles. SCFHP no discrimina, no excluye ni trata a las personas ilegalmente de manera diferente debido a su sexo, raza, color, religión, ascendencia, país de origen, identificación de grupo étnico, edad, discapacidad mental o física, estado médico, información genética, estado civil, género, identidad de género u orientación sexual.

SCFHP da:

Asistencia y servicios gratis para personas con discapacidades para ayudarlas a comunicarse mejor, como:

- Intérpretes de lengua de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)

Servicios lingüísticos gratis para personas cuyo primer idioma no es el inglés, como:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame al Servicio al Cliente de SCFHP al 1-800-260-2055 (TTY: 711). Atendemos de lunes a viernes, de 8.30 a.m. a 5 p.m.

Si considera que SCFHP no le ha dado estos servicios o lo ha discriminado ilegalmente de otra manera debido a su sexo, raza, color, religión, ascendencia, país de origen, identificación de grupo étnico, edad, discapacidad mental o física, estado médico, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja ante el Departamento de Quejas y Apelaciones de SCFHP. Puede presentar una queja personalmente, por escrito, por teléfono o por correo electrónico:



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a 5 p.m. La llamada es gratuita. Ingrese en línea a www.scfhp.com.

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Avenue
San Jose, CA 95119

Teléfono: 1-800-260-2055 (TTY: 711)

Fax: 1-408-374-1962

Sitio web: www.scfhp.com

Si necesita ayuda para presentar una queja, el Servicio al Cliente de SCFHP puede ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por escrito, por teléfono o por correo electrónico:

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, línea de transmisión del Estado de California)

Correo electrónico: CivilRights@dhcs.ca.gov

Puede conseguir formularios de quejas en http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

Si considera que lo han discriminado por su raza, color, país de origen, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de Estados Unidos por escrito, por teléfono o en línea:

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)

Portal de quejas: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

Puede conseguir formularios de quejas en <http://www.hhs.gov/ocr/office/file/index.html>.



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1. Introducción a el Formulario de medicamentos cubiertos de Medi-Cal de SCFHP

Esta es una lista de los medicamentos que los miembros pueden obtener mediante el plan de Medi-Cal de Santa Clara Family Health Plan (SCFHP). Nos referimos al Formulario de medicamentos cubiertos de Medi-Cal de SCFHP como el “Formulario” para abreviar.

- El Formulario se actualiza con los cambios todos los meses. Puede consultar siempre el Formulario más reciente en www.scfhp.com/medi-cal/forms-documents.
- Las redes de farmacias y proveedores podrían cambiar durante el año. Puede consultar el último directorio de proveedores y farmacias de Medi-Cal de SCFHP en www.scfhp.com/medi-cal/forms-documents.
- Podrían aplicarse limitaciones y restricciones a la cobertura de medicamentos. Las limitaciones y restricciones específicas figuran en la columna “Requisitos y limitaciones de la cobertura”, al lado de cada medicamento. Para obtener más información, lea el Manual del miembro de Medi-Cal de SCFHP.
- Su proveedor puede presentar una autorización previa o una solicitud de excepción si su medicamento no está cubierto o si usted necesita una excepción a las limitaciones y restricciones establecidas. Se necesita el formulario de autorización previa para medicamentos de venta con receta o de solicitud de excepción para tratamientos progresivos (Prescription Drug Prior Authorization or Step Therapy Exception Request Form [Form 61-211]), que está en www.scfhp.com.



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Cómo usar el Formulario

Hay dos maneras de encontrar un medicamento:

1. Puede buscar un medicamento alfabéticamente, según la clase de medicamento, o puede buscarlo en el índice.

- Los medicamentos están listados alfabéticamente por marca o por nombre genérico, según la clase de medicamento, y en el índice.
- El nombre genérico de un medicamento de marca se incluye después de la marca comercial, entre paréntesis y en letra minúscula, ***negrita y cursiva***.
- Si un medicamento genérico es el mismo que un medicamento de marca, y los dos están disponibles y cubiertos, el medicamento genérico figurará por separado del medicamento de marca en letra minúscula, ***negrita y cursiva***.
- Si el nombre genérico de un medicamento de marca no está disponible o no está cubierto, el medicamento no figurará por separado con su nombre genérico.
- Si un medicamento genérico se vende con el nombre de una marca comercial, encontrará el nombre genérico en letra minúscula, ***negrita y cursiva***, seguido de la marca comercial entre paréntesis, en letra normal y con la primera letra de cada palabra en mayúscula. Este es un ejemplo de cómo se verá en el Formulario:

Drug	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionatelsalmeterol 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. Puede buscar por estado médico.

- Los medicamentos en este Formulario están agrupados en categorías según el tipo de estado médico para el que se usan como tratamiento.
- Por ejemplo, si usted tiene una condición cardíaca, debería buscar en la categoría “Agentes para la terapia cardiovascular: Medicamentos para el corazón”. Allí encontrará los medicamentos que se usan para tratar las condiciones del corazón.

Tenga en cuenta que la presencia de un medicamento en el Formulario no garantiza que su proveedor de cuidados de la salud le recetará ese medicamento para su estado médico.



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Niveles de el Formulario

Los niveles son grupos de medicamentos de el Formulario de medicamentos cubiertos de Medi-Cal de SCFHP.

NIVELES	DESCRIPCIÓN	EXPLICACIÓN
1	Medicamentos genéricos y medicamentos de marca	Estos medicamentos están cubiertos. Algunos de estos medicamentos podrían tener restricciones. Consulte la página 14 para saber cuáles son las siglas de las restricciones.
MB	Beneficio médico	SCFHP podría cubrir este medicamento como un beneficio médico. Podría ser necesario solicitar una autorización previa (aprobación previa).

Comuníquese con nosotros

SCFHP está aquí para ayudarlo. Si necesita más información sobre la cobertura de medicamentos, los copagos, el proceso para presentar una autorización previa o una solicitud de excepción, o si quiere recibir esta información gratis en otros idiomas, llame al Servicio al Cliente de SCFHP al 1-800-260-2055 (TTY: 711), de lunes a viernes, de 8.30 a.m. a 5 p.m., excepto los días feriados. La llamada es gratuita.

- Si quiere hacer una solicitud permanente para recibir el material en un idioma distinto al inglés o en un formato alternativo, llame a Servicio al Cliente o envíe una solicitud por escrito a:

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



Llame al Servicio al Cliente al 1-800-260-2055 (TTY: 711). Santa Clara Family Health Plan atiende de lunes a viernes, de 8:30 a.m. a 5 p.m. La llamada es gratuita. Ingrese en línea a www.scfhp.com.

2. Palabras y siglas importantes que debe saber

Palabras que debe saber

Autorización previa (PA): SCFHP exige que el miembro o el proveedor de recetas médicas del miembro consigan una autorización de SCFHP para un medicamento de venta con receta antes de que SCFHP lo cubra. SCFHP dará una autorización previa cuando sea médicamente necesario para que el miembro consiga ese medicamento.

Circunstancias exigentes: cuando un miembro padece una condición médica que puede poner gravemente en peligro la vida, la salud o la capacidad del miembro para recuperar al máximo las funciones corporales, o cuando un miembro está actualmente bajo un tratamiento en curso con un medicamento no incluido en el Formulario.

Copago: pago que hacen los miembros, usualmente en el momento en que reciben un servicio, además del pago de la aseguradora.

Costo de bolsillo: copagos más todos los costos de los servicios de cuidado de la salud que no están cubiertos por SCFHP.

Formulario: lista completa de medicamentos de uso preferido que cumplen con los requisitos para estar cubiertos por el plan de Medi-Cal de SCFHP. Incluye todos los medicamentos cubiertos según los beneficios de medicamentos de venta con receta para pacientes ambulatorios del plan de Medi-Cal de SCFHP. El Formulario también se conoce como “Lista de medicamentos de venta con receta”.

Límite de edad: medicamento que está limitado a ciertas edades.

Medicamento de farmacia especializada: medicamento que debe ser suministrado por una farmacia especializada preferida.

Medicamento de marca: medicamento que se vende con un nombre patentado y protegido por una marca registrada. Los medicamentos de marca figuran en MAYÚSCULA.

Medicamento de pago por servicio: medicamento que está excluido del programa de pago por servicio de Medi-Cal y que se le factura directamente al Estado.



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2 | Palabras y siglas importantes que debe saber

Medicamento de venta con receta: medicamento que el proveedor de recetas médicas le receta al miembro y para el que, según la ley vigente, se requiere una receta.

Medicamento fuera de el Formulario: medicamento de venta con receta que no figura en el Formulario de SCFHP.

Medicamento genérico: el mismo medicamento que su equivalente de marca comercial en cuanto dosis, seguridad, potencia, forma de administración, calidad, rendimiento y uso previsto. Los medicamentos genéricos figuran en letra minúscula, ***negrita y cursiva***.

Miembro: cualquier persona que cumple los requisitos de Medi-Cal, que está inscrita en SCFHP y que tiene derecho a recibir servicios cubiertos.

Nivel del medicamento: grupo de medicamentos de venta con receta dentro de el Formulario.

Proveedor de recetas médicas: proveedor de cuidados de la salud que está autorizado a hacer una receta para tratar un estado médico de un miembro de SCFHP.

Receta: orden oral, escrita o electrónica hecha por un proveedor de recetas médicas para un miembro en particular, que contiene el nombre y la cantidad del medicamento de venta con receta, la fecha de emisión, el nombre y la información de contacto del proveedor de recetas médicas, y la firma del proveedor de recetas médicas si la receta es por escrito y si lo requieren el miembro, el estado médico o la razón por la que se receta el medicamento.

Solicitud de excepción: solicitud para la cobertura de un medicamento de venta con receta. Si un miembro, una persona designada por el miembro o el proveedor de cuidados de la salud que hace la receta presenta una solicitud de excepción para la cobertura de un medicamento de venta con receta, SCFHP deberá cubrir el medicamento de venta con receta si se determina que el medicamento es médicamente necesario para el tratamiento de la condición del miembro.

Tratamiento progresivo (ST): proceso que establece la secuencia en la que se recetan distintos medicamentos de venta con receta para un estado médico determinado y médicamente adecuados para un paciente dado. SCFHP podría exigir que el miembro pruebe uno o más medicamentos como tratamiento para su estado médico antes de que SCFHP cubra un medicamento específico para la condición, conforme con lo pedido en una solicitud de tratamiento progresivo. Si el proveedor de recetas médicas del miembro presenta una solicitud de excepción para tratamiento progresivo, SCFHP hará una excepción al tratamiento progresivo cuando se cumplan ciertos criterios.



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Siglas que debe saber

Las siguientes siglas podrían usarse en el Formulario.

SIGLA	DESCRIPCIÓN	EXPLICACIÓN
AGE	Límite de edad	SCFHP limita este medicamento a ciertas edades.
CT	Anticonceptivos	Este medicamento puede usarse como método de control de la natalidad.
DD	Medicamentos y dispositivos para pacientes con diabetes.	Estos medicamentos o dispositivos pueden usarse para el tratamiento o para el control de la diabetes.
FFS	Pago por servicio	Este medicamento está excluido del pago por servicio de Medi-Cal y se le factura directamente al Estado. Consulte el Formulario completa de medicamentos que están excluidos de Medi-Cal en la página COD-1.
MB	Beneficio médico	SCFHP podría cubrir este medicamento como un beneficio médico. Podría ser necesario solicitar una autorización previa (aprobación previa).
CA	Medicamentos contra el cáncer, por vía oral	Este medicamento se usa para el tratamiento del cáncer y se toma por vía oral.
PA	Autorización previa	Se necesita la aprobación previa de SCFHP antes de que puedan surtirle su receta para este medicamento.



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2 | Palabras y siglas importantes que debe saber

QL	Límite de cantidad	SCFHP limita la cantidad de este medicamento cubierto por receta médica o durante un período específico.
SP	Farmacia especializada	Este medicamento debe suministrarse en una farmacia especializada preferida. Además, este medicamento podría tener otras restricciones.
ST	Tratamiento progresivo	Antes de que SCFHP cubra este medicamento, usted deberá probar otros medicamentos para el tratamiento de su estado médico.



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3. Preguntas frecuentes

Encuentre aquí las respuestas a sus preguntas sobre este Formulario.

A. ¿Qué es un Formulario?

Un Formulario es una lista completa de los medicamentos preferidos cubiertos por el plan de Medi-Cal de SCFHP. Incluye todos los medicamentos cubiertos según el beneficio de medicamentos de venta con receta para pacientes ambulatorios del plan de Medi-Cal de SCFHP.

Tanto los medicamentos de marca como los medicamentos genéricos están incluidos en el Formulario. SCFHP exige que se use el medicamento genérico si está disponible.

Cualquier medicamento que no figure en el Formulario se considera como un medicamento excluido de el Formulario, y para determinar su cobertura es necesario presentar una solicitud de excepción.

B. ¿Se hacen cambios a el Formulario de Medi-Cal de SCFHP?

El Formulario se actualiza con los cambios todos los meses. Puede consultar siempre el Formulario más reciente en www.scfhp.com/medi-cal/forms-documents.

En general, el Formulario solo cambiará si:

- aparece un medicamento más barato que funciona tan bien como un medicamento que figura en el Formulario;
- la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) de Estados Unidos establece que un medicamento de el Formulario no es seguro. Si nos enteramos de que un medicamento no es seguro, lo quitaremos inmediatamente de el Formulario.



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También podríamos cambiar nuestras normas relacionadas con los medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no una autorización previa (aprobación previa) para algún medicamento; consulte la página 13 para ver la definición completa de “autorización previa”;
- aumentar o cambiar la cantidad de un medicamento que usted puede recibir (lo denominamos “límites de cantidad”);
- Agregar o cambiar los requisitos de un medicamento para ser considerado como tratamiento progresivo; consulte la página 13 para ver la definición completa de “tratamiento progresivo”.

Si SCFHP hace cambios en el Formulario relacionados con su medicamento, le enviaremos un “Aviso de cambios en el Formulario”. Con el “Aviso de cambios en el Formulario” sabrá si hubo un cambio en su medicamento o en la forma de dosificación, o si hubo cambios en las normas o en las restricciones que se aplican a su medicamento.

C. ¿Hay alguna restricción o limitación en la cobertura de medicamentos? ¿Debo hacer algo para poder recibir ciertos medicamentos?

Sí. Algunos medicamentos tienen restricciones en la cobertura o tienen limitaciones en la cantidad que usted puede recibir. Puede consultar la columna “Requisitos y limitaciones de la cobertura” en el Formulario para saber si su medicamento tiene algún requisito o alguna limitación en la cobertura. La explicación de las siglas usadas en esta columna está en la página 14.

Su proveedor de cuidados de la salud puede solicitar una excepción a las restricciones o las limitaciones que tengan sus medicamentos. Para obtener más información sobre la solicitud de excepción, consulte la pregunta F.

D. ¿Qué hago si soy un miembro nuevo de SCFHP y no puedo encontrar mi medicamento en el Formulario o tengo problemas para recibir mi medicamento?

Si su medicamento no está en el Formulario o tiene restricciones o limitaciones, usted puede recibir un surtido de transición de su medicamento durante los primeros 90 días después de su inscripción en SCFHP. Un surtido de transición es un surtido único de su medicamento para hasta 31 días.



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Esto le dará tiempo para hablar con su proveedor de recetas médicas. Su proveedor de recetas médicas puede ayudarlo a decidir si hay algún medicamento similar para usted en el Formulario o si debería solicitar una excepción a SCFHP. Para obtener más información sobre la solicitud de excepción, consulte la pregunta F.

Tenga en cuenta que algunos medicamentos no califican para un surtido de transición. Los medicamentos excluidos de la cobertura no califican para un surtido de transición. Para ver una lista de las categorías de medicamentos excluidos, consulte la pregunta J. Para obtener más información sobre los medicamentos excluidos de la cobertura, puede leer el Manual del miembro de Medi-Cal en www.scfhp.com.

E. ¿Qué hago si tengo una emergencia y necesito un medicamento que no puedo encontrar en el Formulario o si el medicamento tiene restricciones o limitaciones?

Un farmacéutico o el personal de la sala de emergencias de un hospital podrían darle un suministro de emergencia del medicamento para hasta 72 horas si ellos consideran que usted lo necesita. SCFHP pagará los suministros de emergencia.

Tenga en cuenta que algunos medicamentos no califican para un surtido de emergencia. Los medicamentos excluidos de la cobertura no califican para un surtido de emergencia. Para ver una lista de las categorías de medicamentos excluidos, consulte la pregunta J. Para obtener más información sobre los medicamentos excluidos de la cobertura, puede leer el Manual del miembro de Medi-Cal en www.scfhp.com.

F. ¿Cómo le pido a SCFHP una solicitud de autorización previa o una excepción para que cubra mi medicamento?

Si su medicamento no figura en el Formulario o figura en el Formulario con restricciones o limitaciones, su proveedor de recetas médicas puede solicitar a SCFHP una excepción para que cubra su medicamento. Su proveedor puede hacer esta solicitud completando y presentando el formulario de autorización previa para medicamentos de venta con receta o de solicitud de excepción para tratamientos progresivos, que está en www.scfhp.com.

Una vez que su proveedor de recetas médicas presente este formulario a SCFHP, evaluaremos la solicitud y decidiremos cómo resolverla en un plazo de 24 horas.



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Si se aprueba la solicitud, SCFHP continuará cubriendo el medicamento mientras el proveedor de recetas médicas siga recetando el medicamento para su condición y mientras usted siga cumpliendo todos los requisitos de la cobertura.

Si no está de acuerdo con la decisión de autorización previa o de excepción de SCFHP, puede presentar una apelación ante nuestro Departamento de Quejas y Apelaciones. Su proveedor de cuidados de la salud también puede presentar una apelación en su nombre.

Puede presentar una apelación por teléfono, por escrito o en línea:

- **Por teléfono:** Llame a SCFHP al 1-800-260-2055 (TTY: 711), de lunes a viernes de 8.30 a.m. a 5 p.m. Deberá dar su nombre, su número de identificación del plan de salud y el servicio que está apelando.
- **Por correo:** Llame a SCFHP al 1-800-260-2055 (TTY: 711) y pida que le envíen un formulario. También puede encontrar el “Formulario de queja y apelación (Medi-Cal)” (Grievance and appeal form [Medi-Cal]) en www.scfhp.com. Complete el formulario. Asegúrese de incluir su nombre, su número de identificación del plan de salud y el servicio que está apelando.

Envíe el formulario por correo a:
Grievance and Appeals Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

- **En línea:** Visite el sitio web de SCFHP. Ingrese en www.scfhp.com.

Puede encontrar más información sobre cómo presentar una apelación en el Manual del miembro de Medi-Cal de SCFHP en www.scfhp.com.

G. ¿Cubre SCFHP los medicamentos de venta libre (OTC)?

SCFHP cubre los medicamentos de venta libre que figuran en el Formulario cuando su proveedor le hace una receta de ese medicamento.

H. ¿Cuál es mi copago?

Los miembros de Medi-Cal de SCFHP no tienen copagos para los medicamentos cubiertos.



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I. ¿Cómo surto una receta?

Para recibir los medicamentos que le recetó su proveedor de cuidados de la salud, muestre su tarjeta de identificación de miembro de SCFHP y la receta de su proveedor de cuidados de la salud en cualquiera de las farmacias de la red de SCFHP. Una farmacia pertenece a la red de SCFHP si tenemos un acuerdo con ellos para que trabajen con nosotros y le presten servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

Puede consultar el último directorio de proveedores y farmacias de Medi-Cal de SCFHP en www.scfhp.com. Las redes de farmacias podrían cambiar durante el año.

Para recibir sus recetas por correo, debe usar una farmacia de pedidos por correo de la red de SCFHP. Ciertos medicamentos podrían no estar disponibles a través del sistema de pedidos por correo, como los medicamentos que están clasificados como sustancias controladas. Estos medicamentos incluyen analgésicos, también conocidos como narcóticos u opioides.

Para surtir los medicamentos especializados debe ir a una farmacia especializada preferida. Estos medicamentos especializados incluyen medicamentos biológicos, medicamentos contra el cáncer y medicamentos para casos de trasplantes.

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

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

J. ¿Qué medicamentos y artículos están excluidos de la cobertura según mi beneficio de farmacia?

Algunos medicamentos y dispositivos de venta con receta y de venta libre están excluidos de la cobertura si:

- no están aprobados por la Administración de Alimentos y Medicamentos (FDA);
- se utilizan como medicamentos experimentales o de investigación;
- son suplementos nutritivos y alimentos medicinales;
- se utilizan como tratamiento para la infertilidad;
- se utilizan como tratamiento para la disfunción sexual;
- se utilizan por razones estéticas;



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- son productos para la Implementación del Estudio de la Eficacia de los Medicamentos (DESI);
- son productos químicos a granel, incluyendo los que se usan para la elaboración de compuestos.

K. ¿Qué medicamentos de venta con receta no pueden facturarse a SCFHP y deben facturarse directamente al pago por servicio (FFS) de Medi-Cal?

Algunos medicamentos de venta con receta deben facturarse directamente al FFS de Medi-Cal. No está permitido que SCFHP cubra estos medicamentos para los miembros de Medi-Cal. Estos medicamentos incluyen:

- Medicamentos para tratar el virus de la inmunodeficiencia humana (VIH) o el síndrome de inmunodeficiencia adquirida (sida)
- Medicamentos para tratar la hepatitis B
- Antipsicóticos
- Medicamentos utilizados para tratar el abuso de sustancias
- Derivados de la sangre

Consulte el Formulario completa de medicamentos que están excluidos de la cobertura por FFS de Medi-Cal, que comienza en la página COD-1.

Si tiene una receta para alguno de estos medicamentos, muestre la receta de su proveedor de cuidados de la salud en su farmacia y su tarjeta de identificación de beneficios de Medi-Cal (BIC) del Estado de California. Su farmacia está obligada a facturarle estos medicamentos directamente al FFS de Medi-Cal.

L. ¿Qué medicamentos de venta con receta se facturan directamente a los Servicios para Niños de California (California Children's Services, CCS)?

Los CCS conforman un programa estatal que trata a los niños menores de 21 años con ciertas condiciones médicas, enfermedades o problemas de salud crónicos y que cumplen las normas del programa de los CCS.

Si tiene una solicitud activa de autorización de servicios (SAR) de los CCS, sus medicamentos de venta con receta podrían estar cubiertos según esa SAR.



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Muestre la receta de su proveedor de cuidados de la salud y su tarjeta de identificación de los CCS en su farmacia. Su farmacia está obligada a facturarle directamente a los CCS los medicamentos de venta con receta utilizados para tratar su estado médico que cumple con los requisitos de los CCS.

M. ¿Qué significa que un medicamento está cubierto según mi beneficio médico?

Por lo general, si un profesional del cuidado de la salud le da un medicamento en un consultorio o en una clínica, el medicamento debería facturarse según su beneficio médico. Puede haber otros casos en los que un medicamento estaría cubierto por su beneficio médico.

El Formulario incluye medicamentos que podrían estar cubiertos según su beneficio médico. Estos medicamentos tienen al lado la sigla “MB”, en la columna “Requisitos y limitaciones de la cobertura”. Tenga en cuenta que este Formulario no incluye una lista completa de los medicamentos que podrían estar cubiertos según su beneficio médico. Para obtener más información sobre los medicamentos cubiertos según su beneficio médico, consulte el Manual del miembro de Medi-Cal de SCFHP.

Los medicamentos del beneficio médico podrían requerir una autorización previa o un tratamiento progresivo antes de que SCFHP los cubra. Para recibir un medicamento del beneficio médico que requiera una autorización previa o un tratamiento progresivo, su proveedor de recetas médicas puede presentar una solicitud a SCFHP mediante el Formulario de solicitud de autorización previa: servicios médicos” (Prior Authorization Request Form – Medical Services).



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4. Lista de medicamentos cubiertos



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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 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
<i>oxycodone oral capsule 5 mg</i>	Tier 1	QL (16 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>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)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
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 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)
<i>acetaminophen oral tablet, disintegrating 160 mg</i>	Tier 1	QL (25 EA per 1 day); Age (Min 2 Years and Max 12 Years)
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	Tier 1	QL (50 EA per 1 day); Age (Min 2 Years and Max 12 Years)
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Tier 1	QL (24 EA per 30 days)
APHEN ORAL TABLET 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA per 30 days)
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	Tier 1	QL (6 EA per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
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)
INFANTS' 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 325 MG (<i>acetaminophen</i>)	Tier 1	QL (100 EA 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 RELIEVER (ACETAMINOPHEN) 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)
SILAPAP ORAL LIQUID 160 MG/5 ML (<i>acetaminophen</i>)	Tier 1	QL (240 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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>butalbitalacetaminophen</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 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 PEDIATRIC UC 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, 80 MG/0.8 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 - 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-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 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 PEDIATRIC UC 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, 80 MG/0.8 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 (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	CA
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 suspension 7.5 mg/5 ml</i>	Tier 1	
<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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
<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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAIN-OFF ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)	Tier 1	QL (2 EA per 1 day)
VANQUISH ORAL TABLET 227-194-33 MG (<i>aspirin/acetaminophen/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	
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	
<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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Tier 1	PA; QL (1 EA per 1 day)
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 500 mg</i>	Tier 1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN 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	PA; QL (6 EA per 1 FILL)
Anthelmintic Agents Other - Drugs For Parasites		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<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>ketconazole oral tablet 200 mg</i>	Tier 1	
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)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	PA; QL (4 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
USTELL ORAL CAPSULE 120-0.12 MG (methenamine/methylene blue/salicylate/sodium phosphotyrosin)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral tablet 600 mg	Tier 1	PA; QL (2 EA per 1 day)
Penicillin Antibiotic - Natural - Antibiotics		
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	Tier 1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
rifabutin oral capsule 150 mg	Tier 1	PA
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
minocycline oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Antineoplastics - Drugs For Cancer		
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
erlotinib oral tablet 100 mg, 150 mg	Tier 1	SP; CA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erlotinib oral tablet 25 mg</i>	Tier 1	SP; CA; QL (3 EA per 1 day)
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISSO 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
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
<i>cyclophosphamide oral tablet 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 - Triazines - 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 - Immunotherapy, Virus-Based - Drugs For Cancer		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (<i>talimogene laherparepvec</i>)	MB	SP
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Microtubule Inhibitors - Drugs For Cancer		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	MB	SP
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	Tier 1	PA; SP; CA; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Antineoplastic - Vinca Alkaloids And Analogs - Drugs For Cancer		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL (<i>vincristine sulfat 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/MI)	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<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)
RUBBING ALCOHOL (ETHANOL) TOPICAL SOLUTION 70 % (<i>ethyl alcohol</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 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)
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	FL: 2 PER LIFETIME; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Live Vaccine And Live Virus Formulations - Vaccines		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (<i>talimogene laherparepvec</i>)	MB	SP
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 vaccine/pf</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 vaccine/pf</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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 conjlpf</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 conjlpf</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 2 of 2lpf</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 1 of 2lpf</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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML <i>(human papillomavirus vaccine, 9-valent)/pf</i>	Tier 1	Age (Min 19 Years)
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf)</i>	Tier 1	
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML <i>(influenza virus vaccine quadrivalent 2021-22 (6 mos-35 mos)/pf)</i>	Tier 1	
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza virus vaccine quadrivalent 2021-22 (6 mos and up))</i>	Tier 1	
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf)</i>	Tier 1	
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza virus vaccine quadrivalent 2021-2022(6 mos and up)/pf)</i>	Tier 1	
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML <i>(influenza virus vaccine qv 2021-22(18 yrs and older)/rcmb/pf)</i>	Tier 1	
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML <i>(flu vaccine quad 2021-2022(6 month and older)cell derived/pf)</i>	Tier 1	
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML <i>(flu vaccine quadrivalent 2021-2022(6 month and older)cell derived)</i>	Tier 1	
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza virus vaccine quadrivalent 2021-2022(6 mos and up)/pf)</i>	Tier 1	
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML <i>(influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs))</i>	Tier 1	
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML <i>(influenza virus vaccine quadrivalent split 2021-22(65 yr up)/pf)</i>	Tier 1	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML <i>(influenza virus vaccine quadrivalent 2021-2022(6 mos and up)/pf)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2021-2022(6 mos and up)lpf</i>)	Tier 1	
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i>)	Tier 1	
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vacc quad 2021 south hem (6 mos and up)lpf</i>)	Tier 1	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vacc quad 2021 south hem (6 months and up)</i>)	Tier 1	
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, reclus01b 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 EA per 1 day)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
<i>amlodipine-valsartan-hcthiazid 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-hcthiazid 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>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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>cholestyramine-aspartame oral powder in packet 4 gram</i>	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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	PA; QL (4 EA per 1 day)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
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 fatty acids oral capsule 1,000 mg</i>	Tier 1	QL (6 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 1	QL (6 EA per 1 day)
FISH OIL ORAL CAPSULE 183.3 MG-75 MG -91.6 MG-306 MG (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 340-1,000 MG, 360-1,200 MG (omega-3 fatty acids/fish oil)	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 (omega-3 fatty acids/dhalepalother omega-3s/fish oil)	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 (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	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 (omega-3 fatty acids/docosahexaenoic acid/lepal fish oil)	Tier 1	
omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 300-1,000 mg	Tier 1	QL (6 EA per 1 day)
omega 3-dha-epa-fish oil oral capsule 100-150-750 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 250-500-1,000 mg	Tier 1	QL (6 EA per 1 day)
omega 3-dha-epa-fish oil oral capsule,delayered release(drlec) 300 mg (120 mg- 180mg)-1,000 mg	Tier 1	QL (6 EA per 1 day)
omega 3-dha-epa-fish oil oral capsule,delayered release(drlec) 300-1,000 mg	Tier 1	QL (6 EA per 1 day)
omega 3-dha-epa-fish oil oral capsule,delayered release(drlec) 600 mg-216 mg- 324 mg-1,200 mg	Tier 1	
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 440-880 mg	Tier 1	QL (6 EA per 1 day)
omega-3 fatty acids-fish oil oral capsule 360-1,200 mg	Tier 1	QL (6 EA per 1 day)
omega-3 fatty acids-fish oil oral capsule,delayered release(drlec) 360-1,200 mg	Tier 1	QL (6 EA per 1 day)
ONE-PER-DAY OMEGA-3 ORAL CAPSULE,DELAYED RELEASE(DR/EC) 684-1,200 MG (omega-3 fatty acids/fish oil)	Tier 1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/leppal 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/leppal 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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	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> (Tiadylt 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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
<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)
Pulmonary Arterial Hypertension Agents- Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
<i>tadalafil (Alyq Oral Tablet 20 Mg)</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day); 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 (Epilex Oral Tablet 200 Mg)</i>	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	QL (1000 ML per 30 days)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>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	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)

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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)

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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	

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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	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>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	
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine</i> (Epilex Oral Tablet 200 Mg)	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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	ST: Trial of oral Sumatriptan and oral Rizatriptan 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 oral Sumatriptan and oral Rizatriptan 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 oral Sumatriptan and oral Rizatriptan 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 oral Sumatriptan and oral Rizatriptan 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 oral Sumatriptan and oral Rizatriptan in the last 180 days; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	ST: Trial of oral Sumatriptan and oral Rizatriptan in the last 180 days; QL (2 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EZ NITE SLEEP ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NIGHTTIME 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 (DOXYLAMN) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	
NYTOL 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 (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine succinate</i>)	Tier 1	
SLEEP AID MAX STR (DIPHENHYDR) ORAL CAPSULE 50 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<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)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
<i>varenicline oral tablet 0.5 mg, 1 mg</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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>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
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 1	CT
Contraceptive Oral - Monophasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
<i>levonorgestrel/ethinyl estradiol</i> (Altavera (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 1	CT
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 1	CT

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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	CT
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 (Iclevia 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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrellethinyl 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
levonorgestrellethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
levonorgestrellethinyl estradiol (Lillow (28) Oral Tablet 0.15-0.03 Mg)	Tier 1	CT
ethinyl estradioldrospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 1	CT
ethinyl estradioldrospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
levonorgestrellethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
levonorgestrellethinyl 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 estradiolferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiolferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiolferrous 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	Tier 1	CT
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrellethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Tier 1	CT
ethinyl estradioldrospirenone (Syeda Oral Tablet 3-0.03 Mg)	Tier 1	CT
norethindrone acetate-ethinyl estradiolferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 1	CT
norethindrone acetate-ethinyl estradiolferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
norethindrone acetate-ethinyl estradiolferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 1	CT
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (levonorgestrellethinyl estradiol)	Tier 1	CT
ethinyl estradioldrospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	Tier 1	CT
levonorgestrellethinyl 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
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 1	CT
ethinyl estradioldrospirenone (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
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 1	CT
ethinyl estradioldrospirenone (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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	Tier 1	CT
NORA-BE ORAL TABLET 0.35 MG (<i>norethindrone</i>)	Tier 1	CT
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	CT
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	Tier 1	CT
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	Tier 1	CT
Contraceptive Oral - Triphasic - Birth Control Pills		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Tier 1	CT
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 1	CT
<i>norethindrone-ethinyl estradiol</i> (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
<i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT
<i>levonorgestrel/ethinyl estradiol</i> (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 (<i>norethindrone-ethinyl estradiol</i>)	Tier 1	CT
<i>levonorgestrel/ethinyl estradiol</i> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 1	CT
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 1	CT
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 1	CT
<i>norethindrone-ethinyl estradiol</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 1	CT

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Nylia 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-Nymyo 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
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 1	CT
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 1	CT

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 1	CT
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (<i>norelgestromin/ethinyl estradiol</i>)	Tier 1	CT; QL (3 EA per 28 days)
<i>norelgestromin/ethinyl estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	Tier 1	CT; QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
<i>etonogestrel/ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	Tier 1	CT; QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 1	CT; QL (1 EA per 28 days)
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)
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)
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		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 1	CT; QL (1 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</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)
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)
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
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> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	Tier 1	QL (2 EA per 1 day)
<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)
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)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
POLYSPORIN TOPICAL PACKET 500-10,000 UNIT/GRAM (<i>bacitracin/polymyxin 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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 sulfatelpiramoxine</i>)	Tier 1	
ANTIBIOTIC PLUS PAIN REL(PRAM) TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpiramoxine</i>)	Tier 1	
ANTIBIOTIC-PAIN RELIEF (BACIT) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfibacitracin zinclpolymyxin b sulfipiramoxine hcl</i>)	Tier 1	
DOUBLE ANTIBIOTIC-PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpiramoxine</i>)	Tier 1	
FIRST AID ANTIBIOTIC-PAIN RLF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfibacitracin zinclpolymyxin b sulfipiramoxine hcl</i>)	Tier 1	
MULTI ANTIBIOTIC PLUS TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpiramoxine</i>)	Tier 1	
NEOSPORIN PLUS PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM (<i>neomycin sulfatelpolymyxin b sulfatelpiramoxine</i>)	Tier 1	
NEOSPORIN PLUS PAINRELIEF(BAC) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfibacitracin zinclpolymyxin b sulfipiramoxine hcl</i>)	Tier 1	
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfibacitracin zinclpolymyxin b sulfipiramoxine hcl</i>)	Tier 1	
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin sulfibacitracin zinclpolymyxin b sulfipiramoxine hcl</i>)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	
ATHLETE'S FOOT TOPICAL AEROSOL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
ATHLETE'S FOOT TOPICAL AEROSOL, SPRAY 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 CREAM 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	
MICOTRIN AC TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
MICOTRIN AP TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
MICRO-GUARD TOPICAL POWDER 2 % (<i>miconazole nitrate</i>)	Tier 1	
MYCOZYL AC TOPICAL CREAM 1 % (<i>clotrimazole</i>)	Tier 1	
MYCOZYL AP 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)

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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	
SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
SECURA ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
THERA ANTIFUNGAL TOPICAL CREAM 2 % (<i>miconazole nitrate</i>)	Tier 1	
THERA ANTIFUNGAL TOPICAL POWDER 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		
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	

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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	
MICOTRIN AL TOPICAL SOLUTION 1 % (<i>tolnaftate</i>)	Tier 1	
MYCOZYL AL TOPICAL SOLUTION 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (40 GM per 30 days)
<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>menthollcamphor</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 (MENTHOL-CAMPHOR) TOPICAL LOTION 0.5-0.5 % (<i>menthollcamphor</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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA MED SCALP SHAMPOO 2 % (<i>pyrithione zinc</i>)	Tier 1	
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 2-IN-1 TOPICAL SHAMPOO 1 % (<i>selenium sulfide</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 acetateluminum sulfate</i>)	Tier 1	
BORO-PACKS TOPICAL POWDER IN PACKET 51-49 % (<i>calcium acetateluminum 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 acetateluminum 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	
AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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>fluocinonide/emollient 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>hydrocortisone/aloe 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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-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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
<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	
TARSUM PROFESSIONAL TOPICAL SHAMPOO 2 % (<i>coal tar</i>)	Tier 1	QL (120 ML per 30 days)
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	

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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)
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		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY (<i>norfluranelpentafluoropropane (hfc 245fa)</i>)	Tier 1	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY (<i>norfluranelpentafluoropropane (hfc 245fa)</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 1	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 1	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 1	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 % (<i>diclofenac sodium</i>)	Tier 1	ST: Trial of an oral NSAID in the last 180 days; QL (16 GM per 1 day)
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	ST: Trial of an oral NSAID in the last 180 days; QL (16 GM per 1 day)
Dermatological - Protectant Combinations - Drugs For The Skin		
<i>calamine-zinc oxide topical lotion , 8-8 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
<i>metronidazole topical cream 0.75 %</i>	Tier 1	QL (2 GM per 1 day)
<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 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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
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)
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		
ARTHRITIS HOT PAIN RELIEF TOPICAL CREAM 15-10 % (<i>methyl salicylate/menthol</i>)	Tier 1	
CALYPXO HP 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VICKS VAPORUB TOPICAL OINTMENT 4.8-1.2-2.6 % (<i>eucalyptus oillmenthollcamphor</i>)	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EURAX TOPICAL LOTION 10 % (<i>crotamiton</i>)	Tier 1	
HOME LICE-BEDBUG-DUST MITE SPRAY 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)
LICE-BEDBUG-MITE BEDDING AEROSOL, SPRAY 0.5 % (<i>permethrin</i>)	Tier 1	QL (120 GM 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)
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 1	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	
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</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	

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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	

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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		
<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	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
CALCIUM MAGNESIUM ORAL TABLET 500 MG CALCIUM -250 MG (<i>calcium carbonate, gluconate/magnesium oxide, gluconate</i>)	Tier 1	
<i>calcium-magnesium oral tablet 300-300 mg</i>	Tier 1	
CITRACAL-D3 MAXIMUM PLUS ORAL TABLET 325 MG-12.5 MCG -2.75 MG (<i>calcium citrate/vit d3/zinc oxide/copper gluclmanganese gluc</i>)	Tier 1	
OYSTER SHELL CALCIUM AND MAG ORAL TABLET 250-155 MG (<i>calcium carbonate/magnesium oxide</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 citrate/cholecalciferol (vitamin d3)</i>)	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-3.125 mcg (125 unit)</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet 250 mg-5 mcg (200 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 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	
CITRACAL + D MAXIMUM ORAL TABLET 315 MG-6.25 MCG (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-5 MCG (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	
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	
FERRETTS 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (<i>ferrous sulfate</i>)	Tier 1	
PEDIATRIC FE-VITE 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)
HYDRALYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	QL (4000 ML per 32 days)
ORALYTE ORAL SOLUTION (<i>electrolytes/dextrose</i>)	Tier 1	QL (4000 ML per 32 days)
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 phosphat/potassium phosphates, monobasic and bibasic</i>)	Tier 1	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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		
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg-400 unit/ml</i>	Tier 1	Age (Max 12 Years)
PEDIATRIC 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)
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>pediatric multivitamin no.192</i>)	Tier 1	Age (Max 12 Years)
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (<i>pediatric multivitamin no.171</i>)	Tier 1	Age (Max 12 Years)
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (<i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i>)	Tier 1	Age (Max 12 Years)
<i>vit a palmitate-vit c-vit d3 oral drops 750 unit-35 mg - 400 unit/ml</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML (<i>pediatric multivitamin no.189/ferrous sulfate</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)
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 fluoride/ferrous sulfate</i>)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72iron,carbonylfollic acid</i>)	Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	Tier 1	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Tier 1	
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</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 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 ULTRA ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 18/iron/folic acid/docusate sodium</i>)	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit), 75 mcg (3,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet, chewable 50 mcg (2,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet, disintegrating 125 mcg (5,000 unit)	Tier 1	
D3 DOTS ORAL TABLET 50 MCG (2,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
DELTA D3 ORAL TABLET 10 MCG (400 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	Tier 1	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
THERA-D 4000 ORAL TABLET 100 MCG (4,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
THERA-D ORAL TABLET 50 MCG (2,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
VITAJOY DAILY D ORAL TABLET, CHEWABLE 25 MCG (1,000 UNIT) (cholecalciferol (vitamin d3))	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	Tier 1	
VITAMIN D3 ORAL TABLET,CHEWABLE 25 MCG (1,000 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		
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (3 EA per 1 day)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD; QL (3 EA per 1 day)
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)
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 pidolate/metformin 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)
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)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Alogliptin in the last 180 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 days; QL (1 EA per 1 day)
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

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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, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 1	DD; ST: Trial of Metformin in the last 180 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)
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	

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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 (1 EA per 30 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	
<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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>estradiol</i> (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (8 EA per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>estrogens, esterified</i>)	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>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	

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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)

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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(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 human/insulin 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 human/insulin aspart</i>)	Tier 1	DD; QL (1.5 ML per 1 day)
Insulin Analogs - Long Acting - Drugs For Diabetes		
SEMGLEE PEN 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)
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/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)

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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	

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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, 50 mcg</i>	Tier 1	QL (1 EA per 1 day)
<i>liothyronine oral tablet 5 mcg</i>	Tier 1	QL (4 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 - Aluminum - Drugs For Ulcers And Stomach Acid		
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 hydroxidelalginic 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 hydroxidelalginic acid</i>)	Tier 1	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML (<i>magnesium carbonatealuminum hydroxidelalginic 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 hydroxidelalginic 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 hydroxidelaluminum hydroxide</i>)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 400 MG CALCIUM (1,000 MG), 470 MG CALCIUM (1,177 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	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	Tier 1	
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 300 mg (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 160 MG CALCIUM (400 MG) (<i>calcium carbonate</i>)	Tier 1	
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 160 MG CALCIUM (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 470 MG CALCIUM (1,177 MG) (<i>calcium carbonate</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA STRENGTH 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	
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 400-400-40 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	QL (120 ML per 30 days)
MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
MAG-AL PLUS 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)
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
MINTOX 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)
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>)	Tier 1	
MYLANTA 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)
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG (<i>loperamide hcl</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML (<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 (<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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	
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-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	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 25 Mg)	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)
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ACID-PEP ORAL TABLET 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)
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)
ZANTAC-360 (FAMOTIDINE) ORAL TABLET 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		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
INFANTS SIMETHICONE 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	
MYLANTA GAS ORAL TABLET,CHEWABLE 125 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	PA; QL (2 EA per 1 day)
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
<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 rectal enema 100 mg/60 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-UVEITS-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 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 PEDIATRIC UC 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, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 1	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 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		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	PA; QL (2 EA per 1 day)
Laxative - Bulk Forming - Drugs To Prevent Constipation		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/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	
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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/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(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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 MI)	Tier 1	QL (180 ML per 1 day)
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION 400 MG/5 ML (<i>magnesium hydroxide</i>)	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glycerin (adult) rectal suppository</i>	Tier 1	
<i>glycerin (child) rectal suppository</i>	Tier 1	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM (<i>polyethylene glycol 3350</i>)	Tier 1	QL (34 EA per 1 day)
<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)

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

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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)
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURAL VEGETABLE LAXATIVE ORAL TABLET (<i>sennalfennel</i>)	Tier 1	
SENNALAX ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNALAX ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
SENNALAX ORAL SYRUP 8.8 MG/5 ML (<i>sennosides</i>)	Tier 1	
SENNALAX ORAL TABLET 8.6 MG (<i>sennosides</i>)	Tier 1	
<i>sennosides oral syrup 8.8 mg/5 ml</i>	Tier 1	
SEN-O-TAB 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	
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	
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	
SENNALAX PLUS ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENNA-S ORAL TABLET 8.6-50 MG (<i>sennosides/docusate sodium</i>)	Tier 1	
SENNA-TIME 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	
SEKOT-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 LAXAT 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 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Phosphate Binders - Drugs For The Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent - Type I 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	
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	
Urinary Analgesics - Drugs For Infections		
AZO URINARY PAIN RELIEF ORAL TABLET 95 MG, 99.5 MG (<i>phenazopyridine hcl</i>)	Tier 1	
URINARY PAIN RELIEF ORAL TABLET 95 MG, 97.5 MG, 99.5 MG (<i>phenazopyridine hcl</i>)	Tier 1	
URISTAT ULTRA ORAL TABLET 99.5 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations - Drugs For Infections		
URO-458 ORAL TABLET 81-10.8-40.8 MG (<i>methenamine/methylene blue/sodium phosphosalicylate/hyoscyamine</i>)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (<i>methenamine/methylene blue/salicylate/sodium phosphohyoscyamin</i>)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<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>trospium 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral 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	
<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		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 1	QL (51 EA per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erythropoietins - Drugs For The Blood		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 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)
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, Durlaza, or Vazalore in the last 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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	
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		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 (3 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	ST: Trial of 2 of the following in the last 120 days: 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 (6 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
BUTTERFLY TOUCH LANCET 30 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 BLU CTRL SOLN-L1,L3 SOLUTION <i>(blood glucose calibration control high and 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 II CTRL SOLN-NORMAL SOLUTION <i>(blood glucose calibration control solution, normal)</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 2 SOLUTION <i>(blood glucose calibration control solution, normal)</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 CONTROL SOLUTION NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
GE333 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)
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)

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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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA SAFETY LANCET 30 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 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, 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 GC700 LEV 2 CTRL SOLN 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)
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; 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 COMFORT LANCETS 28 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 EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
UNISTIK NORMAL LANCETS 23 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)
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (<i>blood glucose calibration control solution, normal</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", 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)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 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)
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)

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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 NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<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)
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)

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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 27 GAUGE X 5/8", 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)

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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)

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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)

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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)

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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)

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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 SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 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)
TECHLITE INSULN 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 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 INSULN SYR(HALF UNIT) SYRINGE 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (<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)
TRUE COMFORT PRO INS 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)
TRUE COMFORT PRO INS 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)
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE INSULN 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 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)
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)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin,1 ml and sharps container</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle,insulin,0.5 ml/container,empty</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 INSUL SYR(HALF UNIT) 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 (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA FLO 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)
ULTRA FLO 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	QL (100 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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (<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", 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 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	
DISPOSABLE NEEDLES NEEDLE 22 GAUGE X 3/4" (<i>needles, disposable</i>)	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 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (<i>needles, disposable</i>)	Tier 1	QL (100 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	
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 1	QL (100 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", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1/2", 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 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" (<i>needles, disposable</i>)	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" (<i>syringe with needle, disposable, 3 ml</i>)	Tier 1	
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (needles, disposable)	Tier 1	QL (100 EA per 30 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" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
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	
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"	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 1	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (needles, disposable)	Tier 1	QL (100 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	QL (1 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)
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)
PURECOMFORT 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)

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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)
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)
LITETAIRE 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</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 HOLDING CHAMBER SPACER (<i>inhaler, assist devices</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-TODDLR SPACER (<i>inhaler,assist device with small mask</i>)	Tier 1	QL (2 EA per 365 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 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)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 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)
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	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 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 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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 1	DD; QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)
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)
BUTTERFLY TOUCH LANCET 30 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)
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (<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 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LANCING DEVICE (<i>lancing device</i>)	Tier 1	DD; QL (1 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 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 HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (<i>needles, disposable</i>)	Tier 1	QL (100 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
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 30 GAUGE, 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)
EASY TRAK HIGH CONTROL SOLUTION (<i>blood glucose calibration control solution, high</i>)	Tier 1	DD; QL (5 EA per 30 days)
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (<i>blood glucose calibration control solution, normal</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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (needles, disposable)	Tier 1	QL (100 EA per 30 days)
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle, disposable, 3 ml)	Tier 1	
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (lancets)	Tier 1	DD; QL (6 EA per 1 day)
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 1	DD; QL (6 EA per 1 day)
EZ-LETS 26 GAUGE (lancets)	Tier 1	DD; QL (6 EA per 1 day)
FC2 FEMALE CONDOM (condoms, female)	Tier 1	CT; QL (36 EA per 27 days)
FEMCAP VAGINAL DEVICE 22 MM (cervical cap)	Tier 1	CT; QL (1 EA per 365 days)
FEMCAP VAGINAL DEVICE 26 MM, 30 MM (cervical cap)	Tier 1	CT
FINGERSTIX LANCETS (lancets)	Tier 1	DD; QL (6 EA per 1 day)
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
FLOW-EZE VENTED NEEDLE NEEDLE (needles, disposable)	Tier 1	QL (100 EA per 30 days)
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD; QL (5 EA per 30 days)
FORA LANCING DEVICE (lancing device)	Tier 1	DD; QL (1 EA per 365 days)
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 1	DD; QL (5 EA per 30 days)
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 1	DD; QL (5 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)
GE333 CONTROL SOLUTION NORMAL 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needles, disposable)	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 (syringe with needle,insulin,0.5 ml)	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 (syringe with needle,disposable,insulin 1 ml)	Tier 1	DD; QL (150 EA per 30 days)
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 1	DD; QL (6 EA per 1 day)
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (2 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (syringe with needle, insulin, safety, 0.3 ml)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 ml)	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" (syringe with needle, insulin, safety, 1 ml)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 ml)	Tier 1	DD; QL (150 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 ml)	Tier 1	DD; QL (150 EA per 30 days)
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 ml)	Tier 1	DD; QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
MICRODOT NORMAL CONTROL SOLUTION (<i>blood glucose calibration control solution, normal</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)
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 1/2", 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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (100 EA per 30 days)
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 DELICA SAFETY LANCET 30 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)
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 1	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (100 EA per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 1	DD; QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 GC700 LEV 2 CTRL SOLN 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)
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (<i>blood glucose calibration control solution, normal</i>)	Tier 1	DD; QL (5 EA per 30 days)
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)

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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 SPACER (<i>inhaler, assist devices</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 1	QL (2 EA per 365 days)
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
TRUE COMFORT PRO INS 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT PRO INS 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)
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 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)
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (<i>syringe with needle, insulin,1 ml and sharps container</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (<i>syringe-needle,insulin,0.5 ml/container,empty</i>)	Tier 1	DD; QL (150 EA per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 INSUL SYR(HALF UNIT) 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 (half unit mark)</i>)	Tier 1	DD; QL (150 EA per 30 days)
ULTRA FLO 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)
ULTRA FLO 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 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)
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)

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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-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)
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 1	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 CTRL SOLN-L1,2,3 SOLUTION (<i>blood glucose calibration control solutions high,normal,low</i>)	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (<i>blood glucose calibration control high and low</i>)	Tier 1	DD; QL (5 EA per 30 days)
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (<i>blood glucose calibration control solution, normal</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 ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</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 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-TODDLR SPACER (<i>inhaler,assist device with small mask</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	Tier 1	CT; QL (1 EA per 365 days)
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		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)ml</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)
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	

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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> (Oralone 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 mucous membrane solution 2 %</i>	Tier 1	QL (200 ML per 30 days)
<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)

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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>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA; SP; QL (2 EA per 1 day)
<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)
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)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 1	PA; SP; QL (1 EA per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 1	PA; SP; QL (1 EA per 1 day)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</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 EYE LUBRICANT OPHTHALMIC (EYE) OINTMENT 83-15 % (<i> mineral oilpetrolatum,white</i>)	Tier 1	
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (<i> mineral oilpetrolatum,white</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 % (<i>dextran 70hypromellose</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 alcoholpovidone</i>)	Tier 1	
CLEAR EYES NATURAL TEARS OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcoholpovidone</i>)	Tier 1	
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (<i>mineral oilpetrolatum,white</i>)	Tier 1	
GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 % (<i>dextran 70hypromellose</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 oilpetrolatum,white</i>)	Tier 1	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oilpetrolatum,white</i>)	Tier 1	
LUBRICATING TEARS OPHTHALMIC (EYE) DROPS 0.1-0.3 % (<i>dextran 70hypromellose</i>)	Tier 1	
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oilpetrolatum,white</i>)	Tier 1	
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oilpetrolatum,white</i>)	Tier 1	
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oilpetrolatum,white</i>)	Tier 1	
RESTORE PM OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oilpetrolatum,white</i>)	Tier 1	
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oilpetrolatum,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	
<i>carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RESTORE TEARS OPHTHALMIC (EYE) DROPS 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	QL (7.5 ML per 30 days)
neomycin sulfatelbacitracin zinclpolymyxin blhydrocortisone (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 % (gentamicin sulfatelprednisolone acetate)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (gentamicin sulfatelprednisolone acetate)	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 1	QL (3.5 GM per 30 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	QL (10 ML per 30 days)
Ophthalmic - Anticholinergics - Drugs For The Eye		
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antihistamine-Decongestant Combinations - Drugs For Itchy Eye		
ALLERGY EYE (NAPHAZOLINE-PHEN) OPHTHALMIC (EYE) DROPS 0.025-0.3 % (naphazoline hclpheniramine maleate)	Tier 1	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.025-0.3 %, 0.02675-0.315 % (naphazoline hclpheniramine maleate)	Tier 1	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (ketotifen fumarate)	Tier 1	QL (5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 % (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 ML per 30 days)
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 % (<i>olopatadine hcl</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)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (5 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (2.5 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 % OTC (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 ML per 30 days)
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 % OTC (<i>olopatadine hcl</i>)	Tier 1	QL (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	Tier 1	PA; QL (2 EA per 1 day)
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	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ALL CLEAR AR OPHTHALMIC (EYE) DROPS 0.03-0.5 % (<i>naphazoline hcl/hypromellose</i>)	Tier 1	
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	
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	
VISINE 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>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 boratelboric acid/water/sodium chloride</i>)	Tier 1	
EYE WASH (BORIC ACID) OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium boratelboric acid/water/sodium chloride</i>)	Tier 1	
EYE WASH OPHTHALMIC (EYE) DROPS (<i>sodium/potassium/sodium chloride</i>)	Tier 1	
MEDIWASH EYE IRRIGANT OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium boratelboric acid/water/sodium chloride</i>)	Tier 1	
MEDIWASH OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium boratelboric acid/water/sodium chloride</i>)	Tier 1	
STERILE EYE WASH OPHTHALMIC (EYE) IRRIGATION SOLUTION (<i>sodium boratelboric 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	PA; QL (7.5 ML per 30 days)
<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		
DEBROX OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	Tier 1	QL (15 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EAR DROPS (CARBAMIDE PEROXIDE) 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)
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (2 EA per 1 day)
BENADRYL ALLERGY PLUS CONGEST ORAL TABLET 25-10 MG (<i>phenylephrine hcl/diphenhydramine hcl</i>)	Tier 1	QL (120 EA per 30 days)
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-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)
MAXI-TUSS TR ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine hcl/pseudoephedrine hcl</i>)	Tier 1	QL (480 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine maleate/phenylephrine hcl</i>)	Tier 1	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
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	
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
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 tablet 25 mg</i>	Tier 1	
<i>diphenhydramine hcl oral tablet, chewable 12.5 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	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
NYTOL 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	
SIMPLY SLEEP ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	
SLEEP II ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 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	
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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CHLORHIST ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine hcl</i>)	Tier 1	
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 tablet, chewable 12.5 mg</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	
PHARBECHLOR ORAL TABLET 4 MG (<i>chlorpheniramine maleate</i>)	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 25 Mg)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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)
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	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 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)
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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)
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, 20 mg</i>	Tier 1	ST: Trial of Montelukast Sodium in the last 180 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	ST: Trial of Theophylline solution in the last 120 days
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG (<i>theophylline anhydrous</i>)	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/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, Budesonide/Formoterol Fumarate, Combivent Respimat, Fluticasone/Salmeterol, Ipratropium Bromide, or Ipratropium/Albuterol Sulfate in the last 180 days; QL (4 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	ST: Trial of Atrovent HFA, Budesonide/Formoterol Fumarate, Combivent Respimat, Fluticasone/Salmeterol, Ipratropium Bromide, or Ipratropium/Albuterol Sulfate 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)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/lactuation, 80-4.5 mcg/lactuation</i>	Tier 1	QL (10.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/lactuation, 232-14 mcg/lactuation, 55-14 mcg/lactuation</i>	Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Expectorants - Single Agents, General - Drugs For Cough And Cold		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
CHEST CONGESTION RELIEF ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
COUGH SYRUP ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT COUGH SYRUP ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
EXPECTORANT ORAL TABLET 200 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
FENESIN IR ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
GERI-TUSSIN ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
G-FENESIN ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
GILTUSS EX ORAL LIQUID 200 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
<i>guaifenesin oral liquid 100 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
LIQUITUSS GG ORAL LIQUID 200 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
MUCINEX FAST-MAX CHEST-CONGEST ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	Tier 1	QL (60 ML per 1 day)
MUCOSA ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
MUCUS RELIEF ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA per 1 day)
REFENESEN ORAL TABLET 400 MG (<i>guaifenesin</i>)	Tier 1	QL (6 EA 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 21 mcg (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 205.5 mcg (0.15 %)</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>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	ST: Trial of Azelastine 137mcg or 205.5mcg Nasal spray/pump 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
SINUS WASH NETI POT SINUS IRRIGATION PACKET WITH RINSE DEVICE (<i>sodium chloride,sod bicarb with neti pot nasal rinse device</i>)	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	Tier 1	QL (360 ML per 1 FILL)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (360 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (<i>pseudoephedrine hcl/codeine phosphatelguaifenesin</i>)	Tier 1	QL (480 ML per 30 days)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML (<i>pseudoephedrine hcl/codeine 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)
MAXI-TUSS 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)
CHILDREN'S SILFEDRINE ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	
<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)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine hcl</i>)	Tier 1	QL (240 ML per 30 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CLOTRIMAZOLE-7 VAGINAL CREAM 1 % (<i>clotrimazole</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	
<i>miconazole nitrate vaginal suppository 100 mg</i>	Tier 1	
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM) (<i>miconazole nitrate</i>)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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-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	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
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	

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ESTA PÁGINA SE HA DEJADO EN BLANCO DE FORMA INTENCIONAL

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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.

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>cabotegravir/rilpivirine</i>	(Cabenuva)	<i>brexpiprazole</i> (Rexulti)
<i>cobicistat</i>	(Tybost)	<i>cariprazine</i> (Vraylar)
<i>darunavir ethanolate</i>	(Prezista)	<i>chlorpromazine hcl</i> (Thorazine)
<i>darunavir/cobicistat</i>	(Prezcobix)	<i>clozapine</i> (Clozaril, FazaClo, Versacloz)
<i>darunavir/cobicistat/emtricitabine/tenofovir alafenamide</i>	(Symtuza)	<i>fluphenazine decanoate</i> (Prolixin Decanoate)
<i>delavirdine mesylate</i>	(Rescriptor)	<i>fluphenazine hcl</i> (Prolixin)
<i>dolutegravir</i>	(Tivicay)	<i>haloperidol</i> (Haldol)
<i>dolutegravir/lamivudine</i>	(Dovato)	<i>haloperidol decanoate</i> (Haldol Decanoate)
<i>dolutegravir/rilpivirine</i>	(Juluca)	<i>haloperidol lactate</i> (Haldol)
<i>doravirine</i>	(Pifeltro)	<i>iloperidone</i> (Fanapt)
<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>	(Delstrigo)	<i>isocarboxazid</i> (Marplan)
<i>efavirenz</i>	(Sustiva)	<i>lithium carbonate</i> (Lithobid, Eskalith)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	(Atripla)	<i>lithium citrate</i>
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	(Symfi, Symfi Lo)	<i>loxapine succinate</i> (Loxitane)
<i>elvitegravir</i>	(Vitekta)	<i>loxapine aerosol powder breath-activated</i> (Adasuve)
<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate</i>	(Stribild)	<i>lumateperone</i> (Caplyta)
<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>	(Genvoya)	<i>lurasidone hydrochloride</i> (Latuda)
<i>emtricitabine/rilpivirine/tenofovir alafenamide</i>	(Odefsey)	<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/rilpivirine/tenofovir disoproxil fumarate</i>	(Complera)	<i>olanzapine</i>	(Zyprexa)
<i>emtricitabine/tenofovir alafenamide</i>	(Descovy)	<i>olanzapine pamoate monohydrate</i>	(Zyprexa Relprevv)
<i>emtricitabine</i>	(Emtriva)	<i>olanzapine/fluoxetine hcl</i>	(Symbyax)
<i>emtricitabine</i>	(Emtriva)	<i>paliperidone</i>	(Invega)
<i>enfuvirtide</i>	(Fuzeon)	<i>paliperidone palmitate</i> (Invega Sustenna, Invega Trinza)	
<i>etravirine</i>	(Intelence)	<i>perphenazine</i>	(Trilafon)
<i>fosamprenavir calcium</i>	(Lexiva)	<i>phenelzine sulfate</i>	(Nardil)
<i>fostemsavir</i>	(Rukobia)	<i>pimavanserin</i>	(Nuplazid)
<i>ibalizumab-uiyk</i>	(Trogarzo)	<i>pimozide</i>	(Orap)
<i>indinavir sulfate</i>	(Crixivan)	<i>quetiapine</i>	(Seroquel)
<i>lamivudine</i>	(Epivir, Epivir HBV)	<i>risperidone</i>	(Risperdal, Perseris)
<i>lamivudine/tenofovir disoproxil fumarate</i>	(Cimduo, Temixys)	<i>risperidone microspheres</i>	(Risperdal Consta)
<i>lopinavir/ritonavir</i>	(Kaletra)	<i>selegiline (transdermal only)</i>	(Emsam)
<i>maraviroc</i>	(Selzentry)	<i>thioridazine hcl</i>	(Mellaril)
<i>nelfinavir mesylate</i>	(Viracept)	<i>thiothixene</i>	(Navane)
<i>nevirapine</i>	(Viramune)	<i>thiothixene hcl</i>	(Navane)
<i>raltegravir potassium</i>	(Isentress)	<i>tranlycypromine sulfate</i>	(Parnate)
<i>rilpivirine hcl</i>	(Edurant)	<i>trifluoperazine hcl</i>	(Stelazine)
<i>ritonavir</i>	(Norvir)	<i>trihexyphenidyl</i>	(Artane)
<i>saquinavir</i>	(Fortovase)	<i>ziprasidone hcl</i>	(Geodon)
<i>saquinavir mesylate</i>	(Invirase)	<i>ziprasidone mesylate</i>	(Geodon)
<i>stavudine</i>	(Zerit)		
<i>tenofovir alafenamide</i>	(Vemlidy)		
<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)

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