



2025 3 Tier State Mandate Formulary Guide (2950)

Includes generic and brand-name medications

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H E A L T H C A R E

Right here.
For you.



Dear Member,

The prescription drug benefit is one of the most important and frequently utilized elements of health plan coverage. To help you identify which medications are covered under your plan, we are pleased to provide the **3-Tier State Mandate Formulary Guide**. This booklet provides you with easy to understand information about your prescription drug coverage including descriptions of prescription drug safety and cost-saving programs.

The **3-Tier State Mandate Formulary Guide** lists commonly prescribed medications and their tier classifications. The medications listed have been approved by the Food and Drug Administration as safe and effective and were selected in consultation with a team of health care professionals because they meet our criteria for safety, quality and value. We continually review and update our formulary.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents or contact the Pharmacy Help Desk at 1-800-499-1275 for a complete description of your pharmacy benefit.

This booklet includes the Formulary Guide and prescription drug benefit information. Please refer to this booklet when you see your healthcare practitioner or are prescribed a medication.

The drugs listed in the formulary and program descriptions may not apply to all plans. Please see your plan documents for a complete description of your pharmacy benefit.

If you have questions or need additional information, please visit our website UniveraHealthcare.com or contact the **Pharmacy Help Desk at 1-800-499-1275**.



What is a formulary?

A formulary is a list of brand name and generic drugs that are covered under your prescription drug benefit.

How is the formulary developed?

Drugs listed on the formulary were selected by our independent Pharmacy and Therapeutics (P&T) Committee which is made up of practicing health care providers and clinical pharmacists. The P&T Committee reviews each drug based upon scientific evidence, findings by federal government agencies, professional medical associations and journals to help ensure that the medications covered meet criteria for safety, effectiveness and value.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical condition

Drugs are listed in alphabetical order according to drug categories. For example, drugs used to treat heart conditions are listed under the category "Cardiovascular." Drugs are listed in alphabetical order by condition.

Alphabetical listing

If you are not sure what category to look under, look for your drug in the Index that follows the formulary. The Index provides an alphabetical listing of all of the drugs included in the formulary and the page where they can be found in the formulary.

3-Tier drug benefit

Your 3-tier prescription drug benefit allows you to make informed choices and encourages value when choosing your prescription medications. Your copayment will vary depending on the tier in which your prescription drug is placed.

- **Tier One** drugs are typically generics and have the lowest copayment amount.
- **Tier Two** drugs are brand drugs that have unique, significant clinical advantages and offer overall greater value over the other products in the same drug class.
- **Tier Three** drugs are all other brand drugs, including new brand drugs and drugs that have generic equivalents. Tier Three drugs have the highest copayment amount.

The 3-Tier State Mandate Formulary Guide lists commonly used medications and their tier designations. Because there are thousands of medications included in your pharmacy benefit, we list only the most commonly prescribed.

Your plan may not cover all medications listed in this booklet. Please see your plan documents for a complete description of your pharmacy benefit, or call the Pharmacy Help Desk at 1-800-499-1275.

Can the formulary change?

Our P&T Committee regularly reviews the drugs on our formulary to be sure they meet the criteria for safety, effectiveness and value. Drugs may be added or moved to a lower tier at any time. Drugs may be removed or moved to a higher tier yearly.

Generics are real medicine

Generic drugs: safe, effective, affordable!

To help keep your prescription drug costs down, choose a generic drug over a brand. Generics are as safe and effective as their brand name counterparts – they just cost a lot less.

In fact, you'll save money when you choose a generic because generics have the lowest copay. That means you'll always pay the lowest out-of-pocket amount for a generic.

Generic drugs treat your illness or condition with the same effectiveness and safety as their brand name equivalents because they have to meet the same rigorous FDA requirements as brand name drugs.

Experience has shown that more than 90% of members who start on a generic will stay on a generic. So the next time you need your brand prescription filled, ask your doctor or pharmacist if a generic is right for you.

Where can I purchase my prescription medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including national chains and most independents. Just show your Member Card at any participating pharmacy; it identifies you as having prescription drug coverage. A list of participating pharmacies in your area is available on our website UniveraHealthcare.com.

Mail service pharmacy

Get your prescriptions delivered right to your door! When you use Express Scripts Home Delivery PharmacySM or Wegmans[®] Home Delivery Pharmacy, you get the convenience of home delivery and the ease of ordering new prescriptions and refills either by phone or via our website. Some benefits offer copay savings for ordering prescriptions through Express Scripts Home Delivery PharmacySM or Wegmans[®] Home Delivery Pharmacy.

Using a home delivery pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Scripts Home Delivery PharmacySM or Wegmans[®] Home Delivery Pharmacy, please visit our website at UniveraHealthcare.com or contact the Pharmacy Help Desk at 1-800-499-1275.

Specialty pharmacy

Specialty pharmacies focus on you and your individual health care needs. Because they work exclusively with specialty medications, they are experts in handling and administering these complex medications. Nationally recognized specialty pharmacy Accredo Health participates in our network. Accredo offers outstanding customer service and is dedicated to providing quality care to our members. With a single, toll-free phone call they take care of all the details – they will contact your doctor for your prescription and arrange delivery to your home. There are several local/regional specialty pharmacies also participating in our specialty pharmacy network. A complete listing of participating specialty pharmacies is available on our website UniveraHealthcare.com.

Are there any restrictions on coverage?

Some covered drugs may have additional requirements or limits for coverage. If a drug has requirements or limits, it will be noted in the formulary.

If your healthcare practitioner determines that you need a medication that has a requirement or limit, we have an exception process in place. Your healthcare practitioner must submit a request to the Health Plan supporting your need.

Coverage requirements or limits may include:

Prior authorization

Prior authorization helps ensure that a prescribed drug is safe and appropriate for your medical condition. Certain medications require that your doctor gets approval before the medication is covered. Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose

is appropriately prescribed based on Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, use and benefit design.

Step therapy

In some cases you may be required to first try one or more drugs to treat your medical condition before another drug for that condition will be covered. The medication treatment moves along a series of “steps.” For example, if **Drug A** and **Drug B** both treat your medical condition, we may not cover **Drug B** unless you try **Drug A** first. If **Drug A** does not work, we will then cover **Drug B**.

Specialty drug benefit

Specialty medications are designed for conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others that are difficult to treat with traditional medications. These medications are self-administered: either taken orally or by injection.

Your prescription drug benefit may require that you purchase certain specialty medications at a specialty pharmacy that participates in the Specialty Pharmacy Network in order to receive coverage. If a participating specialty pharmacy is not used you may be responsible for the full cost of the prescription. A complete listing of participating specialty pharmacies can be found on our website, UniveraHealthcare.com.

Quantity limits

For certain drugs, we limit the amount of the drug that we will cover. The amount of drug we cover is based on FDA approved dosing and usage guidelines.

Generic Advantage program

The Generic Advantage program promotes the use of generic medications. If you fill your prescription with a brand name medication when there is a generic equivalent available, you will pay the difference between the pharmacy's charge for the more costly brand name medication and our price for the less expensive generic. Check your benefits summary to find out if the Generic Advantage program applies to your plan.

Key:

UPPERCASE – Brand name medication

lowercase – generic medication

PA = Prior Authorization required

QL = Quantity Limit applies

ST = Step Therapy required

MS = Drug must be purchased at a participating network specialty pharmacy for coverage

CURRENT AS OF 1/1/2025

| Product Description | Tier | Limits/Restrictions/Notes |
|---|-------------|----------------------------------|
| ALTERNATIVE THERAPY - VITAMINS AND MINERALS | | |
| ALTERNATIVE THERAPY - UNCLASSIFIED - VITAMINS AND MINERALS | | |
| 5-HYDROXYTRYPTOPHAN (5-HTP) ORAL TABLET,DISINTEGRATING | 3 | PA |
| ACTIVE Q ORAL SUSPENSION | 3 | PA |
| ANGINOX | 3 | PA |
| ARGUMENT AT | 3 | PA |
| ATP IGNITE WORKOUT | 3 | PA |
| BLUES AWAY POSTPARTUM SUPPORT | 3 | PA |
| BRAINSUSTAIN | 3 | PA |
| BRAINSUSTAIN FOR KIDS | 3 | PA |
| CHILDREN'S DIARESQ | 3 | PA |
| CYTO-Q MAX | 3 | PA |
| CYTO-Q T-F | 3 | PA |
| DIARESQ | 3 | PA |
| D-MANNOSE | 3 | PA |
| ENTERADE ADVANCED ONCOLOGY | 3 | PA |
| GI BALANCE ORAL POWDER | 3 | PA |
| GRIPE WATER (GINGER, FENNEL) | 3 | PA |
| IG 26 DF ORAL POWDER | 3 | PA |
| LIQSORB ORAL LIQUID | 3 | PA |
| LITTLE REMEDIES GRIPE WATER | 3 | PA |
| MANNXTRA | 3 | PA |
| OPTIFIBER LEAN ORAL POWDER | 3 | PA |
| ORGANIX PHYTOFOOD | 3 | PA |
| OVASITOL | 3 | PA |
| PREGNITUDE | 3 | PA |
| PUSH 20 PLUS | 3 | PA |
| QH LIQUID | 3 | PA |
| Q-UP | 3 | PA |
| RE:IMMUNE | 3 | PA |
| RELAXMAX | 3 | PA |
| SAM-E-TMG | 3 | PA |
| TODDLER'S DIARESQ | 3 | PA |
| URITRAX | 3 | PA |
| UTYMAX | 3 | PA |
| ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC | | |
| ANTI-INFLAMMATORY - ANTIMITOTICS | | |
| LODOCO | 3 | PA; QL |
| ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC - DRUGS FOR PAIN AND FEVER | | |
| ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS | | |
| codeine sulfate | 1 | |
| CONZIP | 3 | PA |
| DILAUDID | 3 | |
| diskets | 1 | PA |
| DSUVIA | 3 | |
| fentanyl patch | 1 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| fentanyl citrate buccal lozenge on a handle 200 mcg, 600 mcg | 1 | PA; QL |
| FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; QL |
| hydrocodone bitartrate | 1 | PA |
| hydromorphone oral liquid | 1 | |
| hydromorphone oral tablet | 1 | |
| hydromorphone oral tablet extended release 24 hr | 1 | PA |
| hydromorphone rectal | 1 | |
| HYSINGLA ER | 3 | PA |
| levorphanol tartrate | 1 | PA |
| meperidine oral solution | 1 | |
| meperidine oral tablet 50 mg | 1 | |
| methadone intensol | 1 | PA |
| methadone oral concentrate | 1 | PA |
| methadone oral solution | 1 | PA |
| methadone oral tablet | 1 | PA |
| methadone oral tablet,soluble | 1 | PA |
| METHADOSE ORAL CONCENTRATE | 3 | PA |
| methadose oral tablet,soluble | 1 | PA |
| morphine concentrate oral solution | 1 | |
| morphine oral capsule, er multiphase 24 hr | 1 | PA |
| morphine oral capsule,extend.release pellets | 1 | PA |
| morphine oral solution | 1 | |
| MORPHINE ORAL TABLET | 2 | |
| morphine oral tablet extended release | 1 | PA |
| morphine rectal | 1 | |
| MS CONTIN | 3 | PA |
| NUCYNTA | 2 | |
| NUCYNTA ER | 2 | PA |
| oxycodone oral capsule | 1 | |
| oxycodone oral concentrate | 1 | |
| oxycodone oral solution | 1 | |
| oxycodone oral tablet | 1 | |
| OXYCODONE ORAL TABLET, ORAL ONLY 15 MG | 3 | PA |
| oxycodone oral tablet, oral only 30 mg, 5 mg | 3 | PA |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG | 3 | PA |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR | 3 | PA |
| oxymorphone oral tablet | 1 | |
| oxymorphone oral tablet extended release 12 hr | 1 | PA |
| QDOLO | 3 | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG | 3 | PA |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 | 3 | PA |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | PA |
| TRAMADOL ORAL SOLUTION | 3 | |
| TRAMADOL ORAL TABLET 100 MG | 3 | |
| TRAMADOL ORAL TABLET 25 MG | 3 | QL |
| tramadol oral tablet 50 mg | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| tramadol oral tablet extended release 24 hr | 1 | PA |
| tramadol oral tablet, er multiphase 24 hr | 1 | PA |
| XTAMPZA ER | 2 | PA |
| ANALGESIC OPIOID CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml) | 3 | ST |
| acetaminophen-codeine oral solution 120-12 mg/5 ml | 1 | |
| acetaminophen-codeine oral tablet | 1 | |
| ascomp with codeine | 1 | |
| butalbital-acetaminop-caf-cod | 1 | QL |
| codeine-butalbital-asa-caff | 1 | |
| FIORICET WITH CODEINE | 3 | QL |
| ANALGESIC OPIOID DIHYDROCODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg | 1 | |
| TREZIX | 3 | |
| ANALGESIC OPIOID DIHYDROCODEINE, NON-SALICYLATE ANALGESIC,XANTHINE - ARTHRITIS AND PAIN DRUGS | | |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg | 1 | |
| TREZIX | 3 | |
| ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| hydrocodone-acetaminophen oral solution | 1 | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | |
| ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| hydrocodone-ibuprofen | 1 | |
| ANALGESIC OPIOID HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| hydrocodone-acetaminophen oral solution | 1 | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | |
| hydrocodone-ibuprofen | 1 | |
| ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| endocet | 1 | |
| NALOCET | 3 | PA |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml | 1 | PA |
| oxycodone-acetaminophen oral solution 5-325 mg/5 ml | 1 | |
| oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg | 1 | PA |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| PERCOCET | 3 | |
| PRIMLEV | 3 | PA |
| PROLATE ORAL SOLUTION | 3 | PA |
| prolate oral tablet | 1 | PA |
| ANALGESIC OPIOID OXYCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| endocet | 1 | |
| NALOCET | 3 | PA |
| oxycodone-acetaminophen oral solution 10-300 mg/5 ml | 1 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| oxycodone-acetaminophen oral solution 5-325 mg/5 ml | 1 | |
| oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg | 1 | PA |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| PERCOCET | 3 | |
| PRIMLEV | 3 | PA |
| PROLATE ORAL SOLUTION | 3 | PA |
| prolate oral tablet | 1 | PA |
| ANALGESIC OPIOID PARTIAL-MIXED AGONISTS - ARTHRITIS AND PAIN DRUGS | | |
| BELBUCA | 3 | PA |
| buprenorphine | 1 | PA |
| butorphanol nasal | 1 | QL |
| BUTRANS | 3 | PA |
| pentazocine-naloxone | 1 | |
| ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| tramadol-acetaminophen | 1 | |
| ANALGESIC OPIOID TRAMADOL AND NSAID COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| SEGLENTIS | 3 | PA; QL |
| ANALGESIC OPIOID TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| tramadol-acetaminophen | 1 | |
| ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| butalbital-acetaminophen oral capsule | 1 | QL |
| butalbital-acetaminophen oral tablet 50-300 mg | 1 | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 | |
| butalbital-acetaminophen-caff | 1 | |
| ESGIC ORAL TABLET | 3 | |
| FIORICET | 3 | |
| TENCON | 3 | |
| ANTI-INFLAMMATORY - COMPLEMENT (C5) RECEPTOR INHIBITORS - ARTHRITIS AND PAIN DRUGS | | |
| TAVNEOS | 3 | PA; QL; S |
| ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST - ARTHRITIS AND PAIN DRUGS | | |
| ARCALYST | 3 | PA; QL; S |
| ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE - ARTHRITIS AND PAIN DRUGS | | |
| ENBREL MINI | 2 | PA; QL; MS; S |
| ENBREL SUBCUTANEOUS SOLUTION | 2 | PA; QL; MS; S |
| ENBREL SUBCUTANEOUS SYRINGE | 2 | PA; QL; MS; S |
| ENBREL SURECLICK | 2 | PA; QL; MS; S |
| ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SELECTIVE - ARTHRITIS AND PAIN DRUGS | | |
| ABRILADA(CF) | 3 | PA; QL; S |
| ABRILADA(CF) PEN | 3 | PA; QL; S |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; MS; S |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ADALIMUMAB-AACF(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-AATY | 3 | PA; QL; S |
| ADALIMUMAB-ADAZ (SANDOZ) | 3 | PA; QL; MS; S |
| adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBMSUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBMSUBCUTANEOUS(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBMSUBCUTANEOUS(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| AMJEVITA(CF) | 3 | PA; QL; MS; S |
| AMJEVITA(CF) AUTOINJECTOR | 3 | PA; QL; MS; S |
| CIMZIA STARTER KIT | 3 | PA; QL; MS; S |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; QL; MS; S |
| CYLTEZO(CF) | 3 | QL; MS; S |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 3 | QL; MS; S |
| CYLTEZO(CF) PEN PSORIASIS-UV | 3 | QL; MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | QL; MS; S |
| HADLIMA | 2 | PA; QL; MS; S |
| HADLIMA PUSHTOUCH | 2 | PA; QL; MS; S |
| HADLIMA(CF) | 2 | PA; QL; MS; S |
| HADLIMA(CF) PUSHTOUCH | 2 | PA; QL; MS; S |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| HUMIRA PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA SYRINGE KIT (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PEDIATRIC UC (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE) | 2 | PA; QL; MS; S |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEN (SANDOZ) | 3 | PA; QL; MS; S |
| IDACIO(CF) | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN CROHN-UC STARTR | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN PSORIASIS START | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |
| SIMLANDI(CF) AUTOINJECTOR | 2 | PA; QL; MS; S |
| SIMPONI | 3 | PA; QL; MS; S |
| YUFLYMA(CF) | 3 | PA; QL; S |
| YUFLYMA(CF) AI CROHN'S-UC-HS | 3 | PA; QL; S |
| YUFLYMA(CF) AUTOINJECTOR | 3 | PA; QL; S |
| YUSIMRY(CF) PEN | 3 | PA; QL; S |
| ZYMFENTRA | 3 | PA; QL; MS; S |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS - ARTHRITIS AND PAIN DRUGS | | |
| ABRILADA(CF) | 3 | PA; QL; S |
| ABRILADA(CF) PEN | 3 | PA; QL; S |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-AATY | 3 | PA; QL; S |
| ADALIMUMAB-ADAZ (SANDOZ) | 3 | PA; QL; MS; S |
| adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| AMJEVITA(CF) | 3 | PA; QL; MS; S |
| AMJEVITA(CF) AUTOINJECTOR | 3 | PA; QL; MS; S |
| CIMZIA STARTER KIT | 3 | PA; QL; MS; S |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; QL; MS; S |
| CYLTEZO(CF) | 3 | QL; MS; S |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 3 | QL; MS; S |
| CYLTEZO(CF) PEN PSORIASIS-UV | 3 | QL; MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | QL; MS; S |
| ENBREL MINI | 2 | PA; QL; MS; S |
| ENBREL SUBCUTANEOUS SOLUTION | 2 | PA; QL; MS; S |
| ENBREL SUBCUTANEOUS SYRINGE | 2 | PA; QL; MS; S |
| ENBREL SURECLICK | 2 | PA; QL; MS; S |
| HADLIMA | 2 | PA; QL; MS; S |
| HADLIMA PUSH TOUCH | 2 | PA; QL; MS; S |
| HADLIMA(CF) | 2 | PA; QL; MS; S |
| HADLIMA(CF) PUSH TOUCH | 2 | PA; QL; MS; S |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| HUMIRA PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA SYRINGE KIT (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PEDIATRIC UC (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE) | 2 | PA; QL; MS; S |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEN (SANDOZ) | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| IDACIO(CF) | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN CROHN-UC STARTR | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN PSORIASIS START | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |
| SIMLANDI(CF) AUTOINJECTOR | 2 | PA; QL; MS; S |
| SIMPONI | 3 | PA; QL; MS; S |
| YUFLYMA(CF) | 3 | PA; QL; S |
| YUFLYMA(CF) AI CROHN'S-UC-HS | 3 | PA; QL; S |
| YUFLYMA(CF) AUTOINJECTOR | 3 | PA; QL; S |
| YUSIMRY(CF) PEN | 3 | PA; QL; S |
| DMARD - ANTIMALARIALS - ARTHRITIS AND PAIN DRUGS | | |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg | 1 | QL |
| hydroxychloroquine oral tablet 200 mg | 1 | |
| PLAQUENIL | 3 | |
| SOVUNA | 3 | PA; QL |
| DMARD - ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS | | |
| JYLAMVO | 3 | PA; QL |
| methotrexate sodium | 1 | |
| methotrexate sodium (pf) injection solution | 1 | |
| OTREXUP (PF) | 3 | PA; QL |
| RASUVO (PF) | 3 | PA; QL |
| TREXALL | 3 | |
| XATMEP | 3 | PA |
| DMARD - ANTINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB. - ARTHRITIS AND PAIN DRUGS | | |
| ORENCIA | 3 | PA; QL; MS; S |
| ORENCIA CLICKJECT | 3 | PA; QL; MS; S |
| DMARD - GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS | | |
| RIDAURA | 3 | |
| DMARD - IMMUNOSUPPRESSIVES - ARTHRITIS AND PAIN DRUGS | | |
| AZASAN | 3 | PA; QL; S |
| azathioprine oral tablet 100 mg, 75 mg | 1 | PA; QL; S |
| azathioprine oral tablet 50 mg | 1 | S |
| CELLCEPT | 3 | S |
| cyclophosphamide oral capsule | 1 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 3 | |
| cyclosporine modified | 1 | S |
| cyclosporine oral capsule | 1 | S |
| gengraf | 1 | S |
| IMURAN | 3 | S |
| mycophenolate mofetil | 1 | S |
| NEORAL | 3 | S |
| SANDIMMUNE ORAL CAPSULE | 3 | S |
| DMARD - INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - ARTHRITIS AND PAIN DRUGS | | |
| KINERET | 3 | PA; QL; S |
| DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY - ARTHRITIS AND PAIN DRUGS | | |
| ACTEMRA ACTPEN | 2 | PA; QL; MS; S |
| ACTEMRA SUBCUTANEOUS | 2 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| KEVZARA | 3 | PA; QL; MS; S |
| TYENNE AUTOINJECTOR | 3 | PA; QL; S |
| TYENNE SUBCUTANEOUS | 3 | QL; S |
| DMARD - JANUS KINASE (JAK) INHIBITORS - ARTHRITIS AND PAIN DRUGS | | |
| OLUMIANT | 3 | PA; QL; MS; S |
| RINVOQ | 2 | PA; QL; MS; S |
| RINVOQ LQ | 2 | PA; MS; S |
| XELJANZ ORAL SOLUTION | 2 | PA; QL; MS; S |
| XELJANZ ORAL TABLET 5 MG | 2 | PA; QL; MS; S |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | 2 | PA; QL; MS; S |
| DMARD - OTHER - ARTHRITIS AND PAIN DRUGS | | |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| CUPRIMINE | 3 | PA; QL |
| DEPEN TITRATABS | 3 | |
| minocycline oral capsule | 1 | |
| minocycline oral tablet | 1 | |
| penicillamine oral capsule (generic for cuprimine) | 1 | PA; QL |
| penicillamine oral tablet (generic for depen) | 1 | |
| sulfasalazine | 1 | |
| DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS - ARTHRITIS AND PAIN DRUGS | | |
| OTEZLA | 2 | PA; QL; MS; S |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2 | PA; QL; MS; S |
| DMARD - PYRIMIDINE SYNTHESIS INHIBITORS - ARTHRITIS AND PAIN DRUGS | | |
| ARAVA | 3 | |
| leflunomide | 1 | |
| IMMUNOMODULATOR - RHO KINASE INHIBITOR - ARTHRITIS AND PAIN DRUGS | | |
| REZUROCK | 3 | PA; QL; MS; S |
| IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB - ARTHRITIS AND PAIN DRUGS | | |
| BENLYSTA SUBCUTANEOUS | 3 | QL; MS; S |
| NSAID ANALGESIC AND HISTAMINE H2 RECEPTOR ANTAGONIST COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| DUEXIS | 3 | PA; QL |
| ibuprofen-famotidine | 1 | PA; QL |
| NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| ARTHROTEC 50 | 3 | QL |
| ARTHROTEC 75 | 3 | QL |
| diclofenac-misoprostol | 1 | QL |
| NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| naproxen-esomeprazole | 1 | PA; QL |
| VIMOVO | 3 | PA; QL |
| NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS - ARTHRITIS AND PAIN DRUGS | | |
| CELEBREX | 3 | QL |
| celecoxib | 1 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS | | |
| MECLOFENAMATE | 3 | PA |
| mefenamic acid | 1 | |
| NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER - ARTHRITIS AND PAIN DRUGS | | |
| ketorolac oral | 1 | QL |
| nabumetone | 1 | QL |
| RELAFEN DS | 3 | PA; QL |
| SPRIX | 3 | PA; QL; S |
| sulindac | 1 | |
| TOLECTIN 600 | 3 | PA; QL |
| tolmetin oral capsule | 1 | PA |
| NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES - ARTHRITIS AND PAIN DRUGS | | |
| MELOXICAM ORAL SUSPENSION | 3 | PA; QL |
| meloxicam oral tablet | 1 | |
| meloxicam submicronized | 1 | PA; QL |
| piroxicam | 1 | |
| VIVLODEX | 3 | PA; QL |
| NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS | | |
| CAMBIA | 3 | QL |
| diclofenac potassium oral capsule | 1 | PA; QL |
| diclofenac potassium oral powder in packet | 1 | QL |
| diclofenac potassium oral tablet 25 mg | 1 | PA; QL |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium oral | 1 | |
| DICLOFENAC SUBMICRONIZED | 3 | PA; QL |
| lofena | 1 | PA; QL |
| ZIPSOR | 3 | PA; QL |
| ZORVOLEX | 3 | PA; QL |
| NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS | | |
| ANAPROX DS | 3 | |
| COXANTO | 3 | PA; QL |
| DAYPRO | 3 | QL |
| EC-NAPROSYN | 3 | |
| ec-naproxen | 1 | |
| FENOPROFEN ORAL CAPSULE 200 MG | 3 | PA |
| fenopropfen oral capsule 400 mg | 1 | PA |
| fenopropfen oral tablet | 1 | PA |
| flurbiprofen oral tablet 100 mg | 1 | |
| ibu | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| ketoprofen oral capsule 25 mg | 1 | PA |
| ketoprofen oral capsule 50 mg, 75 mg | 1 | |
| ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg | 1 | |
| kiprofen | 1 | PA |
| NALFON ORAL CAPSULE 400 MG | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------------------|
| NALFON ORAL TABLET | 3 | PA |
| NAPRELAN CR | 3 | PA |
| NAPROSYN ORAL SUSPENSION | 3 | PA |
| NAPROSYN ORAL TABLET 500 MG | 3 | |
| naproxen oral suspension | 1 | PA |
| naproxen oral tablet | 1 | |
| naproxen oral tablet, delayed release (dr/ec) | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| naproxen sodium oral tablet, er multiphase 24 hr | 1 | PA |
| OXAPROZIN ORAL CAPSULE | 3 | PA; QL |
| oxaprozin oral tablet | 1 | QL |
| NSAID ANALGESICS (CYCLOOXYGENASE INHIBITORS-NON-SELECTIVE) - ARTHRITIS AND PAIN DRUGS | | |
| CAMBIA | 3 | QL |
| diclofenac potassium oral powder in packet | 1 | QL |
| NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS | | |
| etodolac | 1 | |
| INDOCIN | 3 | PA |
| indomethacin oral | 1 | |
| indomethacin rectal suppository 50 mg | 1 | PA |
| LODINE ORAL TABLET | 3 | |
| SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS | | |
| butalbital-aspirin-caffeine oral capsule | 1 | QL |
| butalbital-aspirin-caffeine oral tablet | 1 | |
| SALICYLATE ANALGESICS - ARTHRITIS AND PAIN DRUGS | | |
| adult aspirin regimen | 1 | QL; Covered in full age 59 and under* |
| ASPIRIN CHILDRENS | 3 | QL; Covered in full age 59 and under* |
| ASPIRIN ORAL TABLET,CHEWABLE | 3 | QL; Covered in full age 59 and under* |
| aspirin oral tablet, delayed release (dr/ec) 81 mg | 1 | QL; Covered in full age 59 and under* |
| bayer low dose aspirin | 1 | QL; Covered in full age 59 and under* |
| CHILDREN'S ASPIRIN | 3 | QL; Covered in full age 59 and under* |
| diflunisal | 1 | |
| DISALCID | 3 | |
| DOLOBID | 3 | |
| ecotrin low strength | 1 | QL; Covered in full age 59 and under* |
| salsalate | 1 | |
| ST JOSEPH ASPIRIN | 3 | QL; Covered in full age 59 and under* |
| st. joseph aspirin | 1 | QL; Covered in full age 59 and under* |
| ANESTHETICS - DRUGS FOR PAIN AND FEVER | | |
| LOCAL ANESTHETIC - AMIDES - DRUGS FOR SEDATION | | |
| lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) | 1 | |
| lidocaine hcl laryngotracheal | 1 | |
| lidocaine topical ointment | 1 | |
| XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %) | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANORECTAL PREPARATIONS - RECTAL PREPARATIONS | | |
| ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES - RECTAL PREPARATIONS | | |
| nitroglycerin rectal | 1 | QL |
| RECTIV | 3 | QL |
| ANORECTAL - GLUCOCORTICOIDS - RECTAL PREPARATIONS | | |
| ANUSOL-HC TOPICAL | 3 | |
| hemmorex-hc rectal suppository 30 mg | 1 | |
| hydrocortisone topical cream with perineal applicator | 1 | |
| procto-med hc | 1 | |
| proctosol hc topical | 1 | |
| proctozone-hc | 1 | |
| ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB - RECTAL PREPARATIONS | | |
| ANA-LEX KIT | 3 | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | 3 | |
| lidocaine hcl-hydrocortison ac rectal cream | 1 | |
| lidocaine hcl-hydrocortison ac rectal gel | 1 | |
| PROCTOFOAM HC | 3 | |
| ANTIDOTES AND OTHER REVERSAL AGENTS - DRUGS FOR OVERDOSE OR POISONING | | |
| ANTIDOTE - ACETAMINOPHEN POISONING - DRUGS FOR OVERDOSE OR POISONING | | |
| ACETADOTE | 3 | |
| acetylcysteine | 1 | |
| acetylcysteine intravenous | 1 | |
| ANTIDOTE - RADIOACTIVE AGENTS - DRUGS FOR OVERDOSE OR POISONING | | |
| RADIOGARDASE | 3 | |
| ANTIDOTE OTHERS - DRUGS FOR OVERDOSE OR POISONING | | |
| GALZIN | 3 | |
| RADIOGARDASE | 3 | |
| CHELATING AGENTS - COPPER - DRUGS FOR OVERDOSE OR POISONING | | |
| CUPRIMINE | 3 | PA; QL |
| CUVRIOR | 3 | PA; QL; S |
| DEPEN TITRATABS | 3 | |
| penicillamine oral capsule (generic for cuprimine) | 1 | PA; QL |
| penicillamine oral tablet (generic for depen) | 1 | |
| SYPRINE | 3 | PA |
| trientine oral capsule 250 mg | 1 | PA |
| TRIENTINE ORAL CAPSULE 500 MG | 3 | PA; QL |
| CHELATING AGENTS - IRON - DRUGS FOR OVERDOSE OR POISONING | | |
| deferasirox | 1 | MS; S |
| deferiprone | 1 | MS; S |
| EXJADE | 3 | MS; S |
| FERRIPROX | 3 | S |
| FERRIPROX (2 TIMES A DAY) | 3 | S |
| JADENU | 3 | MS; S |
| JADENU SPRINKLE | 3 | MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CHELATING AGENTS - LEAD POISONING - DRUGS FOR OVERDOSE OR POISONING | | |
| CHEMET | 3 | |
| MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING - DRUGS FOR OVERDOSE OR POISONING | | |
| alvimopan | 1 | |
| MOVANTIK | 2 | QL |
| RELISTOR ORAL | 3 | ST; QL |
| RELISTOR SUBCUTANEOUS SOLUTION | 3 | |
| RELISTOR SUBCUTANEOUS SYRINGE | 3 | |
| SYMPROIC | 3 | ST; QL |
| OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING | | |
| KLOXXADO | 2 | |
| LIFEMS NALOXONE | 3 | |
| naloxone injection solution | 1 | |
| naloxone injection syringe | 1 | |
| naloxone nasal | 3 | |
| NARCAN | 3 | |
| OPVEE | 2 | |
| REXTOVY | 2 | |
| ZIMHI | 2 | |
| ANTI-INFECTIVE AGENTS | | |
| ANTIRETROVIRAL - CAPSID INHIBITORS | | |
| SUNLENCA 4- 300 MG TABLET | 3 | QL |
| SUNLENCA 5- 300 MG TABLET | 3 | QL |
| ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS | | |
| AMEBICIDES - DRUGS FOR PARASITES | | |
| HUMATIN | 3 | MS; S |
| paromomycin | 1 | |
| AMINOGLYCOSIDE ANTIBIOTIC - ANTIBIOTICS | | |
| ARIKAYCE | 3 | PA; QL; S |
| gentamicin injection | 1 | |
| neomycin | 1 | |
| tobramycin sulfate injection solution | 1 | |
| AMINOMETHYLCYCLINE ANTIBIOTICS - ANTIBIOTICS | | |
| NUZYRA ORAL | 3 | PA; QL |
| AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS | | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension for reconstitution | 1 | |
| amoxicillin oral tablet | 1 | |
| amoxicillin oral tablet, chewable 125 mg, 250 mg | 1 | |
| ampicillin oral capsule 500 mg | 1 | |
| MOXATAG | 3 | PA |
| AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS - ANTIBIOTICS | | |
| amoxicillin-pot clavulanate | 1 | |
| AUGMENTIN ES-600 | 3 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| AUGMENTIN XR | 3 | |
| ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES - DRUGS FOR PARASITES | | |
| albendazole | 1 | |
| EMVERM | 3 | PA; QL |
| ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES - DRUGS FOR PARASITES | | |
| ivermectin oral | 1 | PA; QL |
| STROMEKTOL | 3 | PA; QL |
| ANTHELMINTIC AGENTS OTHER - DRUGS FOR PARASITES | | |
| BILTRICIDE | 3 | |
| praziquantel | 1 | |
| ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS - ANTIBIOTICS | | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |
| sulfamethoxazole-trimethoprim oral | 1 | |
| sulfatrim | 1 | |
| ANTIBACTERIAL FOLATE ANTAGONIST OTHERS - ANTIBIOTICS | | |
| PRIMSOL | 3 | |
| trimethoprim | 1 | |
| ANTIBACTERIAL NITROFURAN DERIVATIVES - ANTIBIOTICS | | |
| FURADANTIN | 3 | |
| MACROBID | 3 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| nitrofurantoin oral suspension 25 mg/5 ml | 1 | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | 3 | |
| ANTIBACTERIAL OTHER - ANTIBIOTICS | | |
| fosfomycin tromethamine | 1 | |
| ANTIFUNGAL - ALLYLAMINES - DRUGS FOR FUNGUS | | |
| terbinafine hcl oral | 1 | |
| ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR FUNGUS | | |
| amphotericin b | 1 | |
| AMPHOTERICIN B (BULK) | 3 | |
| nystatin oral tablet | 1 | |
| ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS - DRUGS FOR FUNGUS | | |
| ANCOBON | 3 | |
| flucytosine | 1 | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITOR, TRITERPENOID - ANTIBIOTICS | | |
| BREXAFEMME | 3 | QL |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS - ANTIBIOTICS | | |
| BREXAFEMME | 3 | QL |
| ANTIFUNGAL - IMIDAZOLES - DRUGS FOR FUNGUS | | |
| ketoconazole oral | 1 | |
| ORAVIG | 3 | PA |
| ANTIFUNGAL - TETRAZOLES - DRUGS FOR FUNGUS | | |
| VIVJOA | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTIFUNGAL - TRIAZOLES - DRUGS FOR FUNGUS | | |
| CRESEMBA ORAL | 3 | |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG | 3 | |
| fluconazole | 1 | |
| itraconazole | 1 | |
| NOXAFIL ORAL | 3 | |
| posaconazole oral | 1 | |
| SPORANOX | 3 | |
| TOLSURA | 3 | PA; QL |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| VFEND ORAL TABLET 200 MG | 3 | QL |
| VFEND ORAL TABLET 50 MG | 3 | |
| voriconazole oral suspension for reconstitution | 1 | |
| voriconazole oral tablet 200 mg | 1 | QL |
| voriconazole oral tablet 50 mg | 1 | |
| ANTIFUNGAL OTHER - DRUGS FOR FUNGUS | | |
| griseofulvin microsize | 1 | |
| griseofulvin ultramicrosize | 1 | |
| ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS - DRUGS FOR INFECTIONS | | |
| ACTIMMUNE | 3 | PA; QL; MS; S |
| ANTILEPTIC - IMMUNOMODULATORS - ANTIBIOTICS | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 3 | QL; MS; S |
| ANTILEPTIC - SULFONE AGENTS - ANTIBIOTICS | | |
| dapsone oral | 1 | |
| ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES | | |
| atovaquone-proguanil | 1 | |
| COARTEM | 3 | |
| MALARONE | 3 | |
| MALARONE PEDIATRIC | 3 | |
| ANTIMALARIALS - DRUGS FOR PARASITES | | |
| ARAKODA | 3 | |
| chloroquine phosphate | 1 | |
| DARAPRIM | 3 | PA; S |
| hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg | 1 | QL |
| hydroxychloroquine oral tablet 200 mg | 1 | |
| KRINTAFEL | 3 | |
| mefloquine | 1 | |
| PLAQUENIL | 3 | |
| PRIMAQUINE 26.3 MG TABLET (SANOFI) | 3 | |
| primaquine oral tablet 26.3 mg (15 mg base) | 1 | |
| pyrimethamine | 1 | MS; S |
| QUALAQUIN | 3 | PA |
| quinine sulfate | 1 | PA |
| SOVUNA | 3 | PA; QL |
| ANTIPROTOZOAL AGENTS - NITROFURAN DERIVATIVES - DRUGS FOR PARASITES | | |
| LAMPIT | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES - DRUGS FOR PARASITES | | |
| BENZNIDAZOLE | 3 | QL |
| ANTIPROTOZOAL AGENTS - OTHER - DRUGS FOR PARASITES | | |
| atovaquone | 1 | |
| IMPAVIDO | 3 | PA; QL |
| MEPRON | 3 | |
| ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES - DRUGS FOR PARASITES | | |
| ALINIA | 3 | QL |
| nitazoxanide | 1 | QL |
| ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE - DRUGS FOR INFECTIONS | | |
| FLAGYL ORAL CAPSULE | 3 | |
| metronidazole oral | 1 | |
| ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE - DRUGS FOR INFECTIONS | | |
| tinidazole | 1 | |
| ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST - DRUGS FOR VIRAL INFECTIONS | | |
| maraviroc | 1 | QL; S |
| SELZENTRY ORAL SOLUTION | 2 | S |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | QL; S |
| ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| RUKOBIA | 3 | S |
| ANTIRETROVIRAL - HIV-1 FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| FUZEON SUBCUTANEOUS RECON SOLN | 3 | S |
| ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| ISENTRESS HD | 2 | S |
| ISENTRESS ORAL POWDER IN PACKET | 2 | S |
| ISENTRESS ORAL TABLET | 2 | QL; S |
| ISENTRESS ORAL TABLET,CHEWABLE | 2 | QL; S |
| TIVICAY ORAL TABLET 50 MG | 3 | S |
| TIVICAY PD | 3 | S |
| ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS - DRUGS FOR VIRAL INFECTIONS | | |
| JULUCA | 2 | S |
| ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS - DRUGS FOR VIRAL INFECTIONS | | |
| DOVATO | 2 | S |
| ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI) - DRUGS FOR VIRAL INFECTIONS | | |
| EDURANT | 3 | S |
| efavirenz oral tablet | 1 | S |
| etravirine | 1 | S |
| INTELENCE | 2 | S |
| nevirapine | 1 | S |
| PIFELTRO | 3 | QL; S |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|-----------------------------------|
| ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS - DRUGS FOR VIRAL INFECTIONS | | |
| CIMDUO | 3 | QL; S |
| DESCOVY | 2 | S; Covered in full for PrEP only* |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 | S |
| emtricitabine-tenofovir (tdf) oral tablet 200-300 mg | 1 | S; Covered in full for PrEP only* |
| TRUVADA | 3 | S |
| ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) - DRUGS FOR VIRAL INFECTIONS | | |
| abacavir | 1 | S |
| emtricitabine | 1 | S |
| EMTRIVA | 3 | S |
| EPIVIR | 3 | S |
| lamivudine oral solution | 1 | S |
| lamivudine oral tablet 150 mg, 300 mg | 1 | S |
| RETROVIR ORAL CAPSULE | 3 | S |
| RETROVIR ORAL SYRUP | 3 | S |
| ZIAGEN ORAL SOLUTION | 3 | S |
| zidovudine | 1 | S |
| ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| tenofovir disoproxil fumarate | 1 | S |
| VIREAD | 3 | S |
| ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| EVOTAZ | 3 | QL; S |
| KALETRA | 3 | S |
| lopinavir-ritonavir | 1 | S |
| PREZCOBIX | 3 | QL; S |
| ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| SYMITUZA | 3 | QL; S |
| ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB - DRUGS FOR VIRAL INFECTIONS | | |
| BIKTARVY | 2 | QL; S |
| GENVOYA | 2 | S |
| STRIBILD | 3 | QL; S |
| ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS - DRUGS FOR VIRAL INFECTIONS | | |
| TRIUMEQ | 2 | S |
| TRIUMEQ PD | 2 | QL; S |
| ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB - DRUGS FOR VIRAL INFECTIONS | | |
| abacavir-lamivudine | 1 | S |
| lamivudine-zidovudine | 1 | S |
| ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI - DRUGS FOR VIRAL INFECTIONS | | |
| ATRIPLA | 3 | QL; S |
| COMPLERA | 3 | S |
| DELSTRIGO | 3 | QL; S |
| efavirenz-emtricitabin-tenofov | 1 | QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| efavirenz-lamivudine-tenofovir disoproxil fumarate | 1 | QL; S |
| ODEFSEY | 3 | S |
| SYMFI | 3 | QL; S |
| SYMFI LO | 3 | QL; S |
| ANTITUBERCULAR - AMINOBENZOIC ACID ANALOGS - ANTIBIOTICS | | |
| PASER | 3 | |
| ANTITUBERCULAR - D-ALANINE ANALOGS - ANTIBIOTICS | | |
| cycloserine | 1 | |
| ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS - ANTIBIOTICS | | |
| SIRTURO | 3 | |
| ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES - ANTIBIOTICS | | |
| isoniazid oral | 1 | |
| ANTITUBERCULAR - NIACINAMIDE DERIVATIVES - ANTIBIOTICS | | |
| pyrazinamide | 1 | |
| ANTITUBERCULAR - NITROIMIDAZOLE DERIVATIVES - ANTIBIOTICS | | |
| PRETOMANID | 3 | QL |
| ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES - ANTIBIOTICS | | |
| MYCOBUTIN | 3 | |
| PRIFTIN | 3 | |
| rifabutin | 1 | |
| rifampin oral | 1 | |
| ANTITUBERCULAR AGENTS OTHER - ANTIBIOTICS | | |
| ethambutol | 1 | |
| TRECTOR | 3 | |
| CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION - ANTIBIOTICS | | |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml | 1 | |
| cefadroxil oral tablet | 1 | |
| cephalexin | 1 | |
| CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION - ANTIBIOTICS | | |
| cefaclor oral capsule | 1 | |
| cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml | 1 | |
| cefaclor oral tablet extended release 12 hr | 1 | |
| cefprozil | 1 | |
| cefuroxime axetil oral tablet | 1 | |
| CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION - ANTIBIOTICS | | |
| cefdinir | 1 | |
| cefixime | 1 | |
| cefepime | 1 | |
| CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS - DRUGS FOR VIRAL INFECTIONS | | |
| VALCYTE | 3 | |
| valganciclovir | 1 | |
| CMV ANTIVIRAL AGENT - PROTEIN KINASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| LIVTENCITY | 3 | QL; S |
| CMV ANTIVIRAL AGENT - TERMINASE COMPLEX INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| PREVYMIS ORAL | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| FLUOROQUINOLONE ANTIBIOTICS - ANTIBIOTICS | | |
| BAXDELA ORAL | 3 | QL |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| ciprofloxacin | 1 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 | |
| FACTIVE | 3 | |
| levofloxacin oral | 1 | |
| moxifloxacin oral | 1 | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 | |
| GLYCOPEPTIDE ANTIBIOTICS - ANTIBIOTICS | | |
| FIRVANQ | 3 | |
| VANOCIN | 3 | |
| VANCOMYCIN 25 MG/ML ORAL SOLN (WILSHIRE PHARMACEUTICALS) | 3 | |
| VANCOMYCIN HCL 1.25 GRAM VIAL SUV, P/F | 3 | |
| VANCOMYCIN HCL 1.25 GRAM VIAL SUV, P/F | 3 | |
| VANCOMYCIN HCL 1.5 GRAM VIAL SUV, P/F | 3 | |
| VANCOMYCIN HCL 1.5 GRAM VIAL SUV, P/F | 3 | |
| vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg | 1 | |
| vancomycin oral capsule | 1 | |
| vancomycin oral recon soln 25 mg/ml, 50 mg/ml | 1 | |
| HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS | | |
| BARACLUDE | 3 | QL |
| entecavir | 1 | QL |
| lamivudine oral tablet 100 mg | 1 | |
| HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS | | |
| adefovir | 1 | |
| tenofovir disoproxil fumarate | 1 | S |
| VEMLIDY | 3 | QL |
| VIREAD | 3 | S |
| HEPATITIS C - INTERFERONS - DRUGS FOR VIRAL INFECTIONS | | |
| PEGASYS | 3 | PA; QL; MS; S |
| HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION - DRUGS FOR VIRAL INFECTIONS | | |
| MAVYRET | 2 | PA; QL; MS; S |
| ZEPATIER | 3 | PA; QL; MS; S |
| HEPATITIS C - NS5A, NS3/4A PROTEASE, NUCLEO.NS5B POLYMERASE INHIB COMB - DRUGS FOR VIRAL INFECTIONS | | |
| VOSEVI | 3 | PA; QL; MS; S |
| HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS - DRUGS FOR VIRAL INFECTIONS | | |
| EPCLUSA | 2 | PA; QL; MS; S |
| HARVONI | 2 | PA; QL; MS; S |
| LEDIPASVIR-SOFOSBUVIR | 2 | PA; QL; MS; S |
| SOFOSBUVIR-VELPATASVIR | 2 | PA; QL; MS; S |
| HEPATITIS C - NUCLEOS(T)IDE ANALOG NS5B POLYMERASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| SOVALDI | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| HEPATITIS C - NUCLEOSIDE ANALOGS - DRUGS FOR VIRAL INFECTIONS | | |
| ribavirin oral capsule | 1 | PA; MS; S |
| ribavirin oral tablet 200 mg | 1 | PA; MS; S |
| HERPES ANTIVIRAL AGENT - PURINE ANALOGS - DRUGS FOR VIRAL INFECTIONS | | |
| acyclovir oral capsule | 1 | |
| acyclovir oral suspension 200 mg/5 ml | 1 | |
| acyclovir oral tablet | 1 | |
| valacyclovir | 1 | |
| VALTREX | 3 | |
| HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS - DRUGS FOR VIRAL INFECTIONS | | |
| famciclovir oral tablet 125 mg, 250 mg | 1 | |
| famciclovir oral tablet 500 mg | 1 | QL |
| INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| oseltamivir | 1 | QL |
| RELENZA DISKHALER | 3 | QL |
| TAMIFLU | 3 | QL |
| INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR - DRUGS FOR VIRAL INFECTIONS | | |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 3 | QL |
| INFLUENZA-A ANTIVIRAL AGENTS - DRUGS FOR VIRAL INFECTIONS | | |
| FLUMADINE ORAL TABLET | 3 | |
| rimantadine | 1 | |
| LINCOSAMIDE ANTIBIOTICS - ANTIBIOTICS | | |
| CLEOCIN HCL | 3 | |
| CLEOCIN PEDIATRIC | 3 | |
| clindamycin hcl | 1 | |
| clindamycin pediatric | 1 | |
| MACROLIDE ANTIBIOTICS - ANTIBIOTICS | | |
| azithromycin oral | 1 | |
| clarithromycin | 1 | |
| DIFICID | 3 | |
| E.E.S. 400 ORAL TABLET | 3 | |
| E.E.S. GRANULES | 3 | |
| ERYPED 200 | 3 | |
| ERYPED 400 | 3 | |
| ery-tab | 1 | |
| erythrocin (as stearate) oral tablet 250 mg | 1 | |
| erythromycin ethylsuccinate oral suspension for reconstitution | 1 | |
| erythromycin ethylsuccinate oral tablet | 1 | |
| erythromycin oral | 1 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK | 3 | |
| ZITHROMAX Z-PAK | 3 | |
| MISC ANTI-INFECTIVE - DRUGS FOR INFECTIONS | | |
| methenamine hippurate | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| methenamine mandelate | 1 | |
| NEBUPENT | 3 | |
| pentamidine inhalation | 1 | |
| UROQID-ACID NO.2 | 3 | |
| MISC ANTI-INFECTIVE COMBINATIONS - DRUGS FOR INFECTIONS | | |
| methen-sod phos-meth blue-hyos | 1 | |
| URELLE | 3 | |
| uretron d-s | 1 | |
| URIBEL TABS | 3 | |
| urimar-t oral tablet | 1 | |
| urogesic-blue | 1 | |
| uro-mp | 1 | |
| uryl | 1 | |
| OXAZOLIDINONE ANTIBIOTICS - ANTIBIOTICS | | |
| linezolid oral suspension for reconstitution | 1 | |
| linezolid oral tablet | 1 | QL |
| SIVEXTRO ORAL | 3 | PA; QL |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ZYVOX ORAL TABLET | 3 | QL |
| PENICILLIN ANTIBIOTIC - NATURAL - ANTIBIOTICS | | |
| penicillin v potassium | 1 | |
| PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT - ANTIBIOTICS | | |
| dicloxacillin | 1 | |
| PLEUROMUTILIN ANTIBIOTICS - ANTIBIOTICS | | |
| XENLETA ORAL | 3 | PA; QL |
| PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL - DRUGS FOR VIRAL INFECTIONS | | |
| APTIVUS | 3 | S |
| darunavir | 1 | S |
| PREZCOBIX | 3 | QL; S |
| PREZISTA ORAL SUSPENSION | 3 | S |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 3 | S |
| PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL - DRUGS FOR VIRAL INFECTIONS | | |
| atazanavir | 1 | S |
| EVOTAZ | 3 | QL; S |
| fosamprenavir | 1 | S |
| NORVIR ORAL POWDER IN PACKET | 3 | S |
| NORVIR ORAL TABLET | 3 | S |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | S |
| REYATAZ ORAL POWDER IN PACKET | 3 | S |
| ritonavir | 1 | S |
| VIRACEPT ORAL TABLET | 3 | S |
| RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS - ANTIBIOTICS | | |
| AEMCOLO | 3 | |
| MYCOBUTIN | 3 | |
| PRIFTIN | 3 | |
| rifabutin | 1 | |
| rifampin oral | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| XIFAXAN ORAL TABLET 200 MG | 2 | |
| XIFAXAN ORAL TABLET 550 MG | 2 | QL |
| SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS - DRUGS FOR INFECTIONS | | |
| PAXLOVID | 2 | QL |
| SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS | | |
| LAGEVRIO (EUA) | 2 | QL |
| SULFONAMIDE ANTIBIOTIC - ANTIBIOTICS | | |
| sulfadiazine | 1 | |
| TETRACYCLINE ANTIBIOTICS - ANTIBIOTICS | | |
| ACTICLATE | 3 | PA; QL |
| avidoxy | 1 | |
| demeclocycline | 1 | |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG | 3 | ST |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG | 3 | ST |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 50 mg | 1 | |
| doxycycline hyclate oral tablet 150 mg, 75 mg | 1 | PA; QL |
| doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg | 1 | |
| doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg | 1 | ST |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG | 3 | ST |
| doxycycline monohydrate oral capsule | 1 | |
| doxycycline monohydrate oral capsule,ir - delay rel,biphase | 1 | PA; QL |
| doxycycline monohydrate oral suspension for reconstitution | 1 | |
| doxycycline monohydrate oral tablet | 1 | |
| minocycline oral capsule | 1 | |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR | 3 | PA; QL |
| minocycline oral tablet | 1 | |
| minocycline oral tablet extended release 24 hr | 1 | QL |
| mondoxyne nl | 1 | |
| MONODOX | 3 | |
| morgidox oral capsule 50 mg | 1 | |
| NUZYRA ORAL | 3 | PA; QL |
| ORACEA | 3 | PA; QL |
| SEYSARA | 3 | PA; QL |
| TARGADOX | 3 | |
| tetracycline oral capsule | 1 | |
| tetracycline oral tablet | 1 | PA; QL |
| VIBRAMYCIN ORAL CAPSULE 100 MG | 3 | |
| XIMINO | 3 | PA; QL |
| VARIOLA (SMALLPOX) VIRUS ANTIVIRAL AGENTS - DRUGS FOR VIRAL INFECTIONS | | |
| TEMBEXA | 3 | |
| ANTINEOPLASTICS | | |
| ANTINEOPLASTIC - AKT (PROTEIN KINASE B (PKB)) INHIBITOR | | |
| TRUQAP | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - GAMMA-SECRETASE INHIBITOR (GSI) | | |
| OGSIVEO | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTINEOPLASTIC - JANUS KINASE (JAK), ACVR1/ALK2 INHIBITORS | | |
| OJJAARA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - ORNITHINE DECARBOXYLASE (ODC) INHIBITORS | | |
| IWILFIN | 3 | PA; QL; S |
| ANTINEOPLASTIC - PARP INHIBITOR AND ANTIANDROGEN COMBINATIONS | | |
| AKEEGA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE-1 AND -2 (IDH1 AND IDH2) INHIB | | |
| VORANIGO | 3 | PA; QL; MS; S |
| ANTINEOPLASTICS - DRUGS FOR CANCER | | |
| ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB - DRUGS FOR CANCER | | |
| lapatinib | 1 | QL; MS; S |
| TYKERB | 3 | QL; MS; S |
| ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR - DRUGS FOR CANCER | | |
| abiraterone oral tablet 250 mg | 1 | QL; MS; S |
| abiraterone oral tablet 500 mg | 1 | PA; QL; MS; S |
| YONSA | 3 | PA; QL; MS; S |
| ZYTIGA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR - DRUGS FOR CANCER | | |
| erlotinib | 1 | PA; QL; MS; S |
| gefitinib | 1 | PA; QL; MS; S |
| IRESSA | 3 | PA; QL; MS; S |
| TARCEVA ORAL TABLET 100 MG | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR - DRUGS FOR CANCER | | |
| GILOTRIF | 3 | PA; QL; MS; S |
| NERLYNX | 3 | PA; QL; MS; S |
| VIZIMPRO | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR - DRUGS FOR CANCER | | |
| LAZCLUZE | 3 | PA; QL; MS; S |
| TAGRISSE | 3 | PA; MS; S |
| ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES - DRUGS FOR CANCER | | |
| MYLERAN | 2 | |
| ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES - DRUGS FOR CANCER | | |
| MATULANE | 3 | S |
| ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS - DRUGS FOR CANCER | | |
| ALKERAN | 3 | |
| cyclophosphamide oral capsule | 1 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 3 | |
| LEUKERAN | 3 | |
| ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS - DRUGS FOR CANCER | | |
| GLEOSTINE | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES - DRUGS FOR CANCER | | |
| temozolomide | 1 | MS; S |
| ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS - DRUGS FOR CANCER | | |
| ALECENSA | 3 | PA; MS; S |
| ALUNBRIG | 3 | PA; QL; S |
| LORBRENA | 3 | PA; QL; MS; S |
| XALKORI | 3 | PA; QL; MS; S |
| ZYKADIA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - ANTIADRENALS - DRUGS FOR CANCER | | |
| LYSODREN | 3 | S |
| ANTINEOPLASTIC - ANTIANDROGENS - DRUGS FOR CANCER | | |
| abiraterone oral tablet 250 mg | 1 | QL; MS; S |
| abiraterone oral tablet 500 mg | 1 | PA; QL; MS; S |
| bicalutamide | 1 | |
| CASODEX | 3 | |
| ERLEADA | 3 | PA; QL; MS; S |
| NILANDRON | 3 | |
| nilutamide | 1 | |
| NUBEQA | 2 | PA; QL; MS; S |
| XTANDI | 2 | PA; QL; MS; S |
| YONSA | 3 | PA; QL; MS; S |
| ZYTIGA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS - DRUGS FOR CANCER | | |
| JYLAMVO | 3 | PA; QL |
| methotrexate sodium | 1 | |
| methotrexate sodium (pf) | 1 | |
| TREXALL | 3 | |
| XATMEP | 3 | PA |
| ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS - DRUGS FOR CANCER | | |
| mercaptopurine | 1 | |
| PURIXAN | 3 | PA; QL; S |
| TABLOID | 3 | |
| ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS - DRUGS FOR CANCER | | |
| capecitabine | 1 | MS; S |
| cytarabine (pf) | 1 | |
| ONUREG | 3 | PA; QL; MS; S |
| XELODA | 3 | MS; S |
| ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES - DRUGS FOR CANCER | | |
| HYDREA | 3 | |
| hydroxyurea | 1 | |
| ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS - DRUGS FOR CANCER | | |
| LONSURF | 3 | PA; MS; S |
| ANTINEOPLASTIC - AROMATASE INHIBITORS - DRUGS FOR CANCER | | |
| anastrozole | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ARIMIDEX | 3 | |
| AROMASIN | 3 | |
| exemestane | 1 | Covered in full* |
| FEMARA | 3 | |
| letrozole | 1 | |
| ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS - DRUGS FOR CANCER | | |
| VENCLEXTA | 3 | PA; QL; S |
| VENCLEXTA STARTING PACK | 3 | PA; QL; S |
| ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER | | |
| BRAFTOVI | 3 | PA; QL; MS; S |
| OJEMDA | 3 | PA; QL; MS; S |
| TAFINLAR | 3 | PA; QL; MS; S |
| ZELBORAF | 2 | PA; QL; MS; S |
| ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR - DRUGS FOR CANCER | | |
| BRUKINSA | 3 | PA; QL; MS; S |
| CALQUENCE (ACALABRUTINIB MAL) | 3 | PA; QL; S |
| IMBRUVICA ORAL CAPSULE | 3 | PA; QL; S |
| IMBRUVICA ORAL SUSPENSION | 3 | PA; QL; MS; S |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 3 | PA; QL; S |
| JAYPIRCA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS - DRUGS FOR CANCER | | |
| IBRANCE | 2 | PA; QL; MS; S |
| KISQALI | 2 | PA; QL; MS; S |
| VERZENIO | 2 | PA; QL; MS; S |
| ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR - DRUGS FOR CANCER | | |
| TUKYSA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS - DRUGS FOR CANCER | | |
| etoposide oral | 1 | |
| ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS - DRUGS FOR CANCER | | |
| XPOVIO | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR - DRUGS FOR CANCER | | |
| TAZVERIK | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB - DRUGS FOR CANCER | | |
| BALVERSA | 3 | PA; QL; S |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 3 | PA; QL; MS; S |
| PEMAZYRE | 3 | PA; QL; S |
| ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS - DRUGS FOR CANCER | | |
| VANFLYTA | 3 | PA; QL; MS; S |
| XOSPATA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR - DRUGS FOR CANCER | | |
| DAURISMO | 3 | PA; QL; MS; S |
| ERIVEDGE | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ODOMZO | 3 | PA; MS; S |
| ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS - DRUGS FOR CANCER | | |
| ZOLINZA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - HYPOXIA INDUCIBLE FACTOR (HIF) INHIBITORS - DRUGS FOR CANCER | | |
| WELIREG | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - INTERFERONS - DRUGS FOR CANCER | | |
| BESREMI | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR CANCER | | |
| JAKAFI | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB - DRUGS FOR CANCER | | |
| INREBIC | 3 | PA; QL; MS; S |
| VONJO | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - KIRSTEN RAT SARCOMA (KRAS) PROTEIN INHIBITOR - DRUGS FOR CANCER | | |
| KRAZATI | 3 | PA; QL; MS; S |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR CANCER | | |
| leuprolide subcutaneous kit | 1 | PA; MS; S |
| ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS - DRUGS FOR CANCER | | |
| ORGOVYX | 3 | PA; QL; S |
| ANTINEOPLASTIC - MAST CELL STABILIZERS - DRUGS FOR CANCER | | |
| cromolyn oral | 1 | |
| GASTROCROM | 3 | |
| ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS - DRUGS FOR CANCER | | |
| COTELLIC | 3 | PA; QL; MS; S |
| KOSELUGO | 3 | PA; QL; MS; S |
| MEKINIST | 3 | PA; QL; MS; S |
| MEKTOVI | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER | | |
| AFINITOR | 3 | PA; QL; MS; S |
| AFINITOR DISPERZ | 3 | PA; QL; MS; S |
| everolimus (antineoplastic) | 1 | PA; QL; MS; S |
| TORPENZ | 1 | PA; QL; S |
| ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER | | |
| CABOMETYX | 3 | PA; QL; MS; S |
| COMETRIQ | 3 | PA; QL; MS; S |
| ICLUSIG | 3 | PA; QL; S |
| NEXAVAR | 3 | PA; QL; MS; S |
| sorafenib | 1 | PA; QL; MS; S |
| STIVARGA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS - DRUGS FOR CANCER | | |
| REZLIDHIA | 3 | PA; QL; S |
| TIBSOVO | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS - DRUGS FOR CANCER | | |
| IDHIFA | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER | | |
| COPIKTRA | 3 | PA; QL; S |
| ZYDELIG | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS - DRUGS FOR CANCER | | |
| PIQRAY | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - PI3K-DELTA AND GAMMA INHIBITORS - DRUGS FOR CANCER | | |
| COPIKTRA | 3 | PA; QL; S |
| ANTINEOPLASTIC - PI3K-DELTA INHIBITORS - DRUGS FOR CANCER | | |
| ZYDELIG | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER | | |
| LYNPARZA | 3 | PA; QL; MS; S |
| RUBRACA ORAL TABLET 250 MG, 300 MG | 3 | PA; QL; MS; S |
| TALZENNA | 3 | PA; QL; MS; S |
| ZEJULA ORAL TABLET | 2 | PA; QL; MS; S |
| ANTINEOPLASTIC - PROGESTINS - DRUGS FOR CANCER | | |
| megestrol oral tablet | 1 | |
| ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS - DRUGS FOR CANCER | | |
| NINLARO | 3 | PA; MS; S |
| ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS - DRUGS FOR CANCER | | |
| AUGTYRO ORAL CAPSULE 40 MG | 3 | PA; QL; MS; S |
| AYVAKIT | 3 | PA; QL; S |
| BOSULIF | 3 | PA; QL; MS; S |
| BRUKINSA | 3 | PA; QL; MS; S |
| CALQUENCE (ACALABRUTINIB MAL) | 3 | PA; QL; S |
| CAPRELSA | 3 | PA; QL; S |
| dasatinib | 1 | PA; QL; MS; S |
| FOTIVDA | 3 | PA; QL; S |
| FRUZAQLA | 3 | PA; QL; MS; S |
| GLEEVEC | 3 | QL; MS; S |
| imatinib | 1 | QL; MS; S |
| IMBRUVICA ORAL CAPSULE | 3 | PA; QL; S |
| IMBRUVICA ORAL SUSPENSION | 3 | PA; QL; MS; S |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 3 | PA; QL; S |
| INLYTA | 3 | PA; QL; MS; S |
| JAYPIRCA | 3 | PA; QL; MS; S |
| LENVIMA | 3 | PA; QL; MS; S |
| OFEV | 2 | PA; QL; MS; S |
| pazopanib | 1 | PA; QL; MS; S |
| QINLOCK | 3 | PA; QL; S |
| ROZLYTREK | 3 | PA; QL; MS; S |
| RYDAPT | 3 | PA; QL; MS; S |
| SCEMBLIX | 3 | PA; QL; S |
| SPRYCEL | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| sunitinib malate | 1 | PA; QL; MS; S |
| SUTENT | 3 | PA; QL; MS; S |
| TABRECTA | 3 | PA; QL; MS; S |
| TASIGNA | 3 | PA; QL; MS; S |
| TEPMETKO | 3 | PA; QL; S |
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; QL; S |
| VOTRIENT | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - RETINOIDS - DRUGS FOR CANCER | | |
| tretinoin (antineoplastic) | 1 | |
| ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR DEGRADERS (SERDS) - DRUGS FOR CANCER | | |
| ORSERDU | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR CANCER | | |
| FARESTON | 3 | |
| SOLTAMOX | 3 | PA; QL; Covered in full* |
| tamoxifen | 1 | Covered in full* |
| toremifene | 1 | |
| ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE) - DRUGS FOR CANCER | | |
| XPOVIO | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR - DRUGS FOR CANCER | | |
| GAVRETO | 3 | PA; QL; S |
| RETEVMO ORAL TABLET | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER | | |
| bexarotene oral | 1 | PA; QL; MS; S |
| TARGRETIN ORAL | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC - THALIDOMIDE ANALOGS - DRUGS FOR CANCER | | |
| lenalidomide | 1 | QL; MS; S |
| POMALYST | 3 | PA; QL; MS; S |
| REVLIMID | 2 | QL; MS; S |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 3 | QL; MS; S |
| ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER | | |
| HYCAMTIN ORAL | 2 | QL; MS; S |
| ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR - DRUGS FOR CANCER | | |
| VITRAKVI | 3 | PA; QL; MS; S |
| ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB - DRUGS FOR CANCER | | |
| INQOVI | 3 | PA; QL; MS; S |
| FLUOROURACIL AND RELATED RESCUE AGENTS - DRUGS FOR CANCER | | |
| VISTOGARD | 3 | QL; S |
| METHOTREXATE RESCUE AGENTS - DRUGS FOR CANCER | | |
| leucovorin calcium oral | 1 | |
| METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE - DRUGS FOR CANCER | | |
| leucovorin calcium oral | 1 | |
| URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY - DRUGS FOR CANCER | | |
| MESNEX ORAL | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTISEPTICS AND DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS | | |
| ANTISEPTIC - ALCOHOLS - ANTISEPTICS AND DISINFECTANTS | | |
| ALCOHOL 70% PREP PADS | 3 | |
| ALCOHOL 70% SWABS MEDIUM | 3 | |
| ALCOHOL 70% WIPES | 3 | |
| alcohol pads | 1 | |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | 1 | |
| alcohol swabs topical pads, medicated | 1 | |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | 1 | |
| BD ALCOHOL SWABS | 3 | |
| CARETOUCH ALCOHOL PREP PAD | 3 | |
| CURITY ALCOHOL SWABS | 3 | |
| CVS ALCOHOL 70% PREP PADS | 3 | |
| DROPSAFE ALCOHOL PREP PADS | 3 | |
| EASY COMFORT ALCOHOL PAD | 3 | |
| EASY TOUCH ALCOHOL PREP PADS | 3 | |
| GNP ALCOHOL SWAB STERILE, TWO PLY | 3 | |
| HM ALCOHOL 70% PREP PADS | 3 | |
| INCONTROL ALCOHOL PADS | 3 | |
| ISOPROPYL ALCOHOL TOPICAL | 3 | |
| PHARM CHOICE ALCOHOL PREP PADS | 3 | |
| PRO COMFORT ALCOHOL PADS | 3 | |
| PURE COMFORT ALCOHOL PADS | 3 | |
| RA ISOPROPYL ALCOHOL 70% WIPES | 3 | |
| RELION ALCOHOL 70% SWABS | 3 | |
| SAPS ALCOHOL 70% PREP PADS | 3 | |
| SM ALCOHOL 70% PREP PADS | 3 | |
| SURE COMFORT ALCOHOL PREP PADS | 3 | |
| SURE-PREP ALCOHOL PREP PADS | 3 | |
| SWI ALCOHOL 70% PREP PADS | 3 | |
| TRUE COMFORT ALCOHOL PADS | 3 | |
| TRUE COMFORT PRO ALCOHOL PADS | 3 | |
| ULTILET ALCOHOL SWAB | 3 | |
| WEBCOL | 3 | |
| ANTISEPTIC - CHLORINE RELEASING - ANTISEPTICS AND DISINFECTANTS | | |
| MICROCYN | 3 | |
| DISINFECTANTS - OTHER - ANTISEPTICS AND DISINFECTANTS | | |
| ALCOH-GLOVE | 3 | |
| ALCOH-WIPE | 3 | |
| BIOLOGICALS | | |
| VACCINE VIRAL - RESPIRATORY SYNCYTIAL VIRUS (RSV) | | |
| ABRYSV0 (PF) | 3 | QL |
| AREXVY (PF) | 3 | QL |
| MRESVIA (PF) | 3 | QL |
| BIOLOGICALS - BIOLOGICAL AGENTS | | |
| ALLERGENIC EXTRACTS - GRASS POLLEN - BIOLOGICAL AGENTS | | |
| GRASTEK | 3 | QL |
| ORALAIR SUBLINGUAL | 3 | QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ALLERGENIC EXTRACTS - MITE EXTRACTS - BIOLOGICAL AGENTS | | |
| ODACTRA | 3 | QL |
| ALLERGENIC EXTRACTS - WEED POLLEN - BIOLOGICAL AGENTS | | |
| RAGWITEK | 3 | QL |
| ANTIVIRAL MONOCLONAL ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV) - DRUGS FOR VIRAL INFECTIONS | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML | 3 | |
| HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS - VACCINES | | |
| TWINRIX (PF) | 3 | |
| HEPATITIS A VACCINE - SINGLE AGENTS - VACCINES | | |
| HAVRIX (PF) | 3 | |
| VAQTA (PF) | 3 | |
| HEPATITIS B VACCINE COMBINATIONS - VACCINES | | |
| PEDIARIX (PF) | 3 | |
| VAXELIS (PF) | 3 | |
| HEPATITIS B VACCINES - SINGLE AGENTS - VACCINES | | |
| ENGERIX-B (PF) | 3 | |
| ENGERIX-B PEDIATRIC (PF) | 3 | |
| HEPLISAV-B (PF) | 3 | |
| RECOMBIVAX HB (PF) | 3 | |
| IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN - BIOLOGICAL AGENTS | | |
| GAMMAGARD LIQUID | 3 | PA; MS; S |
| GAMMAGARD S-D (IGA < 1 MCG/ML) | 3 | PA; MS; S |
| GAMUNEX-C | 3 | PA; MS; S |
| HIZENTRA | 3 | PA; MS; S |
| PRIVIGEN | 3 | PA; MS; S |
| LIVE VACCINE AND LIVE VIRUS FORMULATIONS - VACCINES | | |
| FLUMIST TRIVALENT 2024-2025 | 3 | QL |
| M-M-R II (PF) | 3 | |
| PRIORIX (PF) | 3 | |
| PROQUAD (PF) | 3 | |
| ROTARIX ORAL SUSPENSION | 3 | |
| ROTATEQ VACCINE | 3 | |
| VARIVAX (PF) | 3 | |
| PEANUT DESENSITIZATION AGENTS - BIOLOGICAL AGENTS | | |
| PALFORZIA (LEVEL 1) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 2) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 3) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 4) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 5) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 6) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 7) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 8) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 9) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 10) | 3 | PA; QL; S |
| PALFORZIA (LEVEL 11 UP-DOSE) | 3 | PA; QL; S |
| PALFORZIA INITIAL DOSE | 3 | PA; QL; S |
| PALFORZIA LEVEL 11 MAINTENANCE | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| TOXOID VACCINE COMBINATIONS - VACCINES | | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 3 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 3 | |
| INFANRIX (DTAP) (PF) | 3 | |
| KINRIX (PF) | 3 | |
| PEDIARIX (PF) | 3 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 3 | |
| QUADRACEL (PF) | 3 | |
| TDVAX | 3 | |
| TENIVAC (PF) | 3 | |
| VAXELIS (PF) | 3 | |
| VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC) - VACCINES | | |
| ACTHIB (PF) | 3 | |
| PEDVAX HIB (PF) | 3 | |
| VACCINE BACTERIAL - GRAM NEGATIVE COCCI - VACCINES | | |
| MENQUADFI (PF) | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) | 3 | |
| PENBRAYA (PF) | 3 | |
| VACCINE BACTERIAL - GRAM POSITIVE COCCI - VACCINES | | |
| PNEUMOVAX-23 INJECTION SYRINGE | 3 | |
| PREVNAR 20 (PF) | 3 | |
| VAXNEUVANCE (PF) | 3 | |
| VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES - VACCINES | | |
| BEXSERO | 3 | |
| TRUMENBA | 3 | |
| VACCINE MIXED COMBINATIONS (BACTERIAL AND VIRAL) - VACCINES | | |
| VAXELIS (PF) | 3 | |
| VACCINE VIRAL - COVID-19 (SARS-COV-2) - VACCINES | | |
| COMIRNATY 2024-25 (12Y UP)(PF) | 3 | |
| MODERNA COVID 24-25(6M-11Y)PF | 3 | |
| NOVAVAX COVID 2024-25(PF)(EUA) | 3 | |
| PFIZER COVID 2024-25(5Y-11Y)PF | 3 | |
| PFIZER COVID 2024-25(6MO-4Y)PF | 3 | |
| SPIKEVAX 2024-2025(12Y UP)(PF) | 3 | |
| VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES - VACCINES | | |
| GARDASIL 9 (PF) | 3 | |
| VACCINE VIRAL - INFLUENZA A AND B - VACCINES | | |
| AFLURIA TRIV 2024-2025 | 3 | QL |
| AFLURIA TRIV 2024-2025 (PF) | 3 | QL |
| FLUAD TRIV 2024-25(65Y UP)(PF) | 3 | QL |
| FLUARIX TRIV 2024-2025 (PF) | 3 | QL |
| FLUBLOK TRIV 2024-2025 (PF) | 3 | QL |
| FLUCELVAX TRIV 2024-2025 | 3 | QL |
| FLUCELVAX TRIV 2024-2025 (PF) | 3 | QL |
| FLULAVAL TRIV 2024-2025 (PF) | 3 | QL |
| FLUMIST TRIVALENT 2024-2025 | 3 | QL |
| FLUZONE HIGH-DOSE TRIV 24-25 | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| FLUZONE TRIV 2024-2025 | 3 | QL |
| FLUZONE TRIV 2024-2025 (PF) | 3 | QL |
| VACCINE VIRAL - MEASLES - VACCINES | | |
| M-M-R II (PF) | 3 | |
| PRIORIX (PF) | 3 | |
| PROQUAD (PF) | 3 | |
| VACCINE VIRAL - MUMPS AND RELATED - VACCINES | | |
| M-M-R II (PF) | 3 | |
| PRIORIX (PF) | 3 | |
| PROQUAD (PF) | 3 | |
| VACCINE VIRAL - POLIOMYELITIS - VACCINES | | |
| IPOL | 3 | |
| VACCINE VIRAL - ROTAVIRUS - VACCINES | | |
| ROTARIX ORAL SUSPENSION | 3 | |
| ROTATEQ VACCINE | 3 | |
| VACCINE VIRAL - RUBELLA - VACCINES | | |
| M-M-R II (PF) | 3 | |
| PRIORIX (PF) | 3 | |
| PROQUAD (PF) | 3 | |
| VACCINE VIRAL - VARICELLA - VACCINES | | |
| PROQUAD (PF) | 3 | |
| SHINGRIX (PF) | 3 | |
| VARIVAX (PF) | 3 | |
| VACCINE VIRAL COMBINATIONS - VACCINES | | |
| M-M-R II (PF) | 3 | |
| PRIORIX (PF) | 3 | |
| PROQUAD (PF) | 3 | |
| CARDIOVASCULAR THERAPY AGENTS | | |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO | 3 | PA |
| ENDOTHELIN-ANGIOTENSIN RECEPTOR ANTAGONIST | | |
| FILSPARI | 3 | PA; QL; S |
| PAH-ENDOTHELIN RECEPTOR ANTAGONIST-SELECTIVE CGMP PDE5 INHIBITOR COMB | | |
| OPSYNVI | 3 | PA; QL; MS; S |
| PULMONARY ANTIHYPERTENSIVE AGENT - ACTIVIN RECEPTOR IIA-FC (ACTRIIA) | | |
| WINREVAIR | 3 | PA; QL; MS; S |
| CARDIOVASCULAR THERAPY AGENTS - DRUGS FOR THE HEART | | |
| ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amlodipine-benazepril | 1 | |
| LOTREL | 3 | |
| PRESTALIA ORAL TABLET 14-10 MG, 7-5 MG | 3 | QL |
| PRESTALIA ORAL TABLET 3.5-2.5 MG | 3 | |
| trandolapril-verapamil | 1 | QL |
| ACE INHIBITOR AND DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ACCURETIC | 3 | |
| benazepril-hydrochlorothiazide | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| captopril-hydrochlorothiazide | 1 | |
| enalapril-hydrochlorothiazide | 1 | |
| fosinopril-hydrochlorothiazide | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |
| LOTENSIN HCT | 3 | |
| quinapril-hydrochlorothiazide | 1 | |
| VASERETIC | 3 | |
| ZESTORETIC | 3 | |
| ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ACCUPRIL | 3 | |
| ALTACE | 3 | |
| benazepril | 1 | |
| captopril | 1 | |
| enalapril maleate oral solution | 1 | PA; QL |
| enalapril maleate oral tablet | 1 | |
| EPANED | 3 | PA; QL |
| fosinopril | 1 | |
| lisinopril | 1 | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| moexipril | 1 | |
| perindopril erbumine | 1 | |
| QBRELIS | 3 | PA; QL |
| quinapril | 1 | |
| ramipril | 1 | |
| trandolapril | 1 | |
| VASOTEC | 3 | |
| ZESTRIL | 3 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ALDACTONE | 3 | |
| CAROSPIR | 3 | QL |
| eplerenone | 1 | |
| INSPRA | 3 | |
| KERENDIA | 2 | PA; QL |
| spironolactone oral suspension | 1 | QL |
| spironolactone oral tablet | 1 | |
| ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| carvedilol | 1 | |
| carvedilol phosphate | 1 | QL |
| COREG | 3 | |
| COREG CR | 3 | QL |
| labetalol oral | 1 | |
| ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB. - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amlodipine-olmesartan | 1 | QL |
| amlodipine-valsartan | 1 | QL |
| AZOR | 3 | QL |
| EXFORGE | 3 | QL |
| telmisartan-amlodipine | 1 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amlodipine-valsartan-hcthiazyd | 1 | QL |
| EXFORGE HCT | 3 | QL |
| olmesartan-amlodipin-hcthiazyd | 1 | QL |
| TRIBENZOR | 3 | QL |
| ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ATACAND HCT | 3 | |
| AVALIDE | 3 | |
| BENICAR HCT | 3 | |
| candesartan-hydrochlorothiazid | 1 | |
| DIOVAN HCT | 3 | |
| EDARBYCLOR | 3 | ST |
| HYZAAR | 3 | |
| irbesartan-hydrochlorothiazide | 1 | |
| losartan-hydrochlorothiazide | 1 | |
| MICARDIS HCT | 3 | |
| olmesartan-hydrochlorothiazide | 1 | |
| telmisartan-hydrochlorothiazid | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI) - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ENTRESTO | 2 | QL |
| ENTRESTO SPRINKLE | 2 | QL |
| ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS) - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ATACAND | 3 | |
| AVAPRO | 3 | |
| BENICAR | 3 | |
| candesartan | 1 | |
| COZAAR | 3 | |
| DIOVAN | 3 | |
| EDARBI | 3 | ST |
| eprosartan | 1 | |
| irbesartan | 1 | |
| losartan | 1 | |
| MICARDIS | 3 | |
| olmesartan | 1 | |
| telmisartan | 1 | |
| VALSARTAN ORAL SOLUTION | 3 | PA |
| valsartan oral tablet | 1 | |
| ANTIANGINAL - CORONARY VASODILATORS (NITRATES) - DRUGS FOR ANGINA | | |
| GONITRO | 3 | PA |
| ISORDIL | 3 | |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 3 | |
| isosorbide dinitrate oral tablet | 1 | |
| isosorbide mononitrate | 1 | |
| NITRO-BID | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NITRO-DUR | 3 | |
| nitroglycerin sublingual | 1 | |
| nitroglycerin transdermal patch 24 hour | 1 | |
| nitroglycerin translingual | 1 | QL |
| NITROLINGUAL | 3 | QL |
| NITROMIST | 3 | QL |
| NITROSTAT | 3 | |
| nitro-time | 1 | |
| ANTIANGINAL AND ANTI-ISCHEMIC AGENTS - DRUGS FOR ANGINA | | |
| VERQUVO | 3 | PA; QL |
| ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC - DRUGS FOR ANGINA | | |
| ASPRUZO SPRINKLE | 3 | PA; QL |
| ranolazine | 1 | QL |
| ANTIARRHYTHMIC - CLASS IA - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| disopyramide phosphate oral capsule | 1 | |
| NORPACE | 3 | |
| NORPACE CR | 3 | |
| quinidine gluconate oral | 1 | |
| quinidine sulfate oral tablet | 1 | |
| ANTIARRHYTHMIC - CLASS IB - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| lidocaine (pf) intravenous solution | 1 | |
| mexiletine | 1 | |
| ANTIARRHYTHMIC - CLASS IC - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| flecainide | 1 | |
| propafenone | 1 | |
| ANTIARRHYTHMIC - CLASS II - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| BETAPACE | 3 | |
| BETAPACE AF | 3 | |
| sotalol af | 1 | |
| sotalol oral | 1 | |
| SOTYLIZE | 3 | PA |
| ANTIARRHYTHMIC - CLASS III - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| amiodarone oral | 1 | |
| dofetilide | 1 | |
| MULTAQ | 2 | QL |
| pacerone oral tablet 100 mg, 200 mg, 400 mg | 1 | |
| TIKOSYN | 3 | |
| ANTIARRHYTHMIC - CLASS IV - DRUGS FOR ABNORMAL HEART RHYTHMS | | |
| verapamil oral tablet | 1 | |
| ANTIHYPERTENSIVE - ATP-CITRATE LYASE (ACLY) INHIBITOR - DRUGS FOR CHOLESTEROL | | |
| NEXLETOL | 3 | PA; QL |
| ANTIHYPERTENSIVE - BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL | | |
| cholestyramine (with sugar) | 1 | |
| cholestyramine light | 1 | |
| colesevelam | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|------------------------------------|
| COLESTID ORAL GRANULES | 3 | |
| COLESTID ORAL TABLET | 3 | |
| colestipol | 1 | |
| prevalite | 1 | |
| QUESTRAN | 3 | |
| QUESTRAN LIGHT | 3 | |
| WELCHOL | 3 | |
| ANTIHYPERLIPIDEMIC - FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL | | |
| fenofibrate micronized oral capsule 130 mg | 1 | PA |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 1 | |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG | 3 | PA; QL |
| fenofibrate nanocrystallized | 1 | QL |
| fenofibrate oral capsule | 1 | PA |
| fenofibrate oral tablet 120 mg, 40 mg | 1 | PA; QL |
| fenofibrate oral tablet 160 mg | 1 | QL |
| fenofibrate oral tablet 54 mg | 1 | |
| fenofibric acid | 1 | PA |
| fenofibric acid (choline) | 1 | QL |
| FENOGLIDE | 3 | PA; QL |
| FIBRICOR | 3 | PA |
| gemfibrozil | 1 | |
| LIPOFEN | 3 | PA |
| LOPID | 3 | |
| TRICOR | 3 | QL |
| TRILIPIX | 3 | QL |
| ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS) - DRUGS FOR CHOLESTEROL | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG | 3 | QL; Covered in full age 40-75* |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 60 MG | 3 | QL |
| ATORVALIQ | 3 | QL; Covered in full age 40-75* |
| atorvastatin oral tablet 10 mg, 20 mg | 1 | Covered in full age 40-75* |
| atorvastatin oral tablet 40 mg, 80 mg | 1 | |
| CRESTOR | 3 | QL |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 5 MG | 3 | Covered in full age 40-75* |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 20 MG, 40 MG | 3 | |
| FLOLIPID | 3 | QL; Covered in full age 40-75* |
| fluvastatin | 1 | QL; Covered in full age 40-75* |
| LESCOL XL | 3 | QL |
| LIPITOR | 3 | |
| LIVALO | 3 | ST; QL |
| lovastatin oral tablet 10 mg, 20 mg | 1 | Covered in full age 40-75* |
| lovastatin oral tablet 40 mg | 1 | QL; Covered in full age 40-75* |
| pitavastatin calcium | 1 | ST; QL; Covered in full age 40-75* |
| pravastatin | 1 | Covered in full age 40-75* |
| rosuvastatin oral tablet 10 mg, 5 mg | 1 | QL; Covered in full age 40-75* |
| rosuvastatin oral tablet 20 mg, 40 mg | 1 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | QL; Covered in full age 40-75* |
| simvastatin oral tablet 80 mg | 1 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|--------------------------------|
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | QL |
| ZYPITAMAG | 3 | ST; Covered in full age 40-75* |
| ANTIHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL | | |
| niacin oral tablet 500 mg | 1 | PA; QL |
| niacin oral tablet extended release 24 hr | 1 | QL |
| NIACOR | 3 | |
| ANTIHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE - DRUGS FOR CHOLESTEROL | | |
| icosapent ethyl | 1 | QL |
| LOVAZA | 3 | QL |
| omega-3 acid ethyl esters | 1 | QL |
| VASCEPA | 2 | QL |
| ANTIHYPERLIPIDEMIC - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB) - DRUGS FOR CHOLESTEROL | | |
| PRALUENT PEN | 3 | PA; QL |
| REPATHA PUSHTRONEX | 2 | QL |
| REPATHA SURECLICK | 2 | QL |
| REPATHA SYRINGE | 2 | QL |
| ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL | | |
| PRALUENT PEN | 3 | PA; QL |
| REPATHA PUSHTRONEX | 2 | QL |
| REPATHA SURECLICK | 2 | QL |
| REPATHA SYRINGE | 2 | QL |
| ANTIHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR - DRUGS FOR CHOLESTEROL | | |
| ezetimibe | 1 | |
| ZETIA | 3 | |
| ANTIHYPERLIPIDEMIC- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB - DRUGS FOR CHOLESTEROL | | |
| NEXLIZET | 3 | PA; QL |
| ANTIHYPERLIPIDEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER - DRUGS FOR CHOLESTEROL | | |
| amlodipine-atorvastatin | 1 | QL |
| CADUET | 3 | QL |
| ANTIHYPERLIPIDEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT - DRUGS FOR CHOLESTEROL | | |
| EZETIMIBE-ROSUVASTATIN | 2 | |
| ezetimibe-simvastatin | 1 | |
| ROSZET | 2 | |
| VYTORIN 10-10 | 3 | |
| VYTORIN 10-20 | 3 | |
| VYTORIN 10-40 | 3 | |
| VYTORIN 10-80 | 3 | |
| ANTIHYPERLIPIDEMIC-MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)INHIB - DRUGS FOR CHOLESTEROL | | |
| JUXTAPID | 3 | PA; QL; MS; S |
| BETA BLOCKERS CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE | | |
| atenolol | 1 | |
| betaxolol oral | 1 | |
| bisoprolol fumarate | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| BYSTOLIC | 3 | QL |
| KAPSPARGO SPRINKLE | 3 | |
| LOPRESSOR ORAL | 3 | |
| metoprolol succinate | 1 | |
| metoprolol tartrate oral | 1 | |
| nebivolol | 1 | QL |
| TENORMIN | 3 | |
| TOPROL XL | 3 | |
| BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY - DRUGS FOR HIGH BLOOD PRESSURE | | |
| acebutolol | 1 | |
| BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY - DRUGS FOR HIGH BLOOD PRESSURE | | |
| pindolol | 1 | |
| BETA BLOCKERS NON-CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE | | |
| BETAPACE | 3 | |
| BETAPACE AF | 3 | |
| HEMANGEOL | 3 | S |
| INDERAL LA | 3 | |
| INDERAL XL | 3 | PA |
| INNOPRAN XL | 3 | PA |
| nadolol | 1 | |
| propranolol oral | 1 | |
| sotalol af | 1 | |
| sotalol oral | 1 | |
| SOTYLIZE | 3 | PA |
| timolol maleate oral | 1 | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS - DRUGS FOR THE HEART | | |
| FIRAZYR | 3 | PA; QL; S |
| icatibant | 1 | PA; QL; S |
| sajazir | 1 | PA; QL; MS; S |
| CALCIUM CHANNEL BLOCKER - NSAID, COX-2 SELECTIVE INHIBITOR COMBINATION - DRUGS FOR HIGH BLOOD PRESSURE | | |
| CONSENSI ORAL TABLET 10-200 MG | 3 | PA |
| CONSENSI ORAL TABLET 2.5-200 MG, 5-200 MG | 3 | PA; QL |
| CALCIUM CHANNEL BLOCKERS - BENZOTHIAZEPINES - DRUGS FOR HIGH BLOOD PRESSURE | | |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG | 3 | |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 360 MG | 3 | PA |
| CARDIZEM LA | 3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | |
| cartia xt oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg | 1 | |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 180 MG | 1 | |
| diltiazem hcl oral capsule,ext.rel 24h degradable | 1 | |
| diltiazem hcl oral capsule,extended release 12 hr | 1 | |
| diltiazem hcl oral capsule,extended release 24 hr | 1 | |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg | 1 | |
| diltiazem hcl oral capsule,extended release 24hr 360 mg | 1 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| diltiazem hcl oral tablet | 1 | |
| diltiazem hcl oral tablet extended release 24 hr | 1 | |
| dilt-xr | 1 | |
| matzim la | 1 | |
| tiadyt er | 1 | |
| TIAZAC | 3 | |
| CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC - DRUGS FOR HIGH BLOOD PRESSURE | | |
| nimodipine oral capsule | 1 | |
| NYMALIZE | 3 | QL |
| CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amlodipine | 1 | |
| CONJUPRI | 3 | PA; QL |
| felodipine | 1 | |
| isradipine | 1 | |
| KATERZIA | 3 | PA; QL |
| LEVAMLODIPINE | 3 | PA; QL |
| nicardipine oral | 1 | |
| nifedipine | 1 | |
| nisoldipine | 1 | QL |
| NORLIQVA | 3 | PA; QL |
| NORVASC | 3 | |
| PROCARDIA XL | 3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 3 | QL |
| CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES - DRUGS FOR HIGH BLOOD PRESSURE | | |
| verapamil oral | 1 | |
| VERELAN PM | 3 | |
| CARDIAC MYOSIN INHIBITOR - DRUGS FOR THE HEART | | |
| CAMZYOS | 3 | PA; QL; MS; S |
| CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE | | |
| atenolol-chlorthalidone | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| metoprolol ta-hydrochlorothiazide | 1 | |
| TENORETIC 100 | 3 | |
| TENORETIC 50 | 3 | |
| CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION | | |
| adrenalin injection | 1 | |
| ADYPHREN | 3 | QL |
| AUVI-Q | 3 | QL |
| EPINEPHRINE (BULK) | 3 | |
| epinephrine injection auto-injector | 1 | QL |
| epinephrine injection solution | 1 | |
| EPINEPHRINESNAP-V | 3 | |
| EPIPEN | 3 | QL |
| EPIPEN 2-PAK | 3 | QL |
| EPIPEN JR | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| EPIPEN JR 2-PAK | 3 | QL |
| NEFFY | 3 | QL |
| CARDIOVASCULAR SYMPATHOMIMETICS - DRUGS FOR SERIOUS ALLERGIC REACTION | | |
| adrenalin injection | 1 | |
| droxidopa oral capsule 100 mg | 1 | PA; QL; MS; S |
| droxidopa oral capsule 200 mg, 300 mg | 1 | PA; MS; S |
| epinephrine injection solution | 1 | |
| midodrine | 1 | |
| NORTHERA ORAL CAPSULE 100 MG | 3 | PA; QL; MS; S |
| NORTHERA ORAL CAPSULE 200 MG, 300 MG | 3 | PA; MS; S |
| CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE | | |
| methyldopa-hydrochlorothiazide | 1 | |
| CENTRAL ALPHA-2 RECEPTOR AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| CATAPRES-TTS-1 | 3 | QL |
| CATAPRES-TTS-2 | 3 | QL |
| CATAPRES-TTS-3 | 3 | QL |
| clonidine | 1 | QL |
| clonidine hcl oral tablet | 1 | |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR | 3 | PA; QL |
| guanfacine oral tablet | 1 | |
| methyldopa | 1 | |
| NEXICLON XR | 3 | PA; QL |
| DIGITALIS GLYCOSIDES - DRUGS FOR THE HEART | | |
| digoxin oral solution | 1 | |
| digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) | 1 | |
| digoxin oral tablet 62.5 mcg (0.0625 mg) | 1 | QL |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | 3 | |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) | 3 | QL |
| DIRECT ACTING VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| hydralazine oral | 1 | |
| minoxidil oral | 1 | |
| DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ALDACTONE | 3 | |
| CAROSPIR | 3 | QL |
| spironolactone oral suspension | 1 | QL |
| spironolactone oral tablet | 1 | |
| DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE | | |
| eplerenone | 1 | |
| INSPRA | 3 | |
| DIURETIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| acetazolamide | 1 | |
| dichlorphenamide | 1 | PA; MS; S |
| methazolamide | 1 | |
| DIURETIC - LOOP - DRUGS FOR HIGH BLOOD PRESSURE | | |
| bumetanide oral | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| EDECIN | 3 | |
| ethacrynic acid | 1 | |
| FUROSCIX | 3 | PA; QL |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | 1 | |
| furosemide oral tablet | 1 | |
| LASIX | 3 | |
| SOAANZ | 3 | PA; QL |
| torseamide oral | 1 | |
| DIURETIC - POTASSIUM SPARING - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amiloride | 1 | |
| DYRENIUM | 3 | |
| triamterene | 1 | |
| DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| amiloride-hydrochlorothiazide | 1 | |
| spironolacton-hydrochlorothiaz | 1 | |
| triamterene-hydrochlorothiazid | 1 | |
| DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| SAMSCA | 3 | QL; MS; S |
| tolvaptan | 1 | QL; MS; S |
| DIURETIC - THIAZIDES AND RELATED - DRUGS FOR HIGH BLOOD PRESSURE | | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 | |
| DIURIL | 3 | |
| hydrochlorothiazide | 1 | |
| indapamide | 1 | |
| metolazone | 1 | |
| THALITONE | 3 | ST; QL |
| HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| CORLANOR ORAL SOLUTION | 3 | QL; S |
| CORLANOR ORAL TABLET | 3 | QL |
| ivabradine | 1 | QL |
| NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE | | |
| propranolol-hydrochlorothiazid | 1 | |
| PAH AGENTS - SELECTIVE PROSTACYCLIN RECEPTOR (IP) AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| UPTRAVI ORAL | 3 | PA; QL; MS; S |
| PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| CARDURA | 3 | |
| CARDURA XL | 3 | |
| DIBENZYLINE | 3 | |
| doxazosin | 1 | |
| phenoxybenzamine | 1 | |
| prazosin | 1 | |
| terazosin | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PHEOCHROMOCYTOMA, AGENTS TO TREAT - DRUGS FOR HIGH BLOOD PRESSURE | | |
| DEMSER | 3 | |
| metyrosine | 1 | |
| PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY - DRUGS FOR THE HEART | | |
| TAKHZYRO | 2 | PA; QL; MS; S |
| PLASMA KALLIKREIN INHIBITOR AGENTS, SMALL MOLECULE - DRUGS FOR THE HEART | | |
| ORLADEYO | 3 | PA; QL; S |
| PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ORENITRAM | 3 | PA; MS; S |
| ORENITRAM MONTH 1 TITRATION KT | 3 | PA; MS; S |
| ORENITRAM MONTH 2 TITRATION KT | 3 | PA; MS; S |
| ORENITRAM MONTH 3 TITRATION KT | 3 | PA; MS; S |
| TYVASO | 3 | PA; QL; MS; S |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; QL; MS; S |
| TYVASO INSTITUTIONAL START KIT | 3 | PA; QL; MS; S |
| TYVASO REFILL KIT | 3 | PA; QL; MS; S |
| TYVASO STARTER KIT | 3 | PA; QL; MS; S |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML | 3 | PA; QL; MS; S |
| PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ADEMPAS | 3 | PA; QL; MS; S |
| PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ambrisentan | 1 | PA; QL; MS; S |
| bosentan | 1 | PA; QL; MS; S |
| LETAIRIS | 3 | PA; QL; MS; S |
| OPSUMIT | 3 | PA; QL; MS; S |
| TRACLEER | 3 | PA; QL; MS; S |
| PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| ADCIRCA | 3 | PA; QL; MS; S |
| alyq | 1 | PA; QL; S |
| LIQREV | 3 | PA; QL; MS; S |
| REVATIO ORAL TABLET | 3 | PA; QL; MS; S |
| sildenafil (pulm.hypertension) oral | 1 | PA; QL; MS; S |
| tadalafil (pulm. hypertension) | 1 | PA; QL; MS; S |
| TADLIQ | 3 | PA; QL; MS; S |
| RENIN INHIBITOR, DIRECT - DRUGS FOR HIGH BLOOD PRESSURE | | |
| aliskiren | 1 | QL |
| TEKTURNA | 3 | QL |
| VASODILATOR COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE | | |
| BIDIL | 3 | QL |
| isosorbide-hydralazine | 1 | QL |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ANTIPSYCHOTIC - MUSCARINIC AGONIST/ANTAGONIST COMBINATIONS | | |
| COBENFY | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| COBENFY STARTER PACK | 3 | |
| CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM | | |
| AGENTS TO TREAT EPISODIC CLUSTER HEADACHES - DRUGS FOR MIGRAINE HEADACHES | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 2 | PA; QL |
| ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE - DRUGS FOR ANXIETY | | |
| hydroxyzine hcl oral solution 10 mg/5 ml | 1 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate | 1 | |
| VISTARIL ORAL CAPSULE 25 MG | 3 | |
| ANTI-ANXIETY AGENT - BENZODIAZEPINES - DRUGS FOR ANXIETY | | |
| alprazolam | 1 | |
| alprazolam intensol | 1 | |
| ATIVAN ORAL | 3 | |
| chlordiazepoxide hcl | 1 | |
| clonazepam | 1 | |
| clorazepate dipotassium | 1 | |
| diazepam intensol | 1 | |
| diazepam oral | 1 | |
| KLONOPIN | 3 | |
| lorazepam intensol | 1 | |
| lorazepam oral concentrate | 1 | |
| lorazepam oral tablet | 1 | |
| LOREEV XR | 3 | PA; QL |
| oxazepam | 1 | |
| VALIUM | 3 | |
| XANAX | 3 | |
| XANAX XR | 3 | |
| ANTI-ANXIETY AGENT - DICARBAMATE TYPE - DRUGS FOR ANXIETY | | |
| meprobamate | 1 | |
| ANTI-ANXIETY AGENT - NON-BENZODIAZEPINE - DRUGS FOR ANXIETY | | |
| buspirone | 1 | |
| ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| FYCOMPA | 3 | QL |
| ANTICONVULSANT - BARBITURATES AND DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| MYSOLINE | 3 | |
| phenobarbital | 1 | |
| PRIMIDONE ORAL TABLET 125 MG | 3 | |
| primidone oral tablet 250 mg, 50 mg | 1 | |
| ANTICONVULSANT - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| clobazam oral suspension | 1 | |
| clobazam oral tablet | 1 | QL |
| clonazepam | 1 | |
| diazepam rectal | 1 | QL |
| KLONOPIN | 3 | |
| LIBERVANT | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NAYZILAM | 3 | QL |
| ONFI ORAL SUSPENSION | 3 | |
| ONFI ORAL TABLET | 3 | QL |
| SYMPAZAN | 3 | QL |
| VALTOCO | 3 | QL |
| ANTICONVULSANT - CANNABINOID TYPE - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| EPIDIOLEX | 3 | PA; QL; MS; S |
| ANTICONVULSANT - CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| felbamate | 1 | |
| FELBATOL ORAL TABLET | 3 | |
| ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| DEPAKOTE | 3 | |
| DEPAKOTE ER | 3 | |
| DEPAKOTE SPRINKLES | 3 | |
| divalproex | 1 | |
| valproic acid | 1 | |
| valproic acid (as sodium salt) | 1 | |
| ANTICONVULSANT - FUNCTIONALIZED AMINO ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| lacosamide oral | 1 | QL |
| MOTPOLY XR | 3 | PA; QL |
| VIMPAT ORAL SOLUTION | 2 | QL |
| VIMPAT ORAL TABLET | 3 | QL |
| ANTICONVULSANT - GABA ANALOGS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| gabapentin oral capsule | 1 | |
| gabapentin oral solution | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| LYRICA ORAL CAPSULE | 3 | |
| LYRICA ORAL SOLUTION | 3 | QL |
| NEURONTIN | 3 | |
| pregabalin oral capsule | 1 | |
| pregabalin oral solution | 1 | QL |
| ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| tiagabine | 1 | |
| ANTICONVULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| SABRIL | 3 | PA; QL; MS; S |
| vigabatrin | 1 | PA; QL; MS; S |
| vigadrone | 1 | PA; QL; S |
| VIGAFYDE | 3 | PA; QL; S |
| vigpoder | 1 | PA; QL; S |
| ANTICONVULSANT - HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| DILANTIN | 2 | |
| DILANTIN EXTENDED | 2 | |
| DILANTIN INFATABS | 2 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| DILANTIN-125 | 2 | |
| PHENYTEK | 2 | |
| phenytoin oral suspension 125 mg/5 ml | 1 | |
| phenytoin oral tablet,chewable | 1 | |
| phenytoin sodium extended | 1 | |
| ANTICONVULSANT - IMINOSTILBENE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| APTIOM | 3 | QL |
| carbamazepine oral capsule, er multiphase 12 hr | 1 | |
| carbamazepine oral suspension | 1 | |
| carbamazepine oral tablet | 1 | |
| carbamazepine oral tablet extended release 12 hr | 1 | |
| carbamazepine oral tablet,chewable 100 mg | 1 | |
| CARBATROL | 3 | |
| epitol | 1 | |
| EQUETRO | 3 | |
| oxcarbazepine oral suspension | 1 | |
| oxcarbazepine oral tablet | 1 | |
| oxcarbazepine oral tablet extended release 24 hr | 1 | QL |
| OXTELLAR XR | 3 | QL |
| TEGRETOL ORAL SUSPENSION | 3 | |
| TEGRETOL ORAL TABLET | 3 | |
| TEGRETOL XR | 3 | |
| TRILEPTAL | 3 | |
| ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| EPRONTIA | 3 | QL |
| QUDEXY XR | 3 | QL |
| TOPAMAX | 3 | |
| topiramate oral capsule, sprinkle | 1 | |
| topiramate oral capsule,extended release 24hr | 1 | QL |
| topiramate oral capsule,sprinkle,er 24hr | 1 | QL |
| topiramate oral tablet | 1 | |
| TROKENDI XR | 2 | QL |
| ANTICONVULSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| ZTALMY | 3 | PA; QL; S |
| ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| LAMICTAL ODT | 3 | QL |
| LAMICTAL ODT STARTER (BLUE) | 3 | |
| LAMICTAL ODT STARTER (GREEN) | 3 | |
| LAMICTAL ODT STARTER (ORANGE) | 3 | |
| LAMICTAL ORAL TABLET | 3 | |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | 3 | |
| LAMICTAL STARTER (BLUE) KIT | 3 | |
| LAMICTAL STARTER (GREEN) KIT | 3 | QL |
| LAMICTAL STARTER (ORANGE) KIT | 3 | QL |
| LAMICTAL XR | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| LAMICTAL XR STARTER (BLUE) | 3 | |
| LAMICTAL XR STARTER (GREEN) | 3 | |
| LAMICTAL XR STARTER (ORANGE) | 3 | |
| lamotrigine oral tablet | 1 | |
| lamotrigine oral tablet disintegrating, dose pk | 1 | |
| lamotrigine oral tablet extended release 24hr | 1 | |
| lamotrigine oral tablet, chewable dispersible | 1 | |
| lamotrigine oral tablet,disintegrating | 1 | QL |
| lamotrigine oral tablets,dose pack 25 mg (35) | 1 | |
| lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1 | QL |
| subvenite | 1 | |
| subvenite starter (blue) kit | 1 | |
| subvenite starter (green) kit | 1 | QL |
| subvenite starter (orange) kit | 1 | QL |
| ANTICONVULSANT - PYRROLIDINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| BRIVIACT ORAL | 3 | QL |
| ELEPSIA XR | 3 | QL |
| KEPPRA ORAL | 3 | |
| KEPPRA XR | 3 | QL |
| levetiracetam oral solution | 1 | |
| levetiracetam oral tablet | 1 | |
| levetiracetam oral tablet extended release 24 hr | 1 | QL |
| roweepra oral tablet 500 mg | 1 | |
| SPRITAM | 3 | QL |
| ANTICONVULSANT - SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| ethosuximide | 1 | |
| methsuximide | 1 | |
| ZARONTIN | 3 | |
| ANTICONVULSANT - SULFONAMIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | 3 | |
| ZONISADE | 3 | PA; QL |
| zonisamide | 1 | |
| ANTICONVULSANT - TRIAZOLE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| BANZEL | 3 | |
| rufinamide | 1 | |
| ANTICONVULSANT OTHERS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| DIACOMIT | 3 | PA; QL; S |
| FINTEPLA | 3 | PA; QL; S |
| XCOPRI | 3 | QL |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) | 3 | QL |
| XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) | 3 | |
| XCOPRI TITRATION PACK | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA) - DRUGS FOR DEPRESSION | | |
| mirtazapine | 1 | |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | |
| REMERON SOLTAB | 3 | |
| ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B - DRUGS FOR DEPRESSION | | |
| EMSAM | 3 | ST; QL |
| MARPLAN | 3 | |
| NARDIL | 3 | |
| PARNATE | 3 | |
| phenelzine | 1 | |
| tranylcypromine | 1 | |
| ANTIDEPRESSANT - NDMA RECEPTOR ANTAGONIST AND NDRI COMBINATIONS - DRUGS FOR DEPRESSION | | |
| AUVELITY | 3 | PA; QL |
| ANTIDEPRESSANT - NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR - DRUGS FOR DEPRESSION | | |
| ZURZUVAE | 3 | PA; QL; S |
| ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION | | |
| CELEXA ORAL TABLET | 3 | QL |
| CITALOPRAM ORAL CAPSULE | 3 | PA; QL |
| citalopram oral solution | 1 | |
| citalopram oral tablet | 1 | QL |
| escitalopram oxalate | 1 | |
| fluoxetine oral capsule | 1 | |
| fluoxetine oral capsule, delayed release(dr/ec) | 1 | QL |
| fluoxetine oral solution | 1 | |
| fluoxetine oral tablet | 1 | |
| fluvoxamine oral capsule, extended release 24hr | 1 | QL |
| fluvoxamine oral tablet | 1 | |
| LEXAPRO ORAL TABLET | 3 | |
| paroxetine hcl oral suspension | 1 | |
| paroxetine hcl oral tablet | 1 | |
| paroxetine hcl oral tablet extended release 24 hr | 1 | QL |
| PAXIL | 3 | |
| PAXIL CR | 3 | QL |
| PROZAC ORAL CAPSULE | 3 | |
| SERTRALINE ORAL CAPSULE | 3 | PA; QL |
| sertraline oral concentrate | 1 | |
| sertraline oral tablet | 1 | |
| ZOLOFT | 3 | |
| ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS) - DRUGS FOR DEPRESSION | | |
| nefazodone oral tablet 100 mg, 50 mg | 1 | QL |
| nefazodone oral tablet 150 mg, 200 mg, 250 mg | 1 | |
| trazodone | 1 | |
| ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION | | |
| CYMBALTA | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DESVENLAFAXINE | 3 | PA |
| desvenlafaxine succinate | 1 | QL |
| DRIZALMA SPRINKLE | 3 | ST; QL |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg | 1 | QL |
| duloxetine oral capsule, delayed release(dr/ec) 40 mg | 1 | PA; QL |
| EFFEXOR XR | 3 | QL |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 3 | QL |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR | 3 | QL |
| PRISTIQ | 3 | QL |
| SAVELLA | 3 | ST; QL |
| VENLAFAXINE BESYLATE | 3 | ST; QL |
| venlafaxine oral capsule, extended release 24hr | 1 | QL |
| venlafaxine oral tablet | 1 | |
| venlafaxine oral tablet extended release 24hr | 1 | ST; QL |
| ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST - DRUGS FOR DEPRESSION | | |
| VIIBRYD ORAL TABLET | 3 | QL |
| vilazodone | 1 | QL |
| ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR - DRUGS FOR DEPRESSION | | |
| TRINTELLIX | 3 | QL |
| ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB - DRUGS FOR DEPRESSION | | |
| perphenazine-amitriptyline | 1 | |
| ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS - DRUGS FOR DEPRESSION | | |
| amitriptyline-chlordiazepoxide | 1 | |
| ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH, DOPAMINE, SEROTONIN ANTAGON - DRUGS FOR DEPRESSION | | |
| olanzapine-fluoxetine | 1 | |
| SYMBYAX ORAL CAPSULE 6-25 MG | 3 | |
| ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS) - DRUGS FOR DEPRESSION | | |
| APLENZIN | 3 | PA; QL |
| bupropion hcl oral tablet | 1 | |
| bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg | 1 | QL |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | QL |
| bupropion hcl oral tablet sustained-release 12 hr | 1 | QL |
| FORFIVO XL | 3 | ST; QL |
| WELLBUTRIN SR | 3 | QL |
| WELLBUTRIN XL | 3 | QL |
| ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS) - DRUGS FOR DEPRESSION | | |
| amitriptyline | 1 | |
| amoxapine | 1 | |
| ANAFRANIL | 3 | |
| clomipramine | 1 | PA |
| desipramine | 1 | |
| doxepin oral capsule | 1 | |
| doxepin oral concentrate | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| imipramine hcl | 1 | |
| imipramine pamoate | 1 | |
| nortriptyline | 1 | |
| PAMELOR | 3 | |
| protriptyline | 1 | |
| trimipramine | 1 | |
| ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB - DRUGS FOR PARKINSON | | |
| carbidopa-levodopa-entacapone | 1 | |
| ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB - DRUGS FOR PARKINSON | | |
| carbidopa-levodopa | 1 | |
| CREXONT | 3 | PA; QL |
| DHIVY | 3 | |
| RYTARY | 3 | PA; QL |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| ANTIPARKINSON ADJUVANT - ADENOSINE RECEPTOR ANTAGONIST - DRUGS FOR PARKINSON | | |
| NOURIANZ | 3 | PA; QL; MS; S |
| ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON | | |
| TASMAR ORAL TABLET 100 MG | 3 | |
| tolcapone | 1 | |
| ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON | | |
| entacapone | 1 | |
| ONGENTYS | 3 | QL |
| ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON | | |
| carbidopa | 1 | |
| LODOSYN | 3 | |
| ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS - DRUGS FOR PARKINSON | | |
| benztropine oral | 1 | |
| trihexyphenidyl | 1 | |
| ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS - DRUGS FOR PARKINSON | | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 3 | PA; QL; S |
| ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR PARKINSON | | |
| bromocriptine | 1 | |
| ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B) - DRUGS FOR PARKINSON | | |
| AZILECT | 3 | QL |
| rasagiline | 1 | QL |
| selegiline hcl | 1 | |
| XADAGO | 3 | ST; QL |
| ZELAPAR | 3 | PA; QL |
| ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS - DRUGS FOR PARKINSON | | |
| amantadine hcl | 1 | |
| APOKYN | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| apomorphine | 1 | PA; QL; S |
| GOCOVRI | 3 | PA; QL; S |
| NEUPRO | 3 | PA; QL |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG | 3 | PA; QL; S |
| pramipexole oral tablet | 1 | |
| pramipexole oral tablet extended release 24 hr | 1 | PA |
| ropinirole oral tablet | 1 | |
| ropinirole oral tablet extended release 24 hr | 1 | QL |
| ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| asenapine maleate | 1 | QL |
| SAPHRIS | 3 | QL |
| SECUADO | 3 | ST |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLONES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| GEODON ORAL | 3 | |
| LATUDA | 3 | QL |
| lurasidone | 1 | QL |
| ziprasidone hcl | 1 | |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| FANAPT ORAL TABLET | 3 | ST; QL |
| FANAPT ORAL TABLETS,DOSE PACK | 3 | ST |
| INVEGA HAFYERA | 3 | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG | 3 | QL |
| INVEGA SUSTENNA | 3 | |
| INVEGA TRINZA | 3 | |
| paliperidone | 1 | QL |
| RISPERDAL CONSTA | 3 | |
| RISPERDAL ORAL SOLUTION | 3 | |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | |
| risperidone microspheres | 1 | |
| risperidone oral solution | 1 | |
| risperidone oral tablet | 1 | |
| risperidone oral tablet,disintegrating | 1 | |
| RYKINDO | 3 | QL |
| UZEDY | 3 | QL |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BUTYROPHENONE DERIV - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| CAPLYTA | 3 | ST; QL |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| clozapine | 1 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | 3 | |
| VERSACLOZ | 3 | |
| ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| HALDOL DECANOATE | 3 | |
| haloperidol | 1 | |
| haloperidol decanoate | 1 | |
| haloperidol lactate oral | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| loxapine succinate | 1 | |
| ANTIPSYCHOTIC - DIHYDROINDOLONES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| molindone | 1 | |
| ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| pimozide | 1 | |
| ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| chlorpromazine | 1 | |
| ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| COMPAZINE ORAL | 3 | |
| fluphenazine decanoate | 1 | |
| fluphenazine hcl | 1 | |
| perphenazine | 1 | |
| prochlorperazine maleate | 1 | |
| trifluoperazine | 1 | |
| ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| thioridazine | 1 | |
| ANTIPSYCHOTIC - THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| thiothixene | 1 | |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg | 1 | |
| QUETIAPINE ORAL TABLET 150 MG | 3 | |
| quetiapine oral tablet 400 mg | 1 | QL |
| quetiapine oral tablet extended release 24 hr | 1 | QL |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 3 | |
| SEROQUEL ORAL TABLET 400 MG | 3 | QL |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR | 3 | QL |
| ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| LYBALVI | 3 | PA; QL |
| olanzapine oral | 1 | |
| olanzapine-fluoxetine | 1 | |
| SYMBYAX ORAL CAPSULE 6-25 MG | 3 | |
| ZYPREXA ORAL | 3 | |
| ZYPREXA RELPREVV | 3 | |
| ZYPREXA ZYDIS | 3 | |
| ANTIPSYCHOTIC-ATYP SELECTIVE SEROTONIN 5-HT2A INVERSE AGONISTS (SSIA) - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| NUPLAZID | 3 | PA; QL; MS; S |
| ANTIPSYCHOTIC-ATYPICAL, D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| ABILIFY ASIMTUFII | 3 | QL |
| ABILIFY MAINTENA | 3 | |
| ABILIFY MYCITE MAINTENANCE KIT | 3 | PA; QL |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ABILIFY MYCITE STARTER KIT | 3 | PA; QL |
| ABILIFY ORAL TABLET | 3 | QL |
| aripiprazole | 1 | QL |
| ARISTADA INITIO | 3 | QL |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 3 | QL |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | 3 | |
| REXULTI ORAL TABLET | 3 | ST; QL |
| ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| VRAYLAR ORAL CAPSULE | 3 | ST; QL |
| ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,SEROTONIN ANTAG AND OPIOID ANTAG COMB - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| LYBALVI | 3 | PA; QL |
| ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST - DRUGS FOR ATTENTION DEFICIT DISORDER | | |
| clonidine hcl oral tablet extended release 12 hr | 1 | QL |
| guanfacine oral tablet extended release 24 hr | 1 | QL |
| INTUNIV ER | 3 | QL |
| ONYDA XR | 3 | PA |
| ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER | | |
| ADDERALL | 3 | |
| ADDERALL XR | 3 | QL |
| ADZENYS XR-ODT | 3 | PA; QL |
| amphetamine sulfate | 1 | |
| APTENSIO XR | 3 | QL |
| AZSTARYS | 3 | ST; QL |
| CONCERTA | 3 | QL |
| COTEMPLA XR-ODT | 3 | PA; QL |
| DAYTRANA | 3 | QL |
| DESOXYN | 3 | PA |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3 | |
| dexmethylphenidate oral capsule,er biphasic 50-50 | 1 | QL |
| dexmethylphenidate oral tablet | 1 | |
| dextroamphetamine sulfate oral capsule, extended release | 1 | |
| dextroamphetamine sulfate oral tablet | 1 | |
| dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr | 1 | ST; QL |
| dextroamphetamine-amphetamine oral capsule,extended release 24hr | 1 | QL |
| dextroamphetamine-amphetamine oral tablet | 1 | |
| DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR | 3 | PA; QL |
| DYANAVAL XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST; QL |
| EVEKEO | 3 | |
| FOCALIN | 3 | |
| FOCALIN XR | 3 | QL |
| JORNAY PM | 3 | PA; QL |
| lisdexamfetamine | 1 | QL |
| METADATE CD | 3 | QL |
| methamphetamine | 1 | PA |
| METHYLIN ORAL SOLUTION | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| methylphenidate | 1 | QL |
| methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 | 1 | QL |
| methylphenidate hcl oral capsule, er biphasic 30-70 | 1 | QL |
| methylphenidate hcl oral capsule,er biphasic 50-50 | 1 | QL |
| methylphenidate hcl oral solution | 1 | |
| methylphenidate hcl oral tablet | 1 | |
| methylphenidate hcl oral tablet extended release | 1 | |
| methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg | 1 | QL |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG | 3 | QL |
| methylphenidate hcl oral tablet,chewable | 1 | |
| MYDAYIS | 3 | ST; QL |
| QUILLICHEW ER | 3 | PA; QL |
| QUILLIVANT XR | 3 | PA; QL |
| RELEXXII | 3 | QL |
| RITALIN | 3 | |
| RITALIN LA | 3 | QL |
| VYVANSE | 2 | QL |
| XELSTRYM | 3 | ST; QL |
| zenzedi oral tablet 10 mg, 5 mg | 1 | |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | |
| ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER | | |
| atomoxetine | 1 | |
| QELBREE | 3 | PA; QL |
| STRATTERA | 3 | |
| BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| alprazolam | 1 | |
| alprazolam intensol | 1 | |
| amitriptyline-chlordiazepoxide | 1 | |
| ATIVAN ORAL | 3 | |
| chlordiazepoxide hcl | 1 | |
| chlordiazepoxide-clidinium | 1 | |
| clobazam oral suspension | 1 | |
| clobazam oral tablet | 1 | QL |
| clonazepam | 1 | |
| clorazepate dipotassium | 1 | |
| diazepam intensol | 1 | |
| diazepam oral | 1 | |
| diazepam rectal | 1 | QL |
| DORAL | 3 | |
| estazolam | 1 | |
| flurazepam | 1 | |
| HALCION ORAL TABLET 0.25 MG | 3 | |
| KLONOPIN | 3 | |
| LIBERVANT | 3 | QL |
| LIBRAX (WITH CLIDINIUM) | 3 | |
| lorazepam intensol | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| lorazepam oral concentrate | 1 | |
| lorazepam oral tablet | 1 | |
| LOREEV XR | 3 | PA; QL |
| midazolam oral syrup 2 mg/ml | 1 | |
| NAYZILAM | 3 | QL |
| ONFI ORAL SUSPENSION | 3 | |
| ONFI ORAL TABLET | 3 | QL |
| oxazepam | 1 | |
| QUAZEPAM | 3 | |
| RESTORIL | 3 | |
| SYMPAZAN | 3 | QL |
| temazepam | 1 | |
| triazolam | 1 | |
| VALIUM | 3 | |
| VALTOCO | 3 | QL |
| XANAX | 3 | |
| XANAX XR | 3 | |
| BIPOLAR THERAPY AGENTS - ANTICONSULSANT TYPE - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| carbamazepine oral capsule, er multiphase 12 hr | 1 | |
| carbamazepine oral suspension | 1 | |
| carbamazepine oral tablet | 1 | |
| carbamazepine oral tablet extended release 12 hr | 1 | |
| carbamazepine oral tablet, chewable 100 mg | 1 | |
| CARBATROL | 3 | |
| DEPAKOTE | 3 | |
| DEPAKOTE ER | 3 | |
| DEPAKOTE SPRINKLES | 3 | |
| divalproex | 1 | |
| epitol | 1 | |
| EQUETRO | 3 | |
| LAMICTAL ODT | 3 | QL |
| LAMICTAL ODT STARTER (BLUE) | 3 | |
| LAMICTAL ODT STARTER (GREEN) | 3 | |
| LAMICTAL ODT STARTER (ORANGE) | 3 | |
| LAMICTAL STARTER (BLUE) KIT | 3 | |
| LAMICTAL STARTER (GREEN) KIT | 3 | QL |
| LAMICTAL STARTER (ORANGE) KIT | 3 | QL |
| lamotrigine oral tablet disintegrating, dose pk | 1 | |
| lamotrigine oral tablet, disintegrating | 1 | QL |
| lamotrigine oral tablets, dose pack 25 mg (35) | 1 | |
| lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) | 1 | QL |
| subvenite starter (blue) kit | 1 | |
| subvenite starter (green) kit | 1 | QL |
| subvenite starter (orange) kit | 1 | QL |
| TEGRETOL ORAL SUSPENSION | 3 | |
| TEGRETOL ORAL TABLET | 3 | |
| TEGRETOL XR | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| valproic acid | 1 | |
| valproic acid (as sodium salt) | 1 | |
| BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| ABILIFY MYCITE MAINTENANCE KIT | 3 | PA; QL |
| ABILIFY MYCITE STARTER KIT | 3 | PA; QL |
| ABILIFY ORAL TABLET | 3 | QL |
| aripiprazole | 1 | QL |
| asenapine maleate | 1 | QL |
| GEODON ORAL | 3 | |
| LYBALVI | 3 | PA; QL |
| olanzapine oral | 1 | |
| olanzapine-fluoxetine | 1 | |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg | 1 | |
| QUETIAPINE ORAL TABLET 150 MG | 3 | |
| quetiapine oral tablet 400 mg | 1 | QL |
| quetiapine oral tablet extended release 24 hr | 1 | QL |
| RISPERDAL ORAL SOLUTION | 3 | |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | |
| risperidone oral solution | 1 | |
| risperidone oral tablet | 1 | |
| risperidone oral tablet, disintegrating | 1 | |
| SAPHRIS | 3 | QL |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 3 | |
| SEROQUEL ORAL TABLET 400 MG | 3 | QL |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR | 3 | QL |
| SYMBYAX ORAL CAPSULE 6-25 MG | 3 | |
| VRAYLAR ORAL CAPSULE | 3 | ST; QL |
| ziprasidone hcl | 1 | |
| ZYPREXA ORAL | 3 | |
| ZYPREXA ZYDIS | 3 | |
| BIPOLAR THERAPY AGENTS - LITHIUM - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| lithium carbonate | 1 | |
| lithium citrate | 1 | |
| LITHOBID | 3 | |
| CANNABIS AND CANNABINOIDS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| dronabinol | 1 | |
| MARINOL | 3 | |
| SYNDROS | 3 | PA |
| CNS STIMULANT - AMPHETAMINE COMBINATIONS - DRUGS FOR ATTENTION DEFICIT DISORDER | | |
| ADDERALL | 3 | |
| ADDERALL XR | 3 | QL |
| ADZENYS XR-ODT | 3 | PA; QL |
| dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr | 1 | ST; QL |
| dextroamphetamine-amphetamine oral capsule, extended release 24hr | 1 | QL |
| dextroamphetamine-amphetamine oral tablet | 1 | |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR | 3 | PA; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DYANAVAL XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST; QL |
| MYDAYIS | 3 | ST; QL |
| CNS STIMULANT - AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER | | |
| amphetamine sulfate | 1 | |
| DESOXYN | 3 | PA |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3 | |
| dextroamphetamine sulfate | 1 | |
| EVEKEO | 3 | |
| methamphetamine | 1 | PA |
| PROCENTRA | 3 | |
| XELSTRYM | 3 | ST; QL |
| zenzedi oral tablet 10 mg, 5 mg | 1 | |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | |
| CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE - DRUGS FOR THE NERVOUS SYSTEM | | |
| caffeine citrate oral | 1 | |
| DIABETIC PERIPHERAL NEUROPATHY AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| LYRICA CR | 3 | QL |
| pregabalin oral tablet extended release 24 hr | 1 | QL |
| FIBROMYALGIA AGENTS - GABA ANALOGS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| LYRICA ORAL CAPSULE | 3 | |
| LYRICA ORAL SOLUTION | 3 | QL |
| pregabalin oral capsule | 1 | |
| pregabalin oral solution | 1 | QL |
| FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS) - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| CYMBALTA | 3 | QL |
| DRIZALMA SPRINKLE | 3 | ST; QL |
| duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg | 1 | QL |
| duloxetine oral capsule, delayed release(dr/ec) 40 mg | 1 | PA; QL |
| SAVELLA | 3 | ST; QL |
| HSDD AGENTS-MIXED SEROTONIN AGONIST/ANTAGONISTS - DRUGS FOR THE NERVOUS SYSTEM | | |
| ADDYI | 3 | PA |
| HSDD AGENTS-NON-SELECTIVE MELANOCORTIN RECEPTOR AGONIST - DRUGS FOR THE NERVOUS SYSTEM | | |
| VYLEESI | 3 | PA; QL; S |
| HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS - DRUGS FOR INSOMNIA | | |
| HETLIOZ | 3 | PA; QL; MS; S |
| HETLIOZ LQ | 3 | PA; QL; MS; S |
| ramelteon | 1 | QL |
| ROZEREM | 3 | QL |
| tasimelteon | 1 | PA; QL; MS; S |
| MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES | | |
| DEPAKOTE ER | 3 | |
| divalproex oral tablet extended release 24 hr | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY - DRUGS FOR MIGRAINE HEADACHES | | |
| AJOVY AUTOINJECTOR | 2 | PA; QL |
| AJOVY SYRINGE | 2 | PA; QL |
| EMGALITY PEN | 2 | PA; QL |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; QL |
| MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB) - DRUGS FOR MIGRAINE HEADACHES | | |
| AIMOVIG AUTOINJECTOR | 2 | PA; QL |
| NURTEC ODT | 2 | PA; QL |
| QULIPTA | 2 | PA; QL |
| UBRELVY | 2 | PA; QL |
| ZAVZPRET | 3 | PA; QL |
| MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES | | |
| dihydroergotamine injection | 1 | PA |
| DIHYDROERGOTAMINE NASAL | 3 | PA; QL |
| ERGOMAR | 3 | PA |
| MIGRANAL | 3 | PA; QL |
| TRUDHESA | 3 | PA; QL |
| MIGRAINE THERAPY - ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES | | |
| ergotamine-caffeine | 1 | |
| MIGERGOT | 3 | |
| MIGRAINE THERAPY - NSAID ANALGESICS (CYCLOOXYGENASE INHIBITOR) - DRUGS FOR MIGRAINE HEADACHES | | |
| CAMBIA | 3 | QL |
| diclofenac potassium oral powder in packet | 1 | QL |
| ELYXYB | 3 | PA; QL |
| MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES | | |
| almotriptan malate | 1 | QL |
| eletriptan | 1 | QL |
| FROVA | 3 | QL |
| frovatriptan | 1 | QL |
| IMITREX ORAL | 3 | QL |
| IMITREX STATDOSE PEN | 3 | QL |
| IMITREX STATDOSE REFILL | 3 | QL |
| MAXALT ORAL TABLET 10 MG | 3 | QL |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG | 3 | QL |
| naratriptan | 1 | QL |
| ONZETRA XSAIL | 3 | ST; QL |
| RELPAX | 3 | QL |
| rizatriptan | 1 | QL |
| sumatriptan | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| sumatriptan succinate subcutaneous cartridge | 1 | QL |
| sumatriptan succinate subcutaneous pen injector | 1 | QL |
| sumatriptan succinate subcutaneous solution | 1 | QL |
| TOSYMRA | 3 | ST; QL |
| ZEMBRACE SYMTOUCH | 3 | ST; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| zolmitriptan nasal spray,non-aerosol 2.5 mg | 3 | ST; QL |
| zolmitriptan nasal spray,non-aerosol 5 mg | 1 | ST; QL |
| zolmitriptan oral | 1 | QL |
| ZOMIG NASAL | 3 | ST; QL |
| ZOMIG ORAL | 3 | QL |
| MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1F) - DRUGS FOR MIGRAINE HEADACHES | | |
| REYVOW | 3 | PA; QL |
| MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB. - DRUGS FOR MIGRAINE HEADACHES | | |
| sumatriptan-naproxen | 1 | QL |
| TREXIMET | 3 | QL |
| MOVEMENT DISORDER DRUG THERAPY - DRUGS FOR THE NERVOUS SYSTEM | | |
| AUSTEDO | 3 | PA; QL; MS; S |
| AUSTEDO XR | 3 | PA; QL; MS; S |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3 | PA; QL; MS; S |
| INGREZZA | 3 | PA; QL; S |
| INGREZZA INITIATION PK(TARDIV) | 3 | PA; QL; S |
| INGREZZA SPRINKLE | 3 | PA; QL; S |
| tetrabenazine | 1 | QL; MS; S |
| XENAZINE | 3 | QL; MS; S |
| MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE - DRUGS FOR THE NERVOUS SYSTEM | | |
| AUSTEDO | 3 | PA; QL; MS; S |
| AUSTEDO XR | 3 | PA; QL; MS; S |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3 | PA; QL; MS; S |
| INGREZZA | 3 | PA; QL; S |
| INGREZZA SPRINKLE | 3 | PA; QL; S |
| tetrabenazine | 1 | QL; MS; S |
| XENAZINE | 3 | QL; MS; S |
| MOVEMENT DISORDER THERAPY - RESTLESS LEGS SYNDROME - DRUGS FOR THE NERVOUS SYSTEM | | |
| HORIZANT | 3 | PA; QL |
| MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA - DRUGS FOR THE NERVOUS SYSTEM | | |
| AUSTEDO | 3 | PA; QL; MS; S |
| AUSTEDO XR | 3 | PA; QL; MS; S |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3 | PA; QL; MS; S |
| INGREZZA | 3 | PA; QL; S |
| INGREZZA INITIATION PK(TARDIV) | 3 | PA; QL; S |
| INGREZZA SPRINKLE | 3 | PA; QL; S |
| NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE - DRUGS FOR SLEEP DISORDER | | |
| LUMRYZ | 3 | PA; QL; MS; S |
| LUMRYZ STARTER PACK | 3 | PA |
| SODIUM OXYBATE | 3 | PA; QL; S |
| XYREM | 3 | PA; QL; S |
| XYWAV | 3 | PA; QL; S |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI) - DRUGS FOR SLEEP DISORDER | | |
| SUNOSI | 3 | PA; QL |
| NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST - DRUGS FOR SLEEP DISORDER | | |
| WAKIX | 3 | PA; QL; MS; S |
| NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC - DRUGS FOR SLEEP DISORDER | | |
| armodafinil | 1 | QL |
| modafinil | 1 | QL |
| NUVIGIL | 3 | QL |
| PROVIGIL | 3 | QL |
| NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE - DRUGS FOR SLEEP DISORDER | | |
| METHYLIN ORAL SOLUTION | 3 | |
| methylphenidate hcl oral solution | 1 | |
| methylphenidate hcl oral tablet | 1 | |
| methylphenidate hcl oral tablet, chewable | 1 | |
| RITALIN | 3 | |
| NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES - DRUGS FOR SLEEP DISORDER | | |
| ADDERALL | 3 | |
| amphetamine sulfate | 1 | |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3 | |
| dextroamphetamine sulfate oral capsule, extended release | 1 | |
| dextroamphetamine sulfate oral tablet | 1 | |
| dextroamphetamine-amphetamine oral tablet | 1 | |
| EVEKEO | 3 | |
| zenzedi oral tablet 10 mg, 5 mg | 1 | |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | |
| NEUROPATHIC PAIN THERAPY - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| LYRICA CR | 3 | QL |
| pregabalin oral tablet extended release 24 hr | 1 | QL |
| POSTHERPETIC NEURALGIA AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN | | |
| gabapentin oral tablet extended release 24 hr | 1 | PA; QL |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR | 3 | PA; QL |
| LYRICA CR | 3 | QL |
| pregabalin oral tablet extended release 24 hr | 1 | QL |
| PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS | | |
| NUEDEXTA | 3 | PA; QL |
| SEDATIVE-HYPNOTIC - BARBITURATES - DRUGS FOR INSOMNIA | | |
| phenobarbital | 1 | |
| SEDATIVE-HYPNOTIC - BENZODIAZEPINES - DRUGS FOR INSOMNIA | | |
| DORAL | 3 | |
| estazolam | 1 | |
| flurazepam | 1 | |
| HALCION ORAL TABLET 0.25 MG | 3 | |
| midazolam oral syrup 2 mg/ml | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| QUAZEPAM | 3 | |
| RESTORIL | 3 | |
| temazepam | 1 | |
| triazolam | 1 | |
| SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA | | |
| AMBIEN | 3 | QL |
| AMBIEN CR | 3 | QL |
| EDLUAR | 3 | ST; QL |
| eszopiclone | 1 | QL |
| LUNESTA | 3 | QL |
| zaleplon | 1 | QL |
| ZOLPIDEM ORAL CAPSULE | 3 | PA; QL |
| zolpidem oral tablet | 1 | QL |
| zolpidem oral tablet,ext release multiphase | 1 | QL |
| zolpidem sublingual | 1 | QL |
| SEDATIVE-HYPNOTIC - OREXIN RECEPTOR ANTAGONIST - DRUGS FOR INSOMNIA | | |
| BELSOMRA | 3 | ST; QL |
| DAYVIGO | 3 | ST; QL |
| QUVIVIQ | 3 | ST; QL |
| SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE - DRUGS FOR INSOMNIA | | |
| doxepin oral tablet | 1 | QL |
| SILENOR | 3 | QL |
| CHEMICAL DEPENDENCY, AGENTS TO TREAT - DRUGS FOR ADDICTION | | |
| AGENTS FOR OPIOID WITHDRAWAL, CENTRAL ALPHA-2 ADRENERGIC AGONIST-TYPE - DRUGS FOR OPIOID ADDICTION | | |
| lofexidine | 1 | QL |
| LUCEMYRA | 3 | QL |
| AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE - DRUGS FOR OPIOID ADDICTION | | |
| BRIXADI | 3 | MS; S |
| buprenorphine hcl sublingual | 1 | |
| buprenorphine-naloxone | 1 | |
| SUBLOCADE | 3 | MS; S |
| SUBOXONE | 3 | |
| ZUBSOLV | 2 | |
| ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE - DRUGS FOR ALCOHOL ADDICTION | | |
| acamprosate | 1 | QL |
| ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE - DRUGS FOR ALCOHOL ADDICTION | | |
| naltrexone | 1 | |
| VIVITROL | 3 | S |
| ALCOHOL DETERRENTS - DRUGS FOR ALCOHOL ADDICTION | | |
| disulfiram | 1 | |
| SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE - DRUGS FOR SMOKING ADDICTION | | |
| bupropion hcl (smoking deter) | 1 | Covered in full age 18+* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|------------------------------|
| SMOKING DETERRENENTS - NICOTINE-TYPE - DRUGS FOR SMOKING ADDICTION | | |
| NICODERM CQ | 3 | QL; Covered in full age 18+* |
| NICORETTE | 3 | QL; Covered in full age 18+* |
| NICOTINE | 3 | QL; Covered in full age 18+* |
| NICOTINE (POLACRILEX) BUCCAL GUM | 3 | QL; Covered in full age 18+* |
| nicotine (polacrilex) buccal lozenge | 1 | QL; Covered in full age 18+* |
| nicotine (polacrilex) buccal mini lozenge | 1 | QL; Covered in full age 18+* |
| NICOTROL NS | 3 | QL; Covered in full age 18+* |
| QUIT 2 BUCCAL GUM | 3 | QL; Covered in full age 18+* |
| quit 2 buccal lozenge | 1 | QL; Covered in full age 18+* |
| QUIT 4 BUCCAL GUM | 3 | QL; Covered in full age 18+* |
| quit 4 buccal lozenge | 1 | QL; Covered in full age 18+* |
| STOP SMOKING AID | 3 | QL; Covered in full age 18+* |
| SMOKING DETERRENENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2 - DRUGS FOR SMOKING ADDICTION | | |
| varenicline | 1 | QL; Covered in full age 18+* |
| CHEMICALS-PHARMACEUTICAL ADJUVANTS | | |
| BULK CHEMICALS | | |
| AMPHOTERICIN B (BULK) | 3 | |
| EPINEPHRINE (BULK) | 3 | |
| CHEMICALS - SOLVENTS | | |
| CVS ISOPROPYL ALCOHOL 91% (OTC) | 3 | |
| cvs isopropyl rub alcohol 70% (otc) | 3 | |
| CVS ISOPROPYL RUB ALCOHOL 70% (OTC) | 3 | |
| DY-O-DERM | 3 | |
| FT ISOPROPYL ALCOHOL 91% (OTC) | 3 | |
| ft isopropyl rub alcohol 70% (otc) | 3 | |
| FT ISOPROPYL RUB ALCOHOL 70% (OTC) | 3 | |
| GNP ISOPROPYL ALCOHOL 91% (OTC) | 3 | |
| GS ISOPROPYL ALCOHOL 70% (OTC) | 3 | |
| INSTACLEAN | 3 | |
| ISOPROPANOL 70% LIQUID STERILE (RX) | 3 | |
| ISOPROPANOL 70% SOLUTION STERILE (RX) | 3 | |
| isopropyl alcohol solution 70 %, 91 %, 99 % | 1 | |
| isopropyl rubbing alcohol 70% (otc) | 3 | |
| ISOPROPYL RUBBING ALCOHOL 70% (OTC) | 3 | |
| ISOPROPYL RUBBING ALCOHOL 91% (OTC) | 3 | |
| SM ISOPROPYL ALCOHOL 91% (OTC) | 3 | |
| PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES | | |
| HYPER-SAL | 3 | |
| nebusal inhalation solution for nebulization 3 % | 1 | |
| sodium chloride inhalation | 1 | |
| PHARMACEUTICAL ADJUVANT - ORAL THICKENING AGENTS | | |
| DIAFOODS THICK-IT | 3 | |
| DIAFOODS THICK-IT #2 | 3 | |
| GELMIX | 3 | |
| INSTANT FOOD THICKENER | 3 | |
| RESOURCE THICKENUP | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| SIMPLYTHICK | 3 | |
| THICK AND EASY | 3 | |
| THICK NOW | 3 | |
| THICKEN UP CLEAR ORAL POWDER IN PACKET | 3 | |
| THICK-IT #2 | 3 | |
| COGNITIVE DISORDER THERAPY | | |
| RETT SYNDROME AGENTS - GLYPROMATE (GPE) ANALOGS | | |
| DAYBUE | 3 | PA; QL; S |
| COGNITIVE DISORDER THERAPY - DRUGS FOR THE NERVOUS SYSTEM | | |
| ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE | | |
| ADLARITY | 3 | ST; QL |
| ARICEPT | 3 | |
| donepezil | 1 | |
| EXELON PATCH | 3 | |
| galantamine | 1 | |
| rivastigmine | 1 | |
| rivastigmine tartrate | 1 | |
| ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE | | |
| memantine oral capsule,sprinkle,er 24hr | 1 | QL |
| memantine oral solution | 1 | |
| memantine oral tablet | 1 | |
| memantine oral tablets,dose pack | 1 | |
| NAMENDA TITRATION PAK | 3 | |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | QL |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG | 3 | QL |
| ALZHEIMER'S THX - NMDA RECEPTOR ANTAG. AND CHOLINESTERASE INHIB. COMB - DRUGS FOR ALZHEIMER'S DISEASE | | |
| NAMZARIC | 3 | PA; QL |
| COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS - DRUGS FOR ALZHEIMER'S DISEASE | | |
| ergoloid | 1 | |
| CONTRACEPTIVES - DRUGS FOR WOMEN | | |
| CONTRACEPTIVE - VAGINAL PH MODULATOR - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| PHEXXI | 3 | Covered in full* |
| CONTRACEPTIVE IMPLANT - PROGESTIN - BIRTH CONTROL PILLS | | |
| NEXPLANON | 3 | MS; S; Covered in full* |
| CONTRACEPTIVE INJECTABLE - PROGESTIN - BIRTH CONTROL PILLS | | |
| medroxyprogesterone intramuscular | 1 | Covered in full* |
| CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD - BIRTH CONTROL PILLS | | |
| KYLEENA | 3 | S; Covered in full* |
| MIRENA | 3 | S; Covered in full* |
| CONTRACEPTIVE ORAL - BIPHASIC - BIRTH CONTROL PILLS | | |
| amethia | 1 | Covered in full* |
| ashlyna | 1 | Covered in full* |
| azurette (28) | 1 | Covered in full* |
| camrese | 1 | Covered in full* |
| camrese lo | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| daysee | 1 | Covered in full* |
| desog-e.estradiol/e.estradiol | 1 | Covered in full* |
| jaimiess | 1 | Covered in full* |
| kariva (28) | 1 | Covered in full* |
| l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) | 1 | Covered in full* |
| LO LOESTRIN FE | 2 | Covered in full* |
| lojaimiess | 1 | Covered in full* |
| pimtrea (28) | 1 | Covered in full* |
| simliya (28) | 1 | Covered in full* |
| simpesse | 1 | Covered in full* |
| viorele (28) | 1 | Covered in full* |
| volnea (28) | 1 | Covered in full* |
| CONTRACEPTIVE ORAL - MONOPHASIC - BIRTH CONTROL PILLS | | |
| afirmelle | 1 | Covered in full* |
| altavera (28) | 1 | Covered in full* |
| alyacen 1/35 (28) | 1 | Covered in full* |
| amethyst (28) | 1 | Covered in full* |
| apri | 1 | Covered in full* |
| aubra | 1 | Covered in full* |
| aubra eq | 1 | Covered in full* |
| aurovela 1.5/30 (21) | 1 | Covered in full* |
| aurovela 1/20 (21) | 1 | Covered in full* |
| aurovela 24 fe | 1 | Covered in full* |
| aurovela fe 1.5/30 (28) | 1 | Covered in full* |
| aurovela fe 1-20 (28) | 1 | Covered in full* |
| aviane | 1 | Covered in full* |
| ayuna | 1 | Covered in full* |
| BALCOLTRA | 3 | Covered in full* |
| balziva (28) | 1 | Covered in full* |
| BEYAZ | 3 | Covered in full* |
| blisovi 24 fe | 1 | Covered in full* |
| blisovi fe 1.5/30 (28) | 1 | Covered in full* |
| blisovi fe 1/20 (28) | 1 | Covered in full* |
| briellyn | 1 | Covered in full* |
| charlotte 24 fe | 1 | Covered in full* |
| chateal (28) | 1 | Covered in full* |
| chateal eq (28) | 1 | Covered in full* |
| cryselle (28) | 1 | Covered in full* |
| cyred | 1 | Covered in full* |
| cyred eq | 1 | Covered in full* |
| dasetta 1/35 (28) | 1 | Covered in full* |
| dolishale | 1 | Covered in full* |
| drospirenone-e.estradiol-lm.fa | 1 | Covered in full* |
| drospirenone-ethinyl estradiol | 1 | Covered in full* |
| elinest | 1 | Covered in full* |
| enskyce | 1 | Covered in full* |
| estarylla | 1 | Covered in full* |
| ethynodiol diac-eth estradiol | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| falmina (28) | 1 | Covered in full* |
| FEMLYV | 3 | Covered in full* |
| finzala | 1 | Covered in full* |
| gemmily | 1 | Covered in full* |
| hailey | 1 | Covered in full* |
| hailey 24 fe | 1 | Covered in full* |
| hailey fe 1.5/30 (28) | 1 | Covered in full* |
| hailey fe 1/20 (28) | 1 | Covered in full* |
| iclevia | 1 | Covered in full* |
| isibloom | 1 | Covered in full* |
| jasmiel (28) | 1 | Covered in full* |
| jolessa | 1 | Covered in full* |
| joyeaux | 1 | Covered in full* |
| juleber | 1 | Covered in full* |
| junel 1.5/30 (21) | 1 | Covered in full* |
| junel 1/20 (21) | 1 | Covered in full* |
| junel fe 1.5/30 (28) | 1 | Covered in full* |
| junel fe 1/20 (28) | 1 | Covered in full* |
| junel fe 24 | 1 | Covered in full* |
| kaitlib fe | 1 | Covered in full* |
| kalliga | 1 | Covered in full* |
| kelnor 1/35 (28) | 1 | Covered in full* |
| kelnor 1/50 (28) | 1 | Covered in full* |
| kurvelo (28) | 1 | Covered in full* |
| larin 1.5/30 (21) | 1 | Covered in full* |
| larin 1/20 (21) | 1 | Covered in full* |
| larin 24 fe | 1 | Covered in full* |
| larin fe 1.5/30 (28) | 1 | Covered in full* |
| larin fe 1/20 (28) | 1 | Covered in full* |
| layolis fe | 1 | Covered in full* |
| lessina | 1 | Covered in full* |
| levonorgest-eth.estradiol-iron | 1 | Covered in full* |
| levonorgestrel-ethinyl estrad | 1 | Covered in full* |
| levora-28 | 1 | Covered in full* |
| LOESTRIN 1.5/30 (21) | 3 | Covered in full* |
| LOESTRIN 1/20 (21) | 3 | Covered in full* |
| LOESTRIN FE 1.5/30 (28-DAY) | 3 | Covered in full* |
| LOESTRIN FE 1/20 (28-DAY) | 3 | Covered in full* |
| loryna (28) | 1 | Covered in full* |
| low-ogestrel (28) | 1 | Covered in full* |
| lo-zumandimine (28) | 1 | Covered in full* |
| lutera (28) | 1 | Covered in full* |
| marlissa (28) | 1 | Covered in full* |
| merzee | 1 | Covered in full* |
| mibelas 24 fe | 1 | Covered in full* |
| microgestin 1.5/30 (21) | 1 | Covered in full* |
| microgestin 1/20 (21) | 1 | Covered in full* |
| microgestin fe 1.5/30 (28) | 1 | Covered in full* |
| microgestin fe 1/20 (28) | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| mili | 1 | Covered in full* |
| mono-linyah | 1 | Covered in full* |
| necon 0.5/35 (28) | 1 | Covered in full* |
| NEXTSTELLIS | 3 | Covered in full* |
| nikki (28) | 1 | Covered in full* |
| noreth-ethinyl estradiol-iron | 1 | Covered in full* |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | 1 | Covered in full* |
| norethindrone-e.estradiol-iron oral capsule | 1 | Covered in full* |
| norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) | 1 | Covered in full* |
| norethindrone-e.estradiol-iron oral tablet,chewable | 1 | Covered in full* |
| norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg | 1 | Covered in full* |
| nortrel 0.5/35 (28) | 1 | Covered in full* |
| nortrel 1/35 (21) | 1 | Covered in full* |
| nortrel 1/35 (28) | 1 | Covered in full* |
| nylia 1/35 (28) | 1 | Covered in full* |
| ocella | 1 | Covered in full* |
| philith | 1 | Covered in full* |
| portia 28 | 1 | Covered in full* |
| reclipsen (28) | 1 | Covered in full* |
| SAFYRAL | 3 | Covered in full* |
| setlakin | 1 | Covered in full* |
| sprintec (28) | 1 | Covered in full* |
| sronyx | 1 | Covered in full* |
| syeda | 1 | Covered in full* |
| tarina 24 fe | 1 | Covered in full* |
| tarina fe 1/20 (28) | 1 | Covered in full* |
| tarina fe 1-20 eq (28) | 1 | Covered in full* |
| TAYTULLA | 3 | Covered in full* |
| turqoz (28) | 1 | Covered in full* |
| TYBLUME | 3 | Covered in full* |
| tydemy | 1 | Covered in full* |
| vestura (28) | 1 | Covered in full* |
| vienva | 1 | Covered in full* |
| vyfemla (28) | 1 | Covered in full* |
| vylibra | 1 | Covered in full* |
| wera (28) | 1 | Covered in full* |
| wymzya fe | 1 | Covered in full* |
| YASMIN (28) | 3 | Covered in full* |
| YAZ (28) | 3 | Covered in full* |
| zarah | 1 | Covered in full* |
| zovia 1-35 (28) | 1 | Covered in full* |
| zumandimine (28) | 1 | Covered in full* |
| CONTRACEPTIVE ORAL - PROGESTIN - BIRTH CONTROL PILLS | | |
| camila | 1 | Covered in full* |
| deblitane | 1 | Covered in full* |
| emzahh | 1 | Covered in full* |
| errin | 1 | Covered in full* |
| heather | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| incassia | 1 | Covered in full* |
| jencycla | 1 | Covered in full* |
| lyleq | 1 | Covered in full* |
| lyza | 1 | Covered in full* |
| nora-be | 1 | Covered in full* |
| norethindrone (contraceptive) | 1 | Covered in full* |
| OPILL | 3 | Covered in full* |
| sharobel | 1 | Covered in full* |
| SLYND | 3 | Covered in full* |
| tulana | 1 | Covered in full* |
| CONTRACEPTIVE ORAL - QUADRAPHASIC - BIRTH CONTROL PILLS | | |
| l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg | 1 | Covered in full* |
| NATAZIA | 3 | Covered in full* |
| QUARTETTE | 3 | Covered in full* |
| rivelsa | 1 | Covered in full* |
| CONTRACEPTIVE ORAL - TRIPHASIC - BIRTH CONTROL PILLS | | |
| alyacen 7/7/7 (28) | 1 | Covered in full* |
| aranelle (28) | 1 | Covered in full* |
| caziant (28) | 1 | Covered in full* |
| dasetta 7/7/7 (28) | 1 | Covered in full* |
| enpresse | 1 | Covered in full* |
| leena 28 | 1 | Covered in full* |
| levonest (28) | 1 | Covered in full* |
| levonorg-eth estrad triphasic | 1 | Covered in full* |
| norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) | 1 | Covered in full* |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28) | 1 | Covered in full* |
| nortrel 7/7/7 (28) | 1 | Covered in full* |
| nylia 7/7/7 (28) | 1 | Covered in full* |
| tilia fe | 1 | Covered in full* |
| tri-estarylla | 1 | Covered in full* |
| tri-legest fe | 1 | Covered in full* |
| tri-linyah | 1 | Covered in full* |
| tri-lo-estarylla | 1 | Covered in full* |
| TRI-LO-MARZIA | 1 | Covered in full* |
| tri-lo-mili | 1 | Covered in full* |
| tri-lo-sprintec | 1 | Covered in full* |
| tri-mili | 1 | Covered in full* |
| tri-sprintec (28) | 1 | Covered in full* |
| trivora (28) | 1 | Covered in full* |
| tri-vylibra | 1 | Covered in full* |
| tri-vylibra lo | 1 | Covered in full* |
| velivet triphasic regimen (28) | 1 | Covered in full* |
| CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB. - BIRTH CONTROL PILLS | | |
| noelgestromin-ethin.estradiol | 1 | Covered in full* |
| TWIRLA | 3 | Covered in full* |
| xulane | 1 | Covered in full* |
| zafemy | 1 | Covered in full* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB. - BIRTH CONTROL PILLS | | |
| ANNOVERA | 3 | Covered in full* |
| eluryng | 1 | Covered in full* |
| enilloring | 1 | Covered in full* |
| etonogestrel-ethinyl estradiol | 1 | Covered in full* |
| haloette | 1 | Covered in full* |
| NUVARING | 3 | Covered in full* |
| EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS | | |
| after pill | 1 | Covered in full* |
| AFTERA | 3 | Covered in full* |
| curae | 1 | Covered in full* |
| econtra ez | 1 | Covered in full* |
| econtra one-step | 1 | Covered in full* |
| ELLA | 3 | Covered in full* |
| her style | 1 | Covered in full* |
| levonorgestrel | 1 | Covered in full* |
| my choice | 1 | Covered in full* |
| my way | 1 | Covered in full* |
| new day | 1 | Covered in full* |
| opcicon one-step | 1 | Covered in full* |
| option-2 | 1 | Covered in full* |
| PLAN B ONE-STEP | 3 | Covered in full* |
| TAKE ACTION | 3 | Covered in full* |
| EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE - BIRTH CONTROL PILLS | | |
| ELLA | 3 | Covered in full* |
| EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE - BIRTH CONTROL PILLS | | |
| after pill | 1 | Covered in full* |
| AFTERA | 3 | Covered in full* |
| curae | 1 | Covered in full* |
| econtra ez | 1 | Covered in full* |
| econtra one-step | 1 | Covered in full* |
| her style | 1 | Covered in full* |
| levonorgestrel | 1 | Covered in full* |
| my choice | 1 | Covered in full* |
| my way | 1 | Covered in full* |
| new day | 1 | Covered in full* |
| opcicon one-step | 1 | Covered in full* |
| option-2 | 1 | Covered in full* |
| PLAN B ONE-STEP | 3 | Covered in full* |
| TAKE ACTION | 3 | Covered in full* |
| SPERMICIDES - BIRTH CONTROL PILLS | | |
| VAGINAL CONTRACEPTIVE FILM | 3 | Covered in full* |
| VCF CONTRACEPTIVE GEL | 3 | Covered in full* |
| DERMATOLOGICAL | | |
| DERMATITIS AGENTS,SYSTEMIC - IL-31 RECEPTOR ALPHA ANTAGONIST MAB | | |
| NEMLUVIO | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| HAIR GROWTH AGENTS - KINASE INHIBITOR | | |
| LITFULO | 3 | PA; QL; MS; S |
| OLUMIANT | 3 | PA; QL; MS; S |
| DERMATOLOGICAL - DRUGS FOR THE SKIN | | |
| ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES - DRUGS FOR THE SKIN | | |
| ABSORICA | 3 | |
| ABSORICA LD | 3 | PA |
| accutane oral capsule 20 mg, 30 mg, 40 mg | 1 | |
| amnesteem | 1 | |
| claravis | 1 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | |
| isotretinoin oral capsule 25 mg, 35 mg | 1 | PA |
| zenatane | 1 | |
| ACNE THERAPY SYSTEMIC - TETRACYCLINE ANTIBIOTIC - DRUGS FOR THE SKIN | | |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR | 3 | PA; QL |
| minocycline oral tablet extended release 24 hr | 1 | QL |
| SEYSARA | 3 | PA; QL |
| XIMINO | 3 | PA; QL |
| ACNE THERAPY TOPICAL - ANDROGEN RECEPTOR INHIBITORS - DRUGS FOR THE SKIN | | |
| WINLEVI | 3 | PA; QL |
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE - DRUGS FOR THE SKIN | | |
| ACZONE TOPICAL GEL | 3 | QL |
| ACZONE TOPICAL GEL WITH PUMP | 3 | ST; QL |
| AMZEEQ | 3 | ST; QL |
| azelaic acid | 1 | |
| AZELEX | 3 | |
| CLEOCIN T TOPICAL LOTION | 3 | |
| clindacin | 1 | |
| clindacin etz topical swab | 1 | |
| clindacin p | 1 | |
| CLINDAGEL | 3 | ST |
| clindamycin phosphate 1% gel | 1 | ST |
| clindamycin phosphate topical foam | 1 | |
| clindamycin phosphate topical gel | 1 | |
| clindamycin phosphate topical lotion | 1 | |
| clindamycin phosphate topical solution | 1 | |
| clindamycin phosphate topical swab | 1 | |
| dapsone topical gel | 1 | QL |
| dapsone topical gel with pump | 1 | ST; QL |
| ery pads | 1 | |
| ERYGEL | 3 | |
| erythromycin with ethanol topical gel | 1 | |
| erythromycin with ethanol topical solution | 1 | |
| EVOCLIN | 3 | |
| FINACEA TOPICAL FOAM | 3 | |
| KLARON | 3 | |
| sulfacetamide sodium (acne) | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS - DRUGS FOR THE SKIN | | |
| ACANYA TOPICAL GEL WITH PUMP | 3 | QL |
| BENZAMYCIN | 3 | |
| clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % | 1 | |
| clindamycin-benzoyl peroxide topical gel 1-5 % | 1 | QL |
| clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 % | 1 | PA; QL |
| clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 % | 1 | QL |
| erythromycin-benzoyl peroxide | 1 | |
| neuac | 1 | |
| ONEXTON TOPICAL GEL WITH PUMP | 3 | PA; QL |
| PLEXION TOPICAL LOTION | 3 | |
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w), 9.8-4.8 % | 1 | |
| ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS - DRUGS FOR THE SKIN | | |
| CABTREG | 3 | PA; QL |
| clindamycin-tretinoin | 1 | |
| VELTIN | 3 | |
| ZIANA | 3 | |
| ACNE THERAPY TOPICAL - KERATOLYTIC - DRUGS FOR THE SKIN | | |
| PACNEX | 3 | |
| pr benzoyl peroxide | 1 | |
| ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER - DRUGS FOR THE SKIN | | |
| adapalene-benzoyl peroxide | 1 | QL |
| EPIDUO FORTE | 3 | QL |
| TWYNEO | 3 | PA; QL |
| ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES - DRUGS FOR THE SKIN | | |
| adapalene topical cream | 1 | |
| adapalene topical gel 0.3 % | 1 | |
| adapalene topical gel with pump | 1 | |
| ADAPALENE TOPICAL LOTION | 3 | ST |
| adapalene topical solution | 1 | ST; QL |
| adapalene topical swab | 1 | ST; QL |
| AKLIEF | 3 | PA; QL |
| ALTRENO | 3 | QL |
| ARAZLO | 3 | PA; QL |
| ATRALIN | 3 | |
| DIFFERIN TOPICAL CREAM | 3 | |
| DIFFERIN TOPICAL GEL WITH PUMP | 3 | |
| DIFFERIN TOPICAL LOTION | 3 | ST |
| FABIOR | 3 | PA; QL |
| RETIN-A | 3 | |
| RETIN-A MICRO | 3 | |
| RETIN-A MICRO PUMP | 3 | |
| TAZAROTENE TOPICAL FOAM | 3 | PA; QL |
| tretinoin | 1 | |
| tretinoin microspheres | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTIPSORIATIC - RETINOID (VITAMIN A DERIVATIVE) - GLUCOCORTICOID - DRUGS FOR THE SKIN | | |
| DUOBRII | 3 | PA; QL |
| ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN | | |
| calcipotriene-betamethasone | 1 | QL |
| ENSTILAR | 3 | PA; QL |
| TACLONEX TOPICAL SUSPENSION | 3 | QL |
| WYNZORA | 3 | PA; QL |
| ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY - DRUGS FOR THE SKIN | | |
| STELARA SUBCUTANEOUS | 2 | PA; QL; MS; S |
| ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY - DRUGS FOR THE SKIN | | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 2 | PA; QL; MS; S |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; QL; MS; S |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR | 2 | PA; QL; MS; S |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; QL; MS; S |
| ANTIPSORIATIC AGENTS - INTERLEUKIN-36 (IL-36) RECEPTOR ANTAGONIST, MC - DRUGS FOR THE SKIN | | |
| SPEVIGO SUBCUTANEOUS | 3 | PA; QL; MS; S |
| ANTIPSORIATIC AGENTS - TYROSINE KINASE 2 (TYK2) INHIBITOR - DRUGS FOR THE SKIN | | |
| SOTYKTU | 2 | PA; QL; MS; S |
| ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY - DRUGS FOR THE SKIN | | |
| BIMZELX | 3 | PA; QL; MS; S |
| BIMZELX AUTOINJECTOR | 3 | PA; QL; MS; S |
| COSENTYX (2 SYRINGES) | 2 | PA; QL; MS; S |
| COSENTYX PEN | 2 | PA; QL; MS; S |
| COSENTYX PEN (2 PENS) | 2 | PA; QL; MS; S |
| COSENTYX SUBCUTANEOUS | 2 | PA; QL; MS; S |
| COSENTYX UNOREADY PEN | 2 | PA; QL; MS; S |
| SILIQ | 3 | PA; QL; MS; S |
| TALTZ AUTOINJECTOR | 3 | PA; QL; MS; S |
| TALTZ AUTOINJECTOR (2 PACK) | 3 | PA; QL; MS; S |
| TALTZ AUTOINJECTOR (3 PACK) | 3 | PA; QL; MS; S |
| TALTZ SYRINGE | 3 | PA; QL; MS; S |
| DERMATITIS - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR THE SKIN | | |
| CIBINQO | 3 | PA; QL; MS; S |
| OPZELURA | 3 | PA; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 2 | PA; QL; MS; S |
| DERMATITIS AGENTS, SYSTEMIC - INTERLEUKIN-13 INHIBITORS MAB - DRUGS FOR THE SKIN | | |
| ADBRY | 3 | PA; QL; MS; S |
| EBGLYSS PEN | 3 | PA; QL; S |
| DERMATITIS AGENTS, SYSTEMIC-IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB - DRUGS FOR THE SKIN | | |
| DUPIXENT PEN | 2 | PA; QL; MS; S |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 2 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS - DRUGS FOR THE SKIN | | |
| EUCRISA 2% OINTMENT | 2 | ST; QL |
| ZORYVE TOPICAL CREAM 0.15 % | 3 | PA; QL |
| DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES - DRUGS FOR THE SKIN | | |
| gentamicin topical | 1 | |
| DERMATOLOGICAL - ANTIBACTERIAL OTHER - DRUGS FOR THE SKIN | | |
| CENTANY | 3 | |
| mupirocin | 1 | |
| mupirocin calcium | 1 | |
| DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES - DRUGS FOR THE SKIN | | |
| ALTABAX | 3 | |
| DERMATOLOGICAL - ANTIBACTERIAL QUINOLONES - DRUGS FOR THE SKIN | | |
| XEPI | 3 | QL |
| DERMATOLOGICAL - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN | | |
| NEO-SYNALAR | 3 | |
| DERMATOLOGICAL - ANTICHOLINERGIC HYPERHIDROSIS TREATMENT AGENTS - DRUGS FOR THE SKIN | | |
| QTBREXZA | 3 | QL |
| SOFDRA | 3 | PA; QL |
| DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES - DRUGS FOR THE SKIN | | |
| naftifine topical cream 1 % | 1 | |
| naftifine topical cream 2 % | 1 | QL |
| naftifine topical gel 2 % | 1 | ST |
| NAFTIN TOPICAL GEL 2 % | 3 | ST |
| DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR THE SKIN | | |
| klayesta | 1 | |
| nyamyc | 1 | |
| nystatin topical | 1 | |
| nystop | 1 | |
| DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE - DRUGS FOR THE SKIN | | |
| ciclodan topical cream | 1 | |
| ciclodan topical solution | 1 | QL |
| ciclopirox topical cream | 1 | |
| ciclopirox topical gel | 1 | |
| ciclopirox topical shampoo | 1 | |
| ciclopirox topical solution | 1 | QL |
| ciclopirox topical suspension | 1 | |
| LOPROX (AS OLAMINE) | 3 | |
| DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS - DRUGS FOR THE SKIN | | |
| econazole | 1 | |
| ECOZA | 3 | ST; QL |
| ERTACZO | 3 | ST |
| EXELDERM | 3 | |
| EXTINA | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ketoconazole topical | 1 | |
| ketodan | 1 | |
| LULICONAZOLE | 3 | ST; QL |
| LUZU | 3 | ST; QL |
| MICONAZOLE NITRATE-ZINC OX-PET | 3 | |
| oxiconazole | 1 | |
| OXISTAT TOPICAL LOTION | 3 | ST |
| SULCONAZOLE | 3 | |
| VUSION | 3 | |
| XOLEGEL | 3 | ST |
| DERMATOLOGICAL - ANTIFUNGAL OXABOROLE - DRUGS FOR THE SKIN | | |
| tavorole | 1 | PA; QL |
| DERMATOLOGICAL - ANTIFUNGAL TRIAZOLE - DRUGS FOR THE SKIN | | |
| JUBLIA | 3 | PA; QL |
| DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN | | |
| clotrimazole-betamethasone | 1 | |
| nystatin-triamcinolone | 1 | |
| DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS - DRUGS FOR THE SKIN | | |
| VALCHLOR | 3 | PA; QL; MS; S |
| DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES - DRUGS FOR THE SKIN | | |
| CARAC | 3 | PA |
| EFUDEX TOPICAL CREAM | 3 | |
| FLUOROPLEX | 3 | |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 3 | PA |
| fluorouracil topical cream 5 % | 1 | |
| fluorouracil topical solution | 1 | |
| TOLAK | 3 | |
| DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIG. LESIONS - ANTIMICROTUBULE - DRUGS FOR THE SKIN | | |
| KLISYRI | 3 | PA; QL |
| DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S - DRUGS FOR THE SKIN | | |
| diclofenac sodium topical gel 3 % | 1 | PA; QL |
| DERMATOLOGICAL - ANTINEOPLASTIC RETINOIDS - DRUGS FOR THE SKIN | | |
| PANRETIN | 3 | |
| DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST - DRUGS FOR THE SKIN | | |
| bexarotene topical | 1 | PA; QL; MS; S |
| TARGRETIN TOPICAL | 3 | PA; QL; MS; S |
| DERMATOLOGICAL - ANTIPERSPIRANTS - DRUGS FOR THE SKIN | | |
| DRYSOL | 3 | |
| DRYSOL DAB-O-MATIC | 3 | |
| DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING - DRUGS FOR THE SKIN | | |
| methoxsalen | 1 | |
| DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES - DRUGS FOR THE SKIN | | |
| acitretin | 1 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL - DRUGS FOR THE SKIN | | |
| BRYHALI | 3 | ST; QL |
| calcipotriene scalp | 1 | QL |
| calcipotriene topical cream | 1 | QL |
| CALCIPOTRIENE TOPICAL FOAM | 3 | PA; QL |
| calcipotriene topical ointment | 1 | QL |
| calcitriol topical | 1 | QL |
| DRITHOCREME HP | 3 | |
| halobetasol propionate topical foam | 1 | ST; QL |
| IMPOYZ | 3 | ST |
| SORILUX | 3 | PA; QL |
| tazarotene topical cream | 1 | |
| tazarotene topical gel | 1 | |
| TAZORAC | 3 | |
| ULTRAVATE TOPICAL LOTION | 3 | ST; QL |
| VECTICAL | 3 | QL |
| VTAMA | 3 | PA; QL |
| ZORYVE TOPICAL CREAM 0.3 % | 3 | PA; QL |
| DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB. - DRUGS FOR THE SKIN | | |
| OTEZLA | 2 | PA; QL; MS; S |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2 | PA; QL; MS; S |
| DERMATOLOGICAL - ANTISEBORRHEIC - DRUGS FOR THE SKIN | | |
| selenium sulfide topical lotion | 1 | |
| selenium sulfide topical shampoo 2.25 %, 2.3 % | 1 | |
| ZORYVE TOPICAL FOAM | 3 | PA; QL |
| DERMATOLOGICAL - ANTIVIRAL, HERPES - DRUGS FOR THE SKIN | | |
| acyclovir topical cream | 1 | ST; QL |
| acyclovir topical ointment | 1 | QL |
| DENAVIR | 3 | ST; QL |
| penciclovir | 1 | ST; QL |
| ZOVIRAX TOPICAL CREAM | 3 | ST; QL |
| ZOVIRAX TOPICAL OINTMENT | 3 | QL |
| DERMATOLOGICAL - ANTIVIRAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN | | |
| XERESE | 3 | ST; QL |
| DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE - DRUGS FOR THE SKIN | | |
| mafenide acetate | 1 | |
| SILVADENE | 3 | |
| silver sulfadiazine | 1 | |
| ssd | 1 | |
| SULFAMYLON TOPICAL CREAM | 3 | |
| DERMATOLOGICAL - CALCINEURIN INHIBITORS - DRUGS FOR THE SKIN | | |
| ELIDEL | 3 | QL |
| pimecrolimus | 1 | QL |
| tacrolimus topical | 1 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DERMATOLOGICAL - DEPIGMENTING COMBINATIONS - DRUGS FOR THE SKIN | | |
| TRI-LUMA | 3 | PA |
| DERMATOLOGICAL - ENZYMES - DRUGS FOR THE SKIN | | |
| SANTYL | 3 | QL |
| DERMATOLOGICAL - GLUCOCORTICOID - DRUGS FOR THE SKIN | | |
| ala-cort topical cream 1 % | 1 | |
| ALA-SCALP | 3 | |
| alclometasone | 1 | |
| amcinonide topical cream | 1 | |
| amcinonide topical ointment | 1 | PA |
| ANUSOL-HC TOPICAL | 3 | |
| APEXICON E | 3 | |
| betamethasone dipropionate | 1 | |
| betamethasone valerate | 1 | |
| betamethasone, augmented | 1 | |
| BRYHALI | 3 | ST; QL |
| CAPEX | 3 | |
| clobetasol scalp | 1 | |
| clobetasol topical | 1 | |
| clobetasol-emollient | 1 | |
| CLOBEX TOPICAL SHAMPOO | 3 | |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL | 3 | |
| clocortolone pivalate | 1 | ST |
| clodan | 1 | |
| CORDRAN TAPE LARGE ROLL | 3 | QL |
| CORDRAN TOPICAL CREAM | 3 | ST |
| CORDRAN TOPICAL LOTION | 3 | ST |
| CORDRAN TOPICAL OINTMENT | 3 | ST |
| DERMA-SMOOTHIE/FS BODY OIL | 3 | |
| DERMA-SMOOTHIE/FS SCALP OIL | 3 | |
| desonide topical cream | 1 | |
| desonide topical gel | 1 | ST |
| desonide topical lotion | 1 | |
| desonide topical ointment | 1 | |
| desoximetasone | 1 | |
| DIFLORASONE TOPICAL CREAM | 3 | |
| diflorasone topical ointment | 1 | |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 3 | |
| fluocinolone | 1 | |
| fluocinolone and shower cap | 1 | |
| fluocinonide | 1 | |
| fluocinonide-e | 1 | |
| flurandrenolide | 1 | |
| fluticasone propionate topical | 1 | |
| halcinonide topical cream | 1 | ST |
| halobetasol propionate topical cream | 1 | |
| halobetasol propionate topical foam | 1 | ST; QL |
| halobetasol propionate topical ointment | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| HALOG TOPICAL CREAM | 3 | ST |
| HALOG TOPICAL OINTMENT | 3 | ST |
| hydrocortisone butyrate | 1 | |
| hydrocortisone topical cream 1 %, 2.5 % | 1 | |
| hydrocortisone topical cream with perineal applicator | 1 | |
| hydrocortisone topical lotion 2 %, 2.5 % | 1 | |
| hydrocortisone topical ointment 1 %, 2.5 % | 1 | |
| hydrocortisone valerate | 1 | |
| IMPOYZ | 3 | ST |
| KENALOG TOPICAL | 3 | QL |
| LOCOID LIPOCREAM | 3 | |
| LOCOID TOPICAL LOTION | 3 | |
| mometasone topical | 1 | |
| OLUX | 3 | |
| PANDEL | 3 | ST |
| prednicarbate | 1 | |
| PROCTOCORT TOPICAL | 3 | |
| procto-med hc | 1 | |
| proctosol hc topical | 1 | |
| proctozone-hc | 1 | |
| scalacort | 1 | |
| SERNIVO | 3 | ST; QL |
| SYNALAR | 3 | |
| TEXACORT | 3 | |
| TOPICORT | 3 | |
| tovet emollient | 1 | |
| triamcinolone acetonide topical aerosol | 1 | QL |
| triamcinolone acetonide topical cream | 1 | |
| triamcinolone acetonide topical lotion | 1 | |
| triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triamcinolone acetonide topical ointment 0.05 % | 1 | PA; QL |
| triderm topical cream | 1 | |
| ULTRAVATE TOPICAL LOTION | 3 | ST; QL |
| VANOS | 3 | |
| VERDESO | 3 | ST |
| DERMATOLOGICAL - GLUCOCORTICOID-EMOLLIENT COMBINATIONS - DRUGS FOR THE SKIN | | |
| NUCORT | 3 | |
| DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN | | |
| ANALPRAM-HC TOPICAL | 3 | |
| EPIFOAM | 3 | |
| PRAMOSONE TOPICAL CREAM 1-1 % | 3 | |
| PRAMOSONE TOPICAL LOTION | 3 | |
| DERMATOLOGICAL - IMMUNOMODULATOR - CATECHINS - GENITAL WART/HPV TX - DRUGS FOR THE SKIN | | |
| VEREGEN | 3 | |
| DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES - DRUGS FOR THE SKIN | | |
| imiquimod | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ZYCLARA | 3 | |
| DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS - DRUGS FOR THE SKIN | | |
| ALFERON N | 3 | |
| DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS - DRUGS FOR THE SKIN | | |
| CONDYLOX TOPICAL GEL | 3 | PA |
| podofilox topical gel | 1 | PA |
| podofilox topical solution | 1 | |
| tri-chlor | 1 | |
| urea topical cream 40 %, 47 % | 1 | |
| DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN | | |
| lidocaine-prilocaine topical cream | 1 | |
| DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS - DRUGS FOR THE SKIN | | |
| HYFTOR | 3 | PA; QL; S |
| DERMATOLOGICAL - NSAID SINGLE AGENTS - DRUGS FOR THE SKIN | | |
| DICLOFENAC EPOLAMINE | 3 | PA; QL |
| diclofenac sodium topical drops | 1 | |
| diclofenac sodium topical solution in metered-dose pump | 1 | PA; QL |
| FLECTOR | 3 | PA; QL |
| LICART | 3 | PA; QL |
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP | 3 | PA; QL |
| DERMATOLOGICAL - PHOTODYNAMIC THERAPY AGENTS TOPICAL - DRUGS FOR THE SKIN | | |
| AMELUZ | 3 | |
| DERMATOLOGICAL - PROTECTANT COMBINATIONS - DRUGS FOR THE SKIN | | |
| SCARTRATE | 3 | |
| DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC - DRUGS FOR THE SKIN | | |
| tazarotene topical cream 0.1 % | 1 | |
| tretinoin (emollient) | 1 | PA |
| DERMATOLOGICAL - ROSACEA THERAPY, SYSTEMIC - DRUGS FOR THE SKIN | | |
| doxycycline monohydrate oral capsule,ir - delay rel,biphase | 1 | PA; QL |
| ORACEA | 3 | PA; QL |
| DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL - DRUGS FOR THE SKIN | | |
| azelaic acid | 1 | |
| AZELEX | 3 | |
| brimonidine topical | 1 | PA |
| EPSOLAY | 3 | PA; QL |
| FINACEA TOPICAL FOAM | 3 | |
| ivermectin topical cream | 1 | QL |
| METROCREAM | 3 | |
| METROGEL TOPICAL GEL 1 % | 3 | |
| metronidazole topical | 1 | |
| NORITATE | 3 | ST |
| rosadan topical cream | 1 | |
| rosadan topical gel | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| SOOLANTRA | 3 | QL |
| ZILXI | 3 | ST; QL |
| DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES - DRUGS FOR THE SKIN | | |
| ANASTIA | 3 | |
| glydo | 1 | |
| lidocaine hcl mucous membrane jelly in applicator | 1 | |
| lidocaine topical adhesive patch,medicated 5 % | 1 | |
| lidocaine topical ointment | 1 | |
| lidocan iii | 1 | PA |
| lidocan iv | 1 | PA |
| lidocan v | 1 | PA |
| LIDODERM | 3 | |
| lido-k | 1 | |
| lidopin topical cream 3 % | 1 | |
| LIDOPIN TOPICAL CREAM 3.25 % | 3 | |
| NUMBONEX | 3 | |
| tridacaine ii | 1 | PA |
| tridacaine iii | 1 | |
| ZTLIDO | 3 | QL |
| DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC ESTERS - DRUGS FOR THE SKIN | | |
| ANACAINE | 3 | |
| DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES - DRUGS FOR THE SKIN | | |
| doxepin topical | 1 | PA; QL |
| PRUDOXIN | 3 | |
| ZONALON | 3 | PA; QL |
| SCABICIDE AND PEDICULICIDE SINGLE AGENTS - DRUGS FOR THE SKIN | | |
| CROTAN | 1 | QL |
| ELIMITE | 3 | |
| EURAX | 3 | QL |
| malathion | 1 | |
| NATROBA | 3 | |
| OVIDE | 3 | |
| permethrin | 1 | |
| SPINOSAD | 3 | |
| ULESFIA | 3 | |
| WOUND CARE - CLEANSER COMBINATIONS - DRUGS FOR THE SKIN | | |
| MICROCYN | 3 | |
| WOUND CARE - DRESSINGS - DRUGS FOR THE SKIN | | |
| MEDIHONEY (HONEY) TOPICAL PASTE | 3 | |
| WOUND CARE - GROWTH FACTOR AGENTS - DRUGS FOR THE SKIN | | |
| REGRANEX | 3 | QL |
| WOUND CARE COMBINATIONS OTHER - DRUGS FOR THE SKIN | | |
| FILSUVEZ | 3 | PA; QL; S |
| DIAGNOSTIC AGENTS | | |
| DIAGNOSTIC - BLOOD TEST OTHERS | | |
| FORA GTEL KETONE TEST STRIP | 3 | |
| FORA KETONE CONTROL SOLN-L1 | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| GOJJI KETONE CONTROL SOLN-L1 | 3 | |
| NOVAMAX PLUS KETONE | 3 | |
| PRECISION XTRA B-KETONE | 2 | |
| DIAGNOSTIC - MULTIPLE URINE TESTS | | |
| CHEK-STIX CONTROL | 3 | |
| CHEMSTRIP 10 MD | 3 | |
| CHEMSTRIP 10/SG | 3 | |
| CHEMSTRIP 2 GP | 3 | |
| CHEMSTRIP 50B | 3 | |
| CHEMSTRIP 7 | 3 | |
| CHEMSTRIP 9 | 3 | |
| COMBISTIX REAGENT | 3 | |
| HEMA-COMBISTIX | 3 | |
| LABSTIX REAGENT | 3 | |
| MULTISTIX | 3 | |
| MULTISTIX 10 SG | 3 | |
| MULTISTIX 5 | 3 | |
| MULTISTIX 7 | 3 | |
| MULTISTIX 8 SG | 3 | |
| MULTISTIX 9 | 3 | |
| MULTISTIX 9 SG | 3 | |
| URISTIX 4 | 3 | |
| URISTIX REAGENT | 3 | |
| DRUGS TO TREAT ERECTILE DYSFUNCTION - DRUGS FOR THE URINARY SYSTEM | | |
| ERECTILE DYSFUNCTION (ED) DRUGS - PROSTAGLANDINS - DRUGS FOR ERECTILE DYSFUNCTION | | |
| CAVERJECT | 3 | QL |
| CAVERJECT IMPULSE | 3 | QL |
| EDEX 10 MCG CARTRIDGE 2-PK KIT SINGLE USE | 3 | QL |
| EDEX 10 MCG CARTRIDGE 6-PK KIT SINGLE USE | 3 | QL |
| EDEX 20 MCG CARTRIDGE 2-PK KIT SINGLE USE | 3 | QL |
| EDEX 20 MCG CARTRIDGE 6-PK KIT SINGLE USE | 3 | QL |
| EDEX 40 MCG CARTRIDGE 2-PK KIT SINGLE USE | 3 | QL |
| EDEX 40 MCG CARTRIDGE 6-PK KIT SINGLE USE | 3 | QL |
| ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPES INHIB - DRUGS FOR ERECTILE DYSFUNCTION | | |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL |
| sildenafil | 1 | QL |
| STENDRA | 3 | QL |
| tadalafil | 1 | QL |
| varденаfil | 1 | QL |
| VIAGRA | 3 | QL |
| ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS | | |
| ELECTROLYTE DEPLETERS - SODIUM-HYDROGEN EXCHANGER 3 (NHE3) INHIBITORS | | |
| XPHOZAH | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS - DRUGS FOR NUTRITION | | |
| AMINO ACID - CARNITINE DERIVATIVES - DRUGS FOR NUTRITION | | |
| ACTICARNITINE SF | 3 | PA |
| CYTO CARN | 3 | PA |
| LEVOCARNITINE ORAL SOLUTION 1 GRAM/10 ML | 3 | PA |
| levocarnitine oral tablet | 1 | |
| NEOKE ALCAR | 3 | PA |
| AMINO ACID - TYROSINE - DRUGS FOR NUTRITION | | |
| TYROSINE ORAL PACKET | 3 | PA |
| AMINO ACID-AMINO ACID COMBINATIONS, ORAL - DRUGS FOR NUTRITION | | |
| COMPLETE AMINO ACID MIX | 3 | PA |
| NEOKE BCAA4 | 3 | PA |
| NUTRASENTIALS | 3 | PA |
| XYMOBOLX | 3 | PA |
| AMINO ACIDS, SINGLE INGREDIENT, ORAL (NON-INJECTABLE) - DRUGS FOR NUTRITION | | |
| ARGININE (L-ARGININE) ORAL POWDER | 3 | PA |
| ARGININE (L-ARGININE) ORAL POWDER IN PACKET 500 MG | 3 | PA |
| CITRULLINE 1000 | 3 | PA |
| CYTOLLINE | 3 | PA |
| ENDARI | 3 | PA; QL; MS; S |
| GLUTAMINE | 3 | PA |
| glutamine (sickle cell) | 1 | PA; QL; MS; S |
| GLUTASOLVE | 3 | PA |
| GLYCINE ORAL POWDER | 3 | PA |
| GLYCINE ORAL POWDER IN PACKET | 3 | PA |
| ISOLEUCINE 1000 | 3 | PA |
| ISOLEUCINE AMINO ACID SUPPLMNT | 3 | PA |
| L-CYSTINE | 3 | PA |
| LEUCINE | 3 | PA |
| METHIONINE | 3 | PA |
| PHENYLALANINE | 3 | PA |
| PURE L-CITRULLINE ORAL POWDER | 3 | PA |
| TYROSINE ORAL POWDER | 3 | PA |
| VALINE | 3 | PA |
| VALINE 1000 | 3 | PA |
| VALINE AMINO ACID SUPPLEMENT | 3 | PA |
| B-COMPLEX VITAMIN COMBINATIONS - DRUGS FOR NUTRITION | | |
| B COMPLEX 1 (WITH FOLIC ACID) | 3 | Covered in full age 11+* |
| B COMPLEX-VITAMIN C-FOLIC ACID ORAL TABLET | 3 | Covered in full age 11+* |
| BALANCE B-50 (WITH FOLIC ACID) | 3 | Covered in full age 11+* |
| BALANCED B-100 ORAL TABLET | 3 | Covered in full age 11+* |
| B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG | 3 | Covered in full age 11+* |
| DIALYVITE 800 ORAL TABLET | 3 | Covered in full age 11+* |
| FULL SPECTRUM B-VITAMIN C | 3 | Covered in full age 11+* |
| KOBEE | 3 | Covered in full age 11+* |
| RENA-VITE | 3 | Covered in full age 11+* |
| STRESS FORMULA WITH IRON | 3 | Covered in full age 11+* |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| STRESS FORMULA WITH IRON(SULF) | 3 | Covered in full age 11+* |
| SUPER B MAXI COMPLEX | 3 | Covered in full age 11+* |
| SUPER QUINTS | 3 | Covered in full age 11+* |
| VITAMIN B COMPLEX-FOLIC ACID ORAL TABLET | 3 | Covered in full age 11+* |
| DIETARY PRODUCT - DIETARY SUPPLEMENTS - DRUGS FOR NUTRITION | | |
| ACTIVESSENTIALS | 3 | |
| ACTIVESSENTIALS FOR WOMEN | 3 | |
| ACTIVESSENTIALS-CALCIUM | 3 | |
| ACTIVESSENTIALS-ONCOPLEX-D3 | 3 | PA |
| APETIBEX | 3 | PA |
| ARGINAID | 3 | PA |
| BABY'S ONLY ORG LACTORELIEF | 3 | PA |
| BABY'S ONLY ORGANIC DAIRY | 3 | PA |
| BABY'S ONLY ORGANIC DAIRY WHEY | 3 | PA |
| BABY'S ONLY ORGANIC SOY | 3 | PA |
| BENECALORIE | 3 | PA |
| BOOST | 3 | PA |
| BOOST BREEZE NUTRITIONAL | 3 | PA |
| BOOST HIGH PROTEIN ENERGY ORAL LIQUID VANILLA | 3 | PA |
| BOOST HIGH PROTEIN ENERGY DRNK VANILLA | 3 | PA |
| boost high protein oral liquid 0.06 gram- 1 kcal/ml | 1 | PA |
| BOOST KID ESSENTIALS | 3 | PA |
| BOOST KID ESSENTIALS W-FIBER | 3 | PA |
| BOOST PLUS | 3 | PA |
| BOOST VHC | 3 | PA |
| BOOST WOMEN | 3 | PA |
| BREAKFAST ESSENTIALS | 3 | PA |
| BRIGHT BEGINNINGS SOY | 3 | PA |
| COMPLEAT PEDIATRIC | 3 | PA |
| COMPLEAT PEDIATRIC REDUCED CAL | 3 | PA |
| COMPLEAT PEDIATRIC STANDARD 1 | 3 | PA |
| CYTOTINE | 3 | PA |
| CYTOTINE MAX | 3 | PA |
| DRY EYE OMEGA BENEFITS ORAL LIQUID | 3 | PA |
| DUOCAL | 3 | PA |
| EGG-PRO | 3 | PA |
| ENFAGROW NEUROPRO TODDLR NOGMO | 3 | PA |
| ENFAGROW PREMIUM TODDLER | 3 | PA |
| ENFAGROW TODDLER NEXT STEP | 3 | PA |
| ENFAGROW TODDLER NON-GMO | 3 | PA |
| ENFAGROW TODLR GENTLEASE NOGMO | 3 | PA |
| ENFAGROW TODLR NXT STP NON-GMO | 3 | PA |
| ENFAMIL DHA-ARA SUPPLEMENT | 3 | PA |
| ENSURE | 3 | PA |
| ENSURE ACTIVE HEART HEALTH | 3 | PA |
| ENSURE ACTIVE HIGH PROTEIN | 3 | PA |
| ENSURE ACTIVE LIGHT | 3 | PA |
| ENSURE ACTIVE MUSCLE HEALTH | 3 | PA |
| ENSURE ACTIVE PROTEIN-MUSCLE | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ENSURE CLEAR | 3 | PA |
| ENSURE COMPACT | 3 | PA |
| ENSURE COMPLETE | 3 | PA |
| ENSURE ENLIVE | 3 | PA |
| ENSURE HARVEST | 3 | PA |
| ENSURE HIGH PROTEIN ORAL LIQUID | 3 | PA |
| ENSURE MAX PROTEIN | 3 | PA |
| ENSURE MUSCLE HEALTH | 3 | PA |
| ENSURE ORIGINAL | 3 | PA |
| ENSURE ORIGINAL WITH FIBER | 3 | PA |
| ENSURE PLUS | 3 | PA |
| ENSURE PLUS HIGH PROTEIN | 3 | PA |
| ENSURE PLUS WITH FIBER | 3 | PA |
| ENSURE PUDDING | 3 | PA |
| EO28 SPLASH ORAL LIQUID | 3 | PA |
| FOUNDATION ESSENTIALS | 3 | PA |
| GLUTALOEMINE | 3 | PA |
| HI-CAL | 3 | PA |
| HIGH-PROTEIN NUTRITIONAL SHAKE | 3 | PA |
| IG 26 PLUS DF | 3 | PA |
| INOSITOL ORAL POWDER | 3 | PA |
| ISOSOURCE 1.5 CAL | 3 | PA |
| ISOSOURCE HN | 3 | PA |
| JEVITY 1 CAL | 3 | PA |
| JEVITY 1.2 CAL | 3 | PA |
| JEVITY 1.5 CAL | 3 | PA |
| KINDERSPROUT PLANT PROTEIN | 3 | PA |
| K-PAX IMMUNE BOOSTER | 3 | PA |
| MONOGEN ORAL POWDER | 3 | PA |
| NUTRA PRO HIGH PROTEIN | 3 | PA |
| NUTRAFIT | 3 | PA |
| NUTRAFIT PLUS | 3 | PA |
| NUTRITIONAL DRINK | 3 | PA |
| NUTRITIONAL DRINK PLUS | 3 | PA |
| NUTRITIONAL SHAKE | 3 | PA |
| NUTRITIONAL SHAKE PLUS | 3 | PA |
| OPTICLEANSE PLUS ORAL POWDER IN PACKET 24 GRAM- 240 KCAL | 3 | PA |
| OPTIMETABOLIX | 3 | PA |
| OPTIMETABOLIX 2:1 | 3 | PA |
| ORGANIC PEDIASMART | 3 | PA |
| PEDIASURE | 3 | PA |
| PEDIASURE ENTERAL | 3 | PA |
| PEDIASURE ENTERAL W/FIBER 1.0 | 3 | PA |
| PEDIASURE GROW-GAIN | 3 | PA |
| PEDIASURE GROW-GAIN ORGANIC | 3 | PA |
| PEDIASURE GROW-GAIN WITH FIBER | 3 | PA |
| PEDIASURE HARVEST | 3 | PA |
| PEDIASURE REDUCED CALORIE | 3 | PA |
| PEDIASURE SHAKE MIX | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PEDIASURE SIDEKICKS | 3 | PA |
| PEDIASURE SIDEKICKS CLEAR | 3 | PA |
| PEDIASURE WITH FIBER | 3 | PA |
| PROTALITY | 3 | PA |
| PROCEED PLUS | 3 | PA |
| SIMILAC ALIMENTUM TODDLER | 3 | PA |
| SIMILAC GO AND GROW NON-GMO | 3 | PA |
| SIMILAC GO AND GROW ORAL POWDER 4-8-16 GRAM/150 KCAL | 3 | PA |
| SIMILAC GO AND GROW SENSITIVE | 3 | PA |
| SIMILAC GO-GROW SENSTV NON-GMO | 3 | PA |
| TWOCAL HN | 3 | PA |
| ULTRAMINO | 3 | PA |
| DIETARY PRODUCT - INFANT FORMULAS - DRUGS FOR NUTRITION | | |
| ADVANTAGE WITH IRON | 3 | PA |
| ADVANTAGE WITH IRON NON-GMO | 3 | PA |
| ALFAMINO INFANT | 3 | PA |
| BCAD 1 | 3 | PA |
| CALCILO XD | 3 | PA |
| CYCLINEX-1 | 3 | PA |
| ELECARE INFANT FORMULA | 3 | PA |
| ENFAMIL 24 | 3 | PA |
| ENFAMIL A.R. | 3 | PA |
| ENFAMIL ENSPIRE GENTLEASE | 3 | PA |
| ENFAMIL ENSPIRE INFANT FORMULA | 3 | PA |
| ENFAMIL ENSPIRE OPTIMUM NONGMO | 3 | PA |
| ENFAMIL GENTLEASE | 3 | PA |
| ENFAMIL HUMAN MILK FORTIFIER | 3 | PA |
| ENFAMIL INFANT | 3 | PA |
| ENFAMIL NEURO ENFACARE NON-GMO | 3 | PA |
| ENFAMIL NEURO GENTLEASE NONGMO | 3 | PA |
| ENFAMIL NEURO SENSITIVE NONGMO | 3 | PA |
| ENFAMIL NEUROPRO NON-GMO ORAL LIQUID 2.1-5.3-11.3 GRAM/100 KCAL | 3 | PA |
| ENFAMIL NEUROPRO NON-GMO ORAL POWDER 2.1-5.3-11.3 GRAM/100 KCAL | 3 | PA |
| ENFAMIL PREMATURE 20 | 3 | PA |
| ENFAMIL PREMATURE 24 | 3 | PA |
| ENFAMIL PREMATURE 30 | 3 | PA |
| ENFAMIL PROSOBEE | 3 | PA |
| ENFAMIL PROSOBEE LIPIL | 3 | PA |
| ENFAMIL REGULINE ORAL POWDER | 3 | PA |
| ENFAPORT | 3 | PA |
| FORTINI INFANT | 3 | PA |
| GA-1 ANAMIX EARLY YEARS | 3 | PA |
| GENTLE INFANT FORMULA | 3 | PA |
| GERBER EXTENSIVE HA | 3 | PA |
| GERBER GOOD START GENTLE NOGMO | 3 | PA |
| GERBER GOOD START GENTLEPRO | 3 | PA |
| GERBER GOOD START SOY | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| GERBER GOOD START SOY NO-GMO ORAL POWDER | 3 | PA |
| GERBER GOOD STR SOOTHPRO NOGMO | 3 | PA |
| GERBER GS GNTLPR NOGMO(B.LACT) | 3 | PA |
| GLUTAREX-1 | 3 | PA |
| GOOD START DR BROWN GENTLE PRO | 3 | PA |
| GOOD START DR BROWN SOOTHE PRO | 3 | PA |
| GOOD START DR BROWN SOY-EASE | 3 | PA |
| HCU ANAMIX EARLY YEARS | 3 | PA |
| HCY 1 POWDER | 3 | PA |
| HOMINEX-1 | 3 | PA |
| INFANT FORMULA WITH IRON | 3 | PA |
| ISOMIL ADVANCE | 3 | PA |
| ISOMIL DF | 3 | PA |
| ISOMIL/IRON | 3 | PA |
| IVA ANAMIX EARLY YEARS | 3 | PA |
| IVA ANAMIX NEXT | 3 | PA |
| I-VALEX-1 | 3 | PA |
| KETONEX-1 | 3 | PA |
| MMA-PA ANAMIX EARLY YEARS | 3 | PA |
| MMA-PA ANAMIX NEXT | 3 | PA |
| MSUD ANALOG | 3 | PA |
| MSUD ANAMIX EARLY YEARS | 3 | PA |
| NEOCATE INFANT DHA-ARA | 3 | PA |
| NEOCATE SYNEO INFANT | 3 | PA |
| NUTRAMIGEN DHA-ARA | 3 | PA |
| NUTRAMIGEN TODDLER ENFLORA-LGG | 3 | PA |
| NUTRAMIGEN WITH ENFLORA LGG | 3 | PA |
| NUTRAMIGEN WITH PROBIOTIC LGG | 3 | PA |
| OA 1 POWDER | 3 | PA |
| PEPTICATE | 3 | PA |
| PFD TODDLER | 3 | PA |
| PHENEX-1 | 3 | PA |
| PREGESTIMIL | 3 | PA |
| PREMIUM INFANT FORMULA | 3 | PA |
| PRODUCT 3232A | 3 | PA |
| PRO-PHREE | 3 | PA |
| PROPIMEX-1 | 3 | PA |
| PURAMINO DHA-ARA | 3 | PA |
| PURE BLISS NON-GMO | 3 | PA |
| PURE BLISS ORGANIC | 3 | PA |
| RCF SOY PROTEIN FORMULA BASE | 3 | PA |
| SENSITIVITY WITH IRON | 3 | PA |
| SIMILAC 360 TOTAL CARE | 3 | PA |
| SIMILAC 360 TOTAL CARE SENSITV | 3 | PA |
| SIMILAC ADVANCE | 3 | PA |
| SIMILAC ADVANCE KOSHER | 3 | PA |
| SIMILAC ADVANCE LAMEHADRIDIN | 3 | PA |
| SIMILAC ADVANCE NON-GMO | 3 | PA |
| SIMILAC ADVANCE ORGANIC | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SIMILAC ADVANCE WITH IRON | 3 | PA |
| similac alimentum | 1 | PA |
| SIMILAC EXPERT CARE | 3 | PA |
| SIMILAC EXPERT CARE ALIMENTUM | 3 | PA |
| SIMILAC FOR SPIT-UP | 3 | PA |
| SIMILAC GO AND GROW ORAL POWDER 3 GRAM-5.4 GRAM/100 KCAL | 3 | PA |
| SIMILAC GO AND GROW SOY | 3 | PA |
| SIMILAC HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET 0.349-6.85 GRAM-KCAL/5 ML, 0.5 GRAM- 7 KCAL/5 ML | 3 | PA |
| SIMILAC HUMAN MILK FORTIFIER ORAL POWDER IN PACKET | 3 | PA |
| SIMILAC LOW-IRON | 3 | PA |
| SIMILAC NEOSURE | 3 | PA |
| SIMILAC ORGANIC A2 MILK NO-GMO | 3 | PA |
| SIMILAC PM | 3 | PA |
| SIMILAC PRO-ADVANCE NON-GMO | 3 | PA |
| SIMILAC PRO-SENSITIVE NON-GMO | 3 | PA |
| SIMILAC PRO-TOTAL CMFT NON-GMO | 3 | PA |
| SIMILAC SENSITIVE FUSS AND GAS | 3 | PA |
| SIMILAC SENSITIVE FUSS-GAS | 3 | PA |
| SIMILAC SENSITIVE ISOMIL SOY | 3 | PA |
| SIMILAC SOY ISOMIL | 3 | PA |
| SIMILAC SPECIAL CARE 24 | 3 | PA |
| SIMILAC SPECIAL CARE 30 | 3 | PA |
| SIMILAC SUPPLEMENTATION | 3 | PA |
| SIMILAC TOTAL COMFORT | 3 | PA |
| SIMILAC TOTAL COMFORT NON-GMO | 3 | PA |
| SIMILAC WITH IRON | 3 | PA |
| SOD ANAMIX EARLY YEARS | 3 | PA |
| TODDLER BEGINNINGS | 3 | PA |
| TYR ANAMIX EARLY YEARS | 3 | PA |
| TYREX-1 | 3 | PA |
| TYROS 1 | 3 | PA |
| WND 1 | 3 | PA |
| XLEU ANALOG | 3 | PA |
| XLYS- XTRP ANALOG | 3 | PA |
| XMET ANALOG | 3 | PA |
| XMTVI ANALOG | 3 | PA |
| XPHE, XTyr ANALOG | 3 | PA |
| XPTM ANALOG | 3 | PA |
| DILUENTS - STERILE WATER FOR INJECTION - DRUGS FOR NUTRITION | | |
| water for injection, sterile injection | 1 | |
| ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN - DRUGS FOR NUTRITION | | |
| kionex (with sorbitol) | 1 | |
| LOKELMA | 2 | QL |
| sodium polystyrene sulfonate oral powder | 1 | |
| sps (with sorbitol) | 1 | |
| VELTASSA | 2 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| IRRIGATION SOLUTIONS - DRUGS FOR NUTRITION | | |
| water for irrigation, sterile | 1 | |
| MINERALS AND ELECTROLYTES - BICARBONATE PRODUCING OR CONTAINING AGENTS - DRUGS FOR NUTRITION | | |
| sodium bicarbonate intravenous | 1 | |
| MINERALS AND ELECTROLYTES - IODINE - DRUGS FOR NUTRITION | | |
| potassium iodide oral solution | 1 | |
| SSKI | 3 | |
| MINERALS AND ELECTROLYTES - IRON - DRUGS FOR NUTRITION | | |
| ACCRUFER | 3 | PA; QL |
| AURYXIA | 3 | QL |
| MINERALS AND ELECTROLYTES - PHOSPHATE - DRUGS FOR NUTRITION | | |
| potassium phosphate m-/d-basic intravenous solution 3 mmol/ml | 1 | |
| sodium phosphate | 1 | |
| MINERALS AND ELECTROLYTES - POTASSIUM, ORAL - DRUGS FOR NUTRITION | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| effer-k oral tablet, effervescent 25 meq | 1 | |
| klor-con | 1 | |
| klor-con 10 | 1 | |
| klor-con 8 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con/ef | 1 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | |
| POKONZA | 3 | PA; QL |
| potassium chloride oral capsule, extended release | 1 | |
| potassium chloride oral liquid | 1 | |
| potassium chloride oral packet | 1 | |
| potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq | 1 | |
| potassium chloride oral tablet extended release 15 meq | 3 | |
| potassium chloride oral tablet,er particles/crystals | 1 | |
| MULTIVITAMIN AND MINERAL COMBINATIONS - DRUGS FOR NUTRITION | | |
| CITRANATAL MEDLEY | 3 | |
| CONCEPT DHA | 3 | |
| CONCEPT OB | 3 | |
| ELITE-OB | 3 | |
| folivane-ob | 1 | |
| K-PAX | 3 | PA |
| OB COMPLETE | 3 | |
| pnv-omega | 1 | |
| taron-c dha | 1 | |
| wescap-c dha | 1 | |
| zatean-pn plus | 1 | |
| MULTIVITAMINS - DRUGS FOR NUTRITION | | |
| NEEVODHA (WITH ALGAL OIL) | 3 | |
| NESTABS ONE | 3 | |
| pnv-dha | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| prenatal-u | 1 | |
| wescap-pn dha | 1 | |
| zatean-pn dha | 1 | |
| NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL - DRUGS FOR NUTRITION | | |
| ENFAMIL GLUCOSE | 3 | |
| ENSURE PRE-SURGERY | 3 | PA |
| PREOP | 3 | PA |
| SOL CARB | 3 | PA |
| NUTRITIONAL PRODUCT - CHYLOTHORAX OR LCHAD SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| ENFAPORT | 3 | PA |
| NUTRITIONAL PRODUCT - GLUTARIC ACIDURIA TYPE 1 SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| GA EXPRESS 15 | 3 | PA |
| GA GEL | 3 | PA |
| GA POWDER | 3 | PA |
| GA-1 ANAMIX EARLY YEARS | 3 | PA |
| GLUTARADE AMINO ACID BLEND | 3 | PA |
| GLUTARADE GA-1 | 3 | PA |
| GLUTARADE JUNIOR | 3 | PA |
| GLUTAREX-1 | 3 | PA |
| GLUTAREX-2 | 3 | PA |
| XLYS- XTRP ANALOG | 3 | PA |
| XLYS, XTRP MAXAMAID | 3 | PA |
| XLYS, XTRP MAXAMUM | 3 | PA |
| NUTRITIONAL PRODUCT - GLYCOGEN STORAGE DISEASE SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| GLYCOSADE | 3 | PA |
| NUTRITIONAL PRODUCT - ISOVALERIC ACIDEMIA SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| IVA ANAMIX EARLY YEARS | 3 | PA |
| IVA ANAMIX NEXT | 3 | PA |
| IVA MAXAMUM | 3 | PA |
| I-VALEX-1 | 3 | PA |
| I-VALEX-2 | 3 | PA |
| LMD POWDER | 3 | PA |
| XLEU ANALOG | 3 | PA |
| XLEU MAXAMAID | 3 | PA |
| NUTRITIONAL PRODUCT - KETOGENIC FORMULATION - DRUGS FOR NUTRITION | | |
| CYTO RALA | 3 | PA |
| KETOCAL 2.5:1 | 3 | PA |
| KETOCAL 3:1 | 3 | PA |
| KETOCAL 4:1 | 3 | PA |
| KETOCAL 4:1 (MILK-SOY) | 3 | PA |
| KETOVIE | 3 | PA |
| KETOVIE 3:1 | 3 | PA |
| KETOVIE PEPTIDE 4:1 | 3 | PA |
| KETOVIE PLANT-BASED 4:1 | 3 | PA |
| KETOVOLVE | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| K-FLO | 3 | PA |
| NEOKE BCAA4 | 3 | PA |
| NUTRITIONAL PRODUCT - LIPID OTHERS - DRUGS FOR NUTRITION | | |
| DOJOLVI | 3 | PA; QL; MS; S |
| NUTRITIONAL PRODUCT - MEDICAL CONDITION SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| CHOLEXMAX | 3 | PA |
| CHOLEXTRA T-F | 3 | PA |
| ENDARI | 3 | PA; QL; MS; S |
| glutamine (sickle cell) | 1 | PA; QL; MS; S |
| NUTRITIONAL PRODUCT - METHIONINE-FREE SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| HCU ANAMIX EARLY YEARS | 3 | PA |
| HCU ANAMIX NEXT | 3 | PA |
| HCU COOLER | 3 | PA |
| HCU EXPRESS15 PLUS | 3 | PA |
| HCU EXPRESS20 PLUS | 3 | PA |
| HCU GEL POWDER | 3 | PA |
| HCU LOPHLEX | 3 | PA |
| HCU MAXAMUM | 3 | PA |
| HCY 1 POWDER | 3 | PA |
| HCY 2 | 3 | PA |
| HOMACTIN AA PLUS 15 PE | 3 | PA |
| HOMACTIN AA PLUS 20 PE | 3 | PA |
| HOMINEX-1 | 3 | PA |
| HOMINEX-2 | 3 | PA |
| METHIONAID | 3 | PA |
| XMET ANALOG | 3 | PA |
| XMET MAXAMAID | 3 | PA |
| NUTRITIONAL PRODUCT - MSUD SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| ACERFLEX | 3 | PA |
| BCAD 1 | 3 | PA |
| BCAD 2 | 3 | PA |
| COMPLEX ESSENTIAL | 3 | PA |
| COMPLEX JUNIOR MSD | 3 | PA |
| COMPLEX MSUD AMINO ACID BLEND | 3 | PA |
| ISOLEUCINE 1000 | 3 | PA |
| ISOLEUCINE AMINO ACID SUPPLMNT | 3 | PA |
| KETONEX-1 | 3 | PA |
| KETONEX-2 | 3 | PA |
| METHIONINE | 3 | PA |
| MSUD AID | 3 | PA |
| MSUD ANALOG | 3 | PA |
| MSUD ANAMIX EARLY YEARS | 3 | PA |
| MSUD COOLER | 3 | PA |
| MSUD EXPRESS COOLER | 3 | PA |
| MSUD EXPRESS15 PLUS | 3 | PA |
| MSUD EXPRESS20 PLUS | 3 | PA |
| MSUD GEL POWDER | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MSUD LOPHLEX | 3 | PA |
| MSUD MAXAMAID | 3 | PA |
| MSUD MAXAMUM | 3 | PA |
| VILACTIN AA PLUS 20 PE | 3 | PA |
| NUTRITIONAL PRODUCT - NUTRITIONAL THERAPY - DRUGS FOR NUTRITION | | |
| ALFAMINO JUNIOR | 3 | PA |
| BCAD 1 | 3 | PA |
| BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML | 3 | PA |
| BOOST MAX | 3 | PA |
| CHICKEN-PEAS-CARROTS | 3 | PA |
| CHICKEN-PEAS-CARROTS PED PLUS | 3 | PA |
| CHICKEN-PEAS-CARROTS PLUS | 3 | PA |
| COMPLEAT | 3 | PA |
| COMPLEAT 1.5 | 3 | PA |
| COMPLEAT ORGANIC BLEND CHICKEN | 3 | PA |
| COMPLEAT ORGANIC BLENDS PLANT | 3 | PA |
| COMPLEAT PED ORG BLEND CHICKEN | 3 | PA |
| COMPLEAT PED ORG BLENDS PLANT | 3 | PA |
| COMPLEAT PED STANDARD 1.4 | 3 | PA |
| COMPLEAT PEDIATRIC PEPTIDE 1.5 | 3 | PA |
| COMPLEAT PEPTIDE | 3 | PA |
| COMPLEAT PEPTIDE 1.5 | 3 | PA |
| COMPLEAT STANDARD 1.4 | 3 | PA |
| DIABETISOURCE AC | 3 | PA |
| ELECARE JR | 3 | PA |
| ENCALA | 3 | PA |
| ENSURE CLEAR THERAPEUTIC | 3 | PA |
| ENSURE PLANT-BASED PROTEIN | 3 | PA |
| ENSURE SURGERY | 3 | PA |
| ENSURE SURGERY PERIOP BUNDLE | 3 | PA |
| ENU NUTRITION SHAKE | 3 | PA |
| ENU PRO3 PLUS | 3 | PA |
| EO28 SPLASH ORAL LIQUID 0.025-1 GRAM-KCAL/ML | 3 | PA |
| EQUACARE JR | 3 | PA |
| ESSENTIAL CARE JR | 3 | PA |
| FIBERSOURCE HN | 3 | PA |
| FRUITIVITS | 3 | PA |
| GLUCERNA 1 CAL | 3 | PA |
| GLUCERNA 1.2 CAL | 3 | PA |
| GLUCERNA 1.5 CAL | 3 | PA |
| GLUCERNA ADVANCE | 3 | PA |
| GLUCERNA HUNGER SMART | 3 | PA |
| GLUCERNA SHAKE | 3 | PA |
| GLUCERNA SNACK SHAKE | 3 | PA |
| GLUCERNA THERAPEUTIC NUTRITION | 3 | PA |
| GLUCO BURST DIABETIC DRINK | 3 | PA |
| GLUCOSE SUPPORT 1.2 CAL | 3 | PA |
| GLUTAREX-1 | 3 | PA |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| GLUTAREX-2 | 3 | PA |
| IMPACT ADVANCED RECOVERY | 3 | PA |
| IMPACT PEPTIDE 1.5 CAL | 3 | PA |
| KALE-QUINOA-BERRIES PEDS PLUS | 3 | PA |
| KALE-QUINOA-BERRIES PLUS | 3 | PA |
| KALE-QUINOA-BERRIES VEGAN | 3 | PA |
| LIPISTART ORAL POWDER 12 GRAM-469 KCAL/100 GRAM | 3 | PA |
| MONOGEN ORAL POWDER 12.9 GRAM-444 KCAL/100 GRAM | 3 | PA |
| NEOCATE JUNIOR | 3 | PA |
| NEOCATE JUNIOR WITH PREBIOTICS | 3 | PA |
| NEOCATE NUTRA | 3 | PA |
| NEOCATE SPLASH | 3 | PA |
| NEOCATE SYNEO JUNIOR | 3 | PA |
| NEPRO CARB STEADY | 3 | PA |
| NOVASOURCE RENAL 2 CAL | 3 | PA |
| NUTREN 1.0 WITH FIBER | 3 | PA |
| NUTREN 1.5 | 3 | PA |
| NUTREN 2.0 | 3 | PA |
| NUTREN JUNIOR | 3 | PA |
| NUTREN JUNIOR FIBER | 3 | PA |
| OPTICLEANSE GHI | 3 | PA |
| OSMOLITE 1 CAL | 3 | PA |
| OSMOLITE 1.2 CAL | 3 | PA |
| OSMOLITE 1.5 CAL | 3 | PA |
| OXEPA | 3 | PA |
| PEDIASURE PEPTIDE 1.0 CAL | 3 | PA |
| PEDIASURE PEPTIDE 1.5 CAL | 3 | PA |
| PEDIATRIC BLENDED MEAL | 3 | PA |
| PEDIATRIC PEPTIDE 1.0 | 3 | PA |
| PEDIATRIC PEPTIDE FORMULA 1.5 | 3 | PA |
| PEDIATRIC STANDARD FORMULA 1.2 | 3 | PA |
| PEPTAMEN | 3 | PA |
| PEPTAMEN 1.5 | 3 | PA |
| PEPTAMEN 1.5 CAL WITH PREBIO1 | 3 | PA |
| PEPTAMEN AF | 3 | PA |
| PEPTAMEN INTENSE VHP | 3 | PA |
| PEPTAMEN JUNIOR | 3 | PA |
| PEPTAMEN JUNIOR 1.5 | 3 | PA |
| PEPTAMEN JUNIOR FIBER | 3 | PA |
| PEPTAMEN JUNIOR HP | 3 | PA |
| PEPTAMEN JUNIOR PHGG | 3 | PA |
| PEPTAMEN W-PREBIO1 | 3 | PA |
| PEPTIDE 1.0 | 3 | PA |
| PEPTIDE FORMULA 1.5 | 3 | PA |
| PERATIVE | 3 | PA |
| PFD 2 | 3 | PA |
| PIVOT 1.5 CAL | 3 | PA |
| POLYCAL | 3 | PA |
| PORTAGEN | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PROMOTE | 3 | PA |
| PROMOTE WITH FIBER | 3 | PA |
| PROVIMIN | 3 | PA |
| PULMOCARE | 3 | PA |
| PURAMINO JR | 3 | PA |
| RENA STEP | 3 | PA |
| RENAL SUPPORT 1.8 | 3 | PA |
| RENAMENT | 3 | PA |
| RENASTART | 3 | PA |
| RESTORE FUSION RENAL SUPPORT | 3 | PA |
| RESTORE RENAL SUPPORT | 3 | PA |
| S.O.S. 25 | 3 | PA |
| STANDARD 1.4 | 3 | PA |
| STANDARD FORMULA 1.0 | 3 | PA |
| SUPLENA CARB STEADY | 3 | PA |
| TOLEREX | 3 | PA |
| TYR COOLER ORAL SUSPENSION | 3 | PA |
| ULTRIENT 1.5 | 3 | PA |
| VITAL 1.0 CAL | 3 | PA |
| VITAL 1.5 CAL | 3 | PA |
| VITAL AF 1.2 CAL | 3 | PA |
| VITAL HIGH PROTEIN | 3 | PA |
| VITAL PEPTIDE 1.5 CAL | 3 | PA |
| VIVONEX PEDIATRIC | 3 | PA |
| VIVONEX PLUS | 3 | PA |
| VIVONEX RTF | 3 | PA |
| VIVONEX T.E.N. | 3 | PA |
| XMET XCYS MAXAMAID | 3 | PA |
| XTRACAL PLUS | 3 | PA |
| NUTRITIONAL PRODUCT - PHENYLKETONURIA (PKU) SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| EAA SUPPLEMENT | 3 | PA |
| GLYTACTIN 20PE BETTERMILK LITE | 3 | PA |
| GLYTACTIN BETTERMILK 15-15 | 3 | PA |
| GLYTACTIN BETTERMILK 5-5 | 3 | PA |
| GLYTACTIN BUILD 10-10 | 3 | PA |
| GLYTACTIN BUILD 20-20 | 3 | PA |
| GLYTACTIN BURST 10-10 | 3 | PA |
| GLYTACTIN BURST 20-20 | 3 | PA |
| GLYTACTIN RESTORE 10 PE | 3 | PA |
| GLYTACTIN RESTORE 10 PE LITE | 3 | PA |
| GLYTACTIN RESTORE 5 PE | 3 | PA |
| GLYTACTIN RTD 10 PE | 3 | PA |
| GLYTACTIN RTD 15 PE | 3 | PA |
| GLYTACTIN RTD LITE 15 | 3 | PA |
| GLYTACTIN SWIRL 15 PE | 3 | PA |
| GLYTACTIN SWIRL 15-15 | 3 | PA |
| LANAFLEX | 3 | PA |
| LOPHLEX | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NEOPHE ORAL POWDER | 3 | PA |
| PERIFLEX ADVANCE | 3 | PA |
| PERIFLEX INFANT | 3 | PA |
| PERIFLEX JUNIOR | 3 | PA |
| PERIFLEX LQ PKU | 3 | PA |
| PHENEX-1 | 3 | PA |
| PHENEX-2 | 3 | PA |
| PHENYLADE 40 | 3 | PA |
| PHENYLADE 60 | 3 | PA |
| PHENYLADE AMINO ACIDS | 3 | PA |
| PHENYLADE ESSENTIAL | 3 | PA |
| PHENYLADE GMP | 3 | PA |
| PHENYLADE GMP MIX-IN | 3 | PA |
| PHENYLADE GMP READY | 3 | PA |
| PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM | 3 | PA |
| PHENYLADE MTE AMINO ACIDS | 3 | PA |
| PHENYLADE PHEBLOC ORAL POWDER IN PACKET | 3 | PA |
| PHENYL-FREE 1 | 3 | PA |
| PHENYL-FREE 2 PKU | 3 | PA |
| PHENYL-FREE 2HP PKU | 3 | PA |
| PHLEXY-10 DRINK MIX POWDER | 3 | PA |
| PKU AIR20 | 3 | PA |
| PKU COOLER 10 | 3 | PA |
| PKU COOLER 15 | 3 | PA |
| PKU COOLER 20 | 3 | PA |
| PKU EASY SHAKE AND GO | 3 | PA |
| PKU EXPLORE10 | 3 | PA |
| PKU EXPLORE5 | 3 | PA |
| PKU EXPRESS15 PLUS | 3 | PA |
| PKU EXPRESS20 PLUS | 3 | PA |
| PKU GEL POWDER | 3 | PA |
| PKU GOLIKE PLUS (16 YR UP) | 3 | PA |
| PKU GOLIKE PLUS (4-16 YR) | 3 | PA |
| PKU LOPHLEX | 3 | PA |
| PKU MAXAMUM | 3 | PA |
| PKU PERIFLEX EARLY YEARS | 3 | PA |
| PKU PERIFLEX JUNIOR PLUS | 3 | PA |
| PKU SPHERE15 | 3 | PA |
| PKU SPHERE20 | 3 | PA |
| XPHE MAXAMAID | 3 | PA |
| XPHE MAXAMUM | 3 | PA |
| NUTRITIONAL PRODUCT - PROPIONIC ACIDEMIA SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| MMA-PA ANAMIX EARLY YEARS | 3 | PA |
| MMA-PA ANAMIX NEXT | 3 | PA |
| MMA-PA COOLER15 | 3 | PA |
| MMA-PA EXPRESS15 | 3 | PA |
| MMA-PA GEL | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MMA-PA MAXAMUM | 3 | PA |
| OA 1 POWDER | 3 | PA |
| OA2 POWDER | 3 | PA |
| PROPIMEX-1 | 3 | PA |
| PROPIMEX-2 | 3 | PA |
| XMTVI ANALOG | 3 | PA |
| XMTVI MAXAMAID | 3 | PA |
| NUTRITIONAL PRODUCT - PROTEIN REPLACEMENTS - DRUGS FOR NUTRITION | | |
| BENEPROTEIN | 3 | PA |
| DECUB-AMINE | 3 | PA |
| ENSURE HIGH PROTEIN ORAL POWDER | 3 | PA |
| GI PROTECT | 3 | PA |
| G-PREPROTEIN | 3 | PA |
| I5 | 3 | PA |
| IGG 2000 CWP ORAL POWDER | 3 | PA |
| IGG PURE | 3 | PA |
| IMMULIFE | 3 | PA |
| JUVEN | 3 | PA |
| JUVEN (WITH COLLAGEN) | 3 | PA |
| LIQUACEL | 3 | PA |
| LIQUID PROTEIN FORTIFIER | 3 | PA |
| LPS NEUTRAL FLAVOR | 3 | PA |
| NEW ZEALAND WHEY PROTEIN | 3 | PA |
| NUTRITIONAL DRINK MIX | 3 | PA |
| PRE PROTEIN 20 | 3 | PA |
| PRE-PROTEIN | 3 | PA |
| PROCEL | 3 | PA |
| PROCEL SINGLES | 3 | PA |
| PROMOD PROTEIN | 3 | PA |
| PROSOURCE | 3 | PA |
| PROSOURCE NO CARB | 3 | PA |
| PROSOURCE PLUS | 3 | PA |
| PROSOURCE TF | 3 | PA |
| PROSOURCE TF 20 | 3 | PA |
| PROSOURCE TF FREE | 3 | PA |
| PROSOURCE ZAC | 3 | PA |
| PRO-STAT AWC | 3 | PA |
| PRO-STAT MAX ORAL LIQUID | 3 | PA |
| PRO-STAT RENAL CARE | 3 | PA |
| PRO-STAT SUGAR FREE | 3 | PA |
| PROSYNMINIC | 3 | PA |
| PROTEIN ORAL POWDER | 3 | PA |
| PROTEINEX | 3 | PA |
| PROTEINEX-18 | 3 | PA |
| UNJURY ORAL POWDER | 3 | PA |
| VEGAPRO | 3 | PA |
| WHEY PROTEIN | 3 | PA |
| WHEY PROTEIN CONCENTRATE | 3 | PA |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|-----------------------------------|
| NUTRITIONAL PRODUCT - SULFITE OXIDASE DEFICIENCY SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| SOD ANAMIX EARLY YEARS | 3 | PA |
| XMET XCYS MAXAMAID | 3 | PA |
| NUTRITIONAL PRODUCT - TYROSINEMIA SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| TYLACTIN BUILD 20 PE | 3 | PA |
| TYLACTIN RESTORE 10 PE | 3 | PA |
| TYLACTIN RESTORE 5 PE | 3 | PA |
| TYLACTIN RTD 15 PE | 3 | PA |
| TYR ANAMIX EARLY YEARS | 3 | PA |
| TYR ANAMIX NEXT | 3 | PA |
| TYR EXPRESS15 PLUS | 3 | PA |
| TYR EXPRESS20 PLUS | 3 | PA |
| TYR GEL POWDER | 3 | PA |
| TYR LOPHLEX | 3 | PA |
| TYR LOPHLEX GMP MIX-IN | 3 | PA |
| TYR SPHERE20 | 3 | PA |
| TYREX-1 | 3 | PA |
| TYREX-2 | 3 | PA |
| TYROS 1 | 3 | PA |
| TYROS 2 | 3 | PA |
| XPHE, XTRP MAXAMAID | 3 | PA |
| XPHE, TYR ANALOG | 3 | PA |
| XPTM ANALOG | 3 | PA |
| NUTRITIONAL PRODUCT - UREA CYCLE DISORDER SPECIFIC FORMULATION - DRUGS FOR NUTRITION | | |
| CYCLINEX-1 | 3 | PA |
| CYCLINEX-2 | 3 | PA |
| EAA UCD | 3 | PA |
| ESSENTIAL AMINO ACID MIX | 3 | PA |
| UCD ANAMIX JUNIOR | 3 | PA |
| WND 1 | 3 | PA |
| WND 2 | 3 | PA |
| PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS - DRUGS FOR NUTRITION | | |
| FLORIVA | 3 | Covered in full age 16 and under* |
| FLORIVA (FLUORIDE-VITAMIN D3) | 3 | Covered in full age 16 and under* |
| FLORIVA PLUS | 3 | Covered in full age 16 and under* |
| multi-vitamin with fluoride | 1 | Covered in full age 16 and under* |
| mvc-fluoride | 1 | Covered in full age 16 and under* |
| QUFLORA | 3 | Covered in full age 16 and under* |
| QUFLORA PEDIATRIC | 3 | Covered in full age 16 and under* |
| QUFLORA PEDIATRIC DROPS | 3 | Covered in full age 16 and under* |
| SOLUVITA A,C,D WITH FLUORIDE | 3 | Covered in full age 16 and under* |
| SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML | 3 | Covered in full age 16 and under* |
| tri-vitamin with fluoride | 1 | Covered in full age 16 and under* |
| tri-vite with fluoride | 1 | Covered in full age 16 and under* |
| vitamins a,c,d and fluoride | 1 | Covered in full age 16 and under* |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PRENATAL VITAMINS AND MINERALS - DRUGS FOR NUTRITION | | |
| bal-care dha | 1 | |
| BAL-CARE DHA ESSENTIAL | 3 | |
| CITRANATAL B-CALM (FE GLUC) | 3 | |
| CLASSIC PRENATAL | 3 | Covered in full age 11+* |
| c-nate dha | 1 | |
| complete natal dha | 1 | |
| DUET DHA WITH OMEGA-3 | 3 | |
| KOSHER PRENATAL PLUS IRON | 3 | |
| MARNATAL-F | 3 | |
| m-natal plus | 1 | |
| mynatal | 1 | |
| mynatal plus | 1 | |
| mynatal-z | 1 | |
| NATACHEW (FE BIS-GLYCINATE) | 3 | |
| NEONATAL PLUS VITAMIN | 3 | |
| NEONATAL-DHA | 3 | |
| NESTABS | 3 | |
| NESTABS ABC | 3 | |
| NESTABS DHA | 3 | |
| newgen | 1 | |
| OB COMPLETE ONE | 3 | |
| OB COMPLETE PETITE | 3 | |
| OB COMPLETE PREMIER | 3 | |
| OB COMPLETE WITH DHA | 3 | |
| ONE DAILY PRENATAL | 3 | Covered in full age 11+* |
| pnv-select | 1 | |
| pr natal 400 | 1 | |
| pr natal 400 ec | 1 | |
| pr natal 430 | 1 | |
| pr natal 430 ec | 1 | |
| PRENATA | 3 | |
| prenatabs fa | 1 | |
| prenatabs rx | 1 | |
| PRENATAL 19 ORAL TABLET,CHEWABLE | 3 | |
| PRENATAL COMPLETE | 3 | Covered in full age 11+* |
| PRENATAL MULTI-DHA (ALGAL OIL) | 3 | Covered in full age 11+* |
| PRENATAL MULTIVITAMINS | 3 | Covered in full age 11+* |
| PRENATAL ONE DAILY | 3 | Covered in full age 11+* |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | 3 | Covered in full age 11+* |
| prenatal plus | 1 | |
| prenatal plus (calcium carb) | 1 | |
| PRENATAL PLUS DHA | 3 | QL |
| PRENATAL TABLET | 3 | Covered in full age 11+* |
| PRENATAL VIT NO.179-IRON-FOLIC | 3 | Covered in full age 11+* |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG | 3 | Covered in full age 11+* |
| prenatal vitamin plus low iron | 1 | |
| PRENATAL VIT-IRON FUM-FOLIC AC | 3 | Covered in full age 11+* |
| PRENATE STAR | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| PROVIDA OB | 3 | |
| R-NATAL OB | 3 | |
| SELECT-OB | 3 | |
| SELECT-OB (FOLIC ACID) | 3 | |
| SELECT-OB + DHA | 3 | |
| se-natal 19 chewable | 1 | |
| se-natal-19 | 1 | |
| THRIVITE RX | 3 | |
| TRICARE | 3 | |
| trinatal rx 1 | 1 | |
| trinate | 1 | |
| VITAFOL FE PLUS | 3 | |
| VITAFOL GUMMIES | 3 | |
| VITAFOL ULTRA | 3 | |
| vitafol-ob | 1 | |
| VITAFOL-OB+DHA | 3 | |
| VITAFOL-ONE | 3 | |
| VITAMEDMD ONE RX | 3 | |
| wesnatal dha complete | 1 | |
| wesnate dha | 1 | |
| westab plus | 1 | |
| westgel dha | 1 | |
| SODIUM CHLORIDE SOLUTIONS, CONCENTRATED - DRUGS FOR NUTRITION | | |
| sodium chloride intravenous | 1 | |
| SODIUM CHLORIDE, PARENTERAL - DRUGS FOR NUTRITION | | |
| sodium chloride intravenous | 1 | |
| STERILE WATER FOR INJECTION - DRUGS FOR NUTRITION | | |
| water for injection, sterile intravenous | 1 | |
| VITAMINS - B PREPARATION COMBINATIONS - DRUGS FOR NUTRITION | | |
| zingiber | 1 | |
| VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES - DRUGS FOR NUTRITION | | |
| cyanocobalamin (vitamin b-12) injection | 1 | |
| cyanocobalamin (vitamin b-12) nasal | 1 | PA |
| dodex | 1 | |
| NASCOBAL | 3 | PA |
| PHYSICIANS EZ USE B-12 | 3 | |
| VITAMINS - B-3, NIACIN AND DERIVATIVES - DRUGS FOR NUTRITION | | |
| niacin oral tablet 500 mg | 1 | PA; QL |
| VITAMINS - B-6, PYRIDOXINE AND DERIVATIVES - DRUGS FOR NUTRITION | | |
| pyridoxine (vitamin b6) injection | 1 | |
| VITAMINS - D DERIVATIVES - DRUGS FOR NUTRITION | | |
| calcitriol oral | 1 | |
| ergocaliferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) | 1 | |
| ROCALTROL ORAL SOLUTION | 3 | |
| VITAMINS - FOLIC ACID AND DERIVATIVES - DRUGS FOR NUTRITION | | |
| folic acid injection | 1 | |
| folic acid oral tablet 1 mg | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|------------------------------|
| FOLIC ACID ORAL TABLET 400 MCG, 800 MCG | 3 | QL; Covered in full age 11+* |
| VITAMINS - K, PHYTONADIONE AND DERIVATIVES - DRUGS FOR NUTRITION | | |
| phytonadione (vitamin k1) oral tablet 5 mg | 1 | |
| ENDOCRINE | | |
| ANTIHYPERGLYCEMIC - DUAL SGLT1 AND SGLT2 INHIBITORS | | |
| INPEFA | 3 | PA; QL |
| MENOPAUSAL SYMPTOMS SUPPRESSANT-NEUROKININ 3 (NK3) RECEPTOR ANTAGONIST | | |
| VEOZAH | 3 | PA; QL |
| ENDOCRINE - HORMONES | | |
| ABORTIFACIENTS- PROGESTERONE RECEPTOR ANTAGONIST - DRUGS FOR WOMEN | | |
| mifepristone oral tablet 200 mg | 1 | |
| ADRENAL STEROID INHIBITORS - HORMONES | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | PA; QL; S |
| RECORLEV | 3 | PA; QL; S |
| ADRENOCORTICOTROPHIC HORMONES - HORMONES | | |
| ACTHAR | 3 | PA; QL; MS; S |
| ACTHAR SELFJECT | 3 | PA; QL; MS; S |
| CORTROPHIN GEL | 3 | PA; QL; MS; S |
| AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS) - DRUGS FOR DIABETES | | |
| BAQSIMI | 2 | QL |
| dex4 glucose bits | 1 | |
| DEX4 GLUCOSE ORAL GEL IN PACKET | 3 | |
| DEX4 GLUCOSE ORAL LIQUID | 3 | |
| dex4 glucose oral tablet, chewable | 1 | |
| dex4 glucose pouch pack | 1 | |
| dex4 glucose quick dissolve | 1 | |
| DEXTROSE ORAL LIQUID | 3 | |
| diazoxide | 1 | |
| GLUCAGON (HCL) EMERGENCY KIT | 2 | QL |
| glucagon emergency kit (human) | 1 | QL |
| gluco burst | 1 | |
| GLUCO SHOT | 3 | |
| glucose bits | 1 | |
| glucose gel | 1 | |
| GLUCOSE ORAL TABLET,CHEWABLE 2 GRAM | 3 | |
| glucose oral tablet, chewable 4 gram | 1 | |
| GLUTOSE-15 | 3 | |
| GLUTOSE-45 | 3 | |
| GLUTOSE-5 | 3 | |
| GVOKE | 2 | QL |
| GVOKE HYPOPEN 1-PACK | 2 | QL |
| GVOKE HYPOPEN 2-PACK | 2 | QL |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | QL |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | QL |
| INSTA-GLUCOSE (WITH DEXTRIN) | 3 | |
| PROGLYCEM | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| RELION GLUCOSE | 3 | |
| TRUEPLUS GLUCOSE | 3 | |
| ZEGALOGUE AUTOINJECTOR | 3 | QL |
| ZEGALOGUE SYRINGE | 3 | QL |
| AMYLOIDOSIS AGENTS- TRANSTHYRETIN (TTR) STABILIZER - HORMONES | | |
| VYNDAMAX | 3 | PA; QL; MS; S |
| VYNDAQEL | 3 | PA; QL; MS; S |
| AMYLOIDOSIS AGENTS-TTR SUPPRESSION, ANTISENSE OLIGONUCLEOTIDE-BASED - HORMONES | | |
| WAINUA | 3 | PA; QL; S |
| ANDROGEN - SINGLE AGENTS - DRUGS FOR MEN | | |
| ANDROGEL | 3 | |
| DEPO-TESTOSTERONE | 3 | |
| JATENZO | 3 | QL |
| KYZATREX | 3 | QL |
| methitest | 1 | |
| methyltestosterone oral capsule | 1 | |
| NATESTO | 3 | QL |
| TESTIM | 3 | |
| testosterone 50 mg/5 gram pkt inner | 3 | |
| TESTOSTERONE 50 MG/5 GRAM PKT (UPSHER-SMITH) | 3 | |
| testosterone cypionate | 1 | |
| testosterone enanthate | 1 | |
| testosterone transdermal gel | 1 | |
| testosterone transdermal gel in metered-dose pump | 1 | |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | 1 | |
| testosterone transdermal solution in metered pump w/app | 1 | |
| TLANDO | 3 | QL |
| UNDECATREX | 3 | QL |
| VOGELXO | 3 | |
| XYOSTED | 3 | QL |
| ANTIDIURETIC AND VASOPRESSOR HORMONES - HORMONES | | |
| DDAVP INJECTION | 3 | MS; S |
| DDAVP ORAL | 3 | |
| desmopressin injection | 1 | MS; S |
| desmopressin nasal spray with pump | 1 | |
| desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml) | 1 | |
| desmopressin oral | 1 | |
| NOCDURNA (MEN) | 3 | QL |
| NOCDURNA (WOMEN) | 3 | QL |
| ANTIHYPERTENSIVE - ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES | | |
| acarbose | 1 | |
| miglitol | 1 | |
| PRECOSE | 3 | |
| ANTIHYPERTENSIVE - AMYLIN ANALOG-TYPE - DRUGS FOR DIABETES | | |
| SYMLINPEN 120 | 3 | |
| SYMLINPEN 60 | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES | | |
| ALOGLIPTIN | 3 | PA; QL |
| JANUVIA ORAL TABLET 100 MG, 50 MG | 3 | ST; QL |
| JANUVIA ORAL TABLET 25 MG | 2 | QL |
| NESINA | 3 | PA; QL |
| saxagliptin | 1 | QL |
| SITAGLIPTIN | 3 | PA; QL |
| TRADJENTA | 2 | QL |
| ZITUVIO | 3 | PA; QL |
| ANTIHYPERGLYCEMIC - DUAL GIP AND GLP-1 RECEPTOR AGONISTS - DRUGS FOR DIABETES | | |
| MOUNJARO | 3 | PA; QL |
| ANTIHYPERGLYCEMIC - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS - DRUGS FOR DIABETES | | |
| BYDUREON BCISE | 3 | PA; QL |
| BYETTA | 3 | PA; QL |
| LIRAGLUTIDE | 3 | PA; QL |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | PA; QL |
| RYBELSUS | 2 | PA; QL |
| TRULICITY | 2 | PA; QL |
| VICTOZA 2-PAK | 3 | PA; QL |
| VICTOZA 3-PAK | 3 | PA; QL |
| ANTIHYPERGLYCEMIC - GLUCOCORTICOID (CORTISOL) RECEPTOR BLOCKER (GR-II) - DRUGS FOR DIABETES | | |
| KORLYM | 3 | PA; QL; S |
| mifepristone oral tablet 300 mg | 1 | PA; QL; MS; S |
| ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS - DRUGS FOR DIABETES | | |
| nateglinide | 1 | |
| repaglinide | 1 | |
| ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES | | |
| DAPAGLIFLOZ PROPANED-METFORMIN | 3 | PA; QL |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG | 2 | |
| INVOKAMET ORAL TABLET 50-500 MG | 2 | QL |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG | 2 | QL |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG | 2 | |
| SEGLUROMET | 2 | QL |
| SYNJARDY | 2 | |
| SYNJARDY XR | 2 | QL |
| XIGDUO XR | 2 | QL |
| ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS - DRUGS FOR DIABETES | | |
| GLYXAMBI | 2 | QL |
| QTERN ORAL TABLET 10-5 MG | 3 | ST; QL |
| QTERN ORAL TABLET 5-5 MG | 3 | ST |
| STEGLUJAN | 3 | ST; QL |
| ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES | | |
| DAPAGLIFLOZIN PROPANEDIOL | 3 | PA; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| FARXIGA | 2 | QL |
| INVOKANA | 2 | QL |
| JARDIANCE | 2 | QL |
| STEGLATRO | 2 | QL |
| ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES | | |
| glipizide-metformin | 1 | |
| glyburide-metformin | 1 | |
| ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES - DRUGS FOR DIABETES | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 | |
| GLIMEPIRIDE ORAL TABLET 3 MG | 3 | PA |
| glipizide oral tablet 10 mg, 5 mg | 1 | |
| GLIPIZIDE ORAL TABLET 2.5 MG | 3 | |
| glipizide oral tablet extended release 24hr | 1 | |
| GLUCOTROL XL | 3 | |
| glyburide | 1 | |
| glyburide micronized | 1 | |
| ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES | | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | |
| pioglitazone-metformin | 1 | |
| ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS - DRUGS FOR DIABETES | | |
| DUETACT | 3 | QL |
| pioglitazone-glimepiride | 1 | QL |
| ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE - DRUGS FOR DIABETES | | |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | PA; QL |
| OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | PA; QL |
| ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE - DRUGS FOR DIABETES | | |
| ALOGLIPTIN-METFORMIN | 3 | PA; QL |
| JANUMET | 3 | ST; QL |
| JANUMET XR | 3 | ST; QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR | 2 | QL |
| KAZANO | 3 | PA; QL |
| saxagliptin-metformin | 1 | QL |
| SITAGLIPTIN-METFORMIN | 3 | PA; QL |
| ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB - DRUGS FOR DIABETES | | |
| SOLIQUA 100/33 | 2 | QL |
| XULTOPHY 100/3.6 | 2 | QL |
| ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB - DRUGS FOR DIABETES | | |
| TRIJARDY XR | 2 | |
| ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES - DRUGS FOR THYROID | | |
| methimazole oral tablet 10 mg, 5 mg | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES - DRUGS FOR THYROID | | |
| propylthiouracil | 1 | |
| BONE FORMATION STIMULATING AGENTS - NATRIURETIC PEPTIDE - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| VOXZOGO | 3 | PA; QL; MS; S |
| BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE REL PEPTIDES - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| TYMLOS | 2 | PA; QL; MS; S |
| BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| FORTEO | 3 | PA; QL; MS; S |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | 3 | PA; QL; MS; S |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 3 | PA; QL; S |
| BONE RESORPTION INHIBITORS - BISPHOSPHONATE AND VITAMIN D COMBINATIONS - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| FOSAMAX PLUS D | 3 | QL |
| BONE RESORPTION INHIBITORS - BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | QL |
| alendronate oral solution | 1 | |
| alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 | QL |
| AELVIA | 3 | QL |
| BINOSTO | 3 | QL |
| FOSAMAX ORAL TABLET 70 MG | 3 | QL |
| ibandronate oral | 1 | QL |
| risedronate | 1 | QL |
| CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| cinacalcet | 1 | |
| SENSIPAR | 3 | |
| CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| calcitonin (salmon) injection | 1 | PA; QL |
| calcitonin (salmon) nasal | 1 | |
| MIACALCIN INJECTION | 3 | PA; QL |
| ESTROGEN AND PROGESTIN WITH ANTIMINERALOCORTICOID ACTIVITY, COMBINATION - DRUGS FOR WOMEN | | |
| ANGELIQ | 3 | |
| ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS - DRUGS FOR WOMEN | | |
| DUAVEE | 2 | |
| ESTROGEN-ANDROGEN - DRUGS FOR WOMEN | | |
| covaryx | 1 | |
| covaryx h.s. | 1 | |
| eemt | 1 | |
| eemt hs | 1 | |
| estrogens-methyltestosterone | 1 | |
| ESTROGEN-PROGESTIN - DRUGS FOR WOMEN | | |
| ACTIVELLA | 3 | |
| BIJUVA | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CLIMARA PRO | 2 | |
| COMBIPATCH | 3 | |
| estradiol-norethindrone acet | 1 | |
| fyavolv | 1 | |
| jinteli | 1 | |
| mimvey | 1 | |
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | 1 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| ESTROGENS - DRUGS FOR WOMEN | | |
| CLIMARA | 3 | QL |
| DELESTROGEN | 3 | |
| DEPO-ESTRADIOL | 3 | |
| DIVIGEL | 3 | QL |
| dotti | 1 | |
| ELESTRIN | 3 | |
| ESTRACE ORAL | 3 | |
| estradiol oral | 1 | |
| estradiol transdermal gel in metered-dose pump | 1 | |
| estradiol transdermal gel in packet | 1 | QL |
| estradiol transdermal patch semiweekly | 1 | |
| estradiol transdermal patch weekly | 1 | QL |
| estradiol valerate | 1 | |
| ESTROGEL | 3 | |
| EVAMIST | 3 | |
| lyllana | 1 | |
| MENEST | 3 | |
| MENOSTAR | 3 | QL |
| MINIVELLE | 3 | |
| PREMARIN ORAL | 2 | |
| VIVELLE-DOT | 3 | |
| FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE-TYPE - DRUGS FOR WOMEN | | |
| CRINONE VAGINAL GEL 8 % | 3 | S |
| ENDOMETRIN | 2 | PA; S |
| FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON-FSH) - DRUGS FOR WOMEN | | |
| clomid | 1 | |
| clomiphene citrate | 1 | |
| FOLLICLE-STIMULATING AND LUTEINIZING HORMONES - DRUGS FOR WOMEN | | |
| MENOPUR | 3 | PA; MS; S |
| FOLLICLE-STIMULATING HORMONE (FSH) - DRUGS FOR WOMEN | | |
| FOLLISTIM AQ | 3 | PA; QL; MS; S |
| GONAL-F | 2 | PA; QL; MS; S |
| GONAL-F RFF | 2 | PA; QL; MS; S |
| GONAL-F RFF REDI-JECT | 2 | PA; QL; MS; S |
| GLUCOCORTICOIDS - DRUGS FOR INFLAMMATION | | |
| AGAMREE | 3 | PA; QL; S |
| ALKINDI SPRINKLE | 3 | PA; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CORTEF | 3 | |
| cortisone | 1 | |
| deflazacort oral suspension | 1 | PA; QL; S |
| deflazacort oral tablet | 1 | PA; QL; MS; S |
| DEPO-MEDROL | 3 | |
| DEXAMETHASONE INTENSOL | 3 | |
| dexamethasone oral elixir | 1 | |
| dexamethasone oral solution | 1 | |
| dexamethasone oral tablet | 1 | |
| EMFLAZA | 3 | PA; QL; MS; S |
| EOHILIA | 3 | PA; QL |
| HEMADY | 3 | PA |
| hydrocortisone oral | 1 | |
| hydrocortisone sod succinate | 1 | |
| MEDROL (PAK) | 3 | |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 3 | |
| methylprednisolone | 1 | |
| methylprednisolone acetate | 1 | |
| MILLIPRED DP | 3 | |
| MILLIPRED ORAL TABLET | 3 | |
| ORAPRED ODT | 3 | |
| prednisolone | 1 | |
| prednisolone sodium phosphate oral | 1 | |
| prednisone | 1 | |
| prednisone intensol | 1 | |
| RAYOS | 3 | PA; QL |
| SOLU-CORTEF | 3 | |
| SOLU-CORTEF ACT-O-VIAL (PF) | 3 | |
| TARPEYO | 3 | PA; QL; S |
| GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN | | |
| danazol | 1 | |
| GROWTH HORMONE RECEPTOR ANTAGONISTS - DRUGS FOR GROWTH | | |
| SOMAVERT | 3 | PA; QL; MS; S |
| GROWTH HORMONE RELEASING HORMONES (GHRH) - DRUGS FOR GROWTH | | |
| EGRIFTA SV | 3 | PA; QL; MS; S |
| GROWTH HORMONES - DRUGS FOR GROWTH | | |
| GENOTROPIN | 3 | PA; MS; S |
| GENOTROPIN MINIQUICK | 3 | PA; MS; S |
| HUMATROPE INJECTION CARTRIDGE | 3 | PA; MS; S |
| NGENLA | 3 | PA; QL; MS; S |
| NORDITROPIN FLEXPPO | 3 | PA; MS; S |
| NUTROPIN AQ NUSPIN | 3 | PA; MS; S |
| OMNITROPE | 2 | PA; MS; S |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 3 | PA; QL; MS; S |
| SKYTROFA | 3 | PA; QL; MS; S |
| SOGROYA | 3 | PA; QL; MS; S |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG | 3 | PA; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG | 3 | PA; QL; MS; S |
| HUMAN CHORIONIC GONADOTROPIN (HCG) - DRUGS FOR WOMEN | | |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR | 3 | PA; QL; MS; S |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 2 | PA; QL; MS; S |
| OVIDREL | 3 | PA; MS; S |
| PREGNYL | 2 | PA; QL; MS; S |
| HUMAN INSULINS - FIXED COMBINATIONS - DRUGS FOR DIABETES | | |
| HUMULIN 70/30 U-100 INSULIN | 2 | |
| HUMULIN 70/30 U-100 KWIKPEN | 2 | |
| NOVOLIN 70/30 U-100 INSULIN | 3 | |
| NOVOLIN 70-30 FLEXPEN U-100 | 3 | |
| HUMAN INSULINS - INTERMEDIATE ACTING - DRUGS FOR DIABETES | | |
| HUMULIN N NPH INSULIN KWIKPEN | 2 | |
| HUMULIN N NPH U-100 INSULIN | 2 | |
| NOVOLIN N FLEXPEN | 3 | |
| NOVOLIN N NPH U-100 INSULIN | 3 | |
| HUMAN INSULINS - RAPID ACTING - DRUGS FOR DIABETES | | |
| AFREZZA | 3 | |
| HUMAN INSULINS - SHORT ACTING - DRUGS FOR DIABETES | | |
| HUMULIN R REGULAR U-100 INSULN | 2 | |
| HUMULIN R U-500 (CONC) INSULIN | 2 | |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | |
| NOVOLIN R FLEXPEN | 3 | |
| NOVOLIN R REGULAR U100 INSULIN | 3 | |
| INSULIN ANALOGS - FIXED COMBINATIONS - DRUGS FOR DIABETES | | |
| HUMALOG MIX 50-50 KWIKPEN | 2 | |
| HUMALOG MIX 75-25 KWIKPEN | 2 | |
| HUMALOG MIX 75-25(U-100)INSULN | 2 | |
| INSULIN ASP PRT-INSULIN ASPART | 3 | PA |
| INSULIN LISPRO PROTAMIN-LISPRO | 2 | |
| NOVOLOG MIX 70-30 U-100 INSULN | 3 | PA |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 3 | PA |
| INSULIN ANALOGS - LONG ACTING - DRUGS FOR DIABETES | | |
| BASAGLAR KWIKPEN U-100 INSULIN | 3 | |
| BASAGLAR TEMPO PEN(U-100)INSULIN | 3 | |
| INSULIN DEGLUDEC | 2 | |
| INSULIN GLARGINE U-300 CONC | 2 | |
| INSULIN GLARGINE-YFGN | 2 | |
| LANTUS SOLOSTAR U-100 INSULIN | 2 | |
| LANTUS U-100 INSULIN | 2 | |
| LEVEMIR U-100 INSULIN | 2 | |
| REZVOGLAR KWIKPEN | 3 | PA |
| SEMGLEE(INSULIN GLARGINE-YFGN) | 3 | PA |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 3 | PA |
| TOUJEO MAX U-300 SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR U-300 INSULIN | 2 | |
| TRESIBA FLEXTOUCH U-100 | 2 | |
| TRESIBA FLEXTOUCH U-200 | 2 | |
| TRESIBA U-100 INSULIN | 2 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| INSULIN ANALOGS - RAPID ACTING - DRUGS FOR DIABETES | | |
| ADMELOG SOLOSTAR U-100 INSULIN | 3 | PA |
| ADMELOG U-100 INSULIN LISPRO | 3 | PA |
| APIDRA SOLOSTAR U-100 INSULIN | 3 | PA |
| APIDRA U-100 INSULIN | 3 | PA |
| FIASP FLEXTOUCH U-100 INSULIN | 3 | PA |
| FIASP PENFILL U-100 INSULIN | 3 | PA |
| FIASP PUMPCART | 3 | PA |
| FIASP U-100 INSULIN | 3 | PA |
| HUMALOG JUNIOR KWIKPEN U-100 | 2 | |
| HUMALOG KWIKPEN INSULIN | 2 | |
| HUMALOG TEMPO PEN(U-100)INSULN | 2 | |
| HUMALOG U-100 INSULIN | 2 | |
| INSULIN ASPART U-100 | 3 | PA |
| INSULIN LISPRO | 2 | |
| LYUMJEV KWIKPEN U-100 INSULIN | 2 | |
| LYUMJEV KWIKPEN U-200 INSULIN | 2 | |
| LYUMJEV TEMPO PEN(U-100)INSULN | 2 | |
| LYUMJEV U-100 INSULIN | 2 | |
| NOVOLOG FLEXPEN U-100 INSULIN | 3 | PA |
| NOVOLOG PENFILL U-100 INSULIN | 3 | PA |
| NOVOLOG U-100 INSULIN ASPART | 3 | PA |
| INSULIN RESPONSE ENHANCERS - BIGUANIDES - DRUGS FOR DIABETES | | |
| GLUMETZA | 3 | PA |
| metformin oral solution | 1 | |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg | 1 | |
| METFORMIN ORAL TABLET 625 MG | 3 | PA |
| metformin oral tablet extended release (generic version of glucophage xr) | 1 | |
| metformin oral tablet extended release osmotic (generic version of glumetza xr) | 1 | ST |
| metformin oral tablet extended release gastric (generic version of fortamet) | 1 | PA |
| RIOMET | 3 | |
| INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS) - DRUGS FOR DIABETES | | |
| ACTOS | 3 | |
| pioglitazone | 1 | |
| INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) - HORMONES | | |
| INCRELEX | 3 | PA; MS; S |
| LEPTIN HORMONE ANALOGS - HORMONES | | |
| MYALEPT | 3 | PA; QL; MS; S |
| LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN | | |
| SYNAREL | 3 | PA; QL |
| LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS - DRUGS FOR WOMAN | | |
| MYFEMBREE | 3 | PA; QL |
| ORIAHNN | 3 | PA; QL |
| LHRH (GNRH) ANTAGONISTS - DRUGS FOR WOMEN | | |
| cetrorelix | 1 | PA; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| CETROTIDE | 3 | PA; MS; S |
| fyremadel | 1 | PA; MS; S |
| ganirelix acet 250 mcg/0.5 ml suv (organon) | 3 | PA; MS; S |
| ganirelix subcutaneous syringe 250 mcg/0.5 ml | 1 | PA; MS; S |
| ORILISSA | 3 | PA; QL |
| MENOPAUSAL SYMPTOMS SUPPRESSANT - HORMONAL AGENTS - DRUGS FOR WOMEN | | |
| IMVEXXY MAINTENANCE PACK | 3 | |
| IMVEXXY STARTER PACK | 3 | |
| INTRAROSA | 3 | QL |
| MENOPAUSAL SYMPTOMS SUPPRESSANT-SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS FOR WOMEN | | |
| OSPHENA | 3 | ST |
| MENOPAUSAL SYMPTOMS SUPPRESSANT-SSRI ANTIDEPRESSANT TYPE - DRUGS FOR WOMEN | | |
| paroxetine mesylate(menop.sym) | 1 | QL |
| MINERALOCORTICOID - DRUGS FOR INFLAMMATION | | |
| fludrocortisone | 1 | |
| OXYTOCIC - ERGOT ALKALOIDS - DRUGS FOR WOMEN | | |
| methylergonovine oral | 1 | QL |
| PARATHYROID HORMONES AND ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| YORVIPATH | 3 | PA; QL; S |
| PROGESTINS - DRUGS FOR WOMEN | | |
| GALLIFREY | 1 | |
| medroxyprogesterone oral | 1 | |
| norethindrone acetate | 1 | |
| progesterone | 1 | MS; S |
| progesterone micronized | 1 | |
| PROMETRIUM | 3 | |
| PROVERA | 3 | |
| PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN | | |
| cabergoline | 1 | |
| RANK LIGAND (RANKL) INHIBITOR, MC ANTIBODY - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| PROLIA | 3 | PA; QL; MS; S |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS | | |
| EVISTA | 3 | |
| raloxifene | 1 | Covered in full* |
| SOMATOSTATIC AGENTS - DRUGS FOR GROWTH | | |
| LANREOTIDE 120 MG/0.5 ML SUBCUTANEOUS SYRINGE 505(B)(2) | 3 | QL; MS; S |
| lanreotide subcutaneous syringe 120 mg/0.5 ml | 1 | QL; MS; S |
| MYCAPSSA | 3 | PA; QL; S |
| octreotide acetate | 1 | MS; S |
| octreotide,microspheres | 1 | PA; QL; MS; S |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | MS; S |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON | 3 | PA; QL; MS; S |
| SIGNIFOR | 3 | PA; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SOMATULINE DEPOT | 3 | QL; MS; S |
| THYROID HORMONES - ANIMAL SOURCE (PORCINE) - DRUGS FOR THYROID | | |
| adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 1 | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | 3 | |
| ARMOUR THYROID | 3 | |
| niva thyroid | 1 | |
| np thyroid | 1 | |
| thyroid (pork) | 1 | |
| THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE) - DRUGS FOR THYROID | | |
| CYTOMEL | 3 | |
| liothyronine oral | 1 | |
| THYROID HORMONES - SYNTHETIC T4 (THYROXINE) - DRUGS FOR THYROID | | |
| ERMEZA | 3 | |
| euthyrox | 1 | |
| levo-t | 1 | |
| LEVOTHYROXINE ORAL CAPSULE | 3 | |
| levothyroxine oral tablet | 1 | |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1 | |
| SYNTHROID | 3 | |
| THYQUIDITY | 3 | |
| TIROSINT | 3 | |
| TIROSINT-SOL | 3 | |
| unithroid | 1 | |
| GASTROINTESTINAL THERAPY AGENTS | | |
| FECAL MICROBIOTA TRANSPLANTATION (FMT) | | |
| VOWST | 3 | PA; QL; S |
| GASTRIC ACID SECRETION REDUCER - POTASSIUM-COMPETITIVE ACID BLOCKERS | | |
| VOQUEZNA | 3 | PA; QL |
| GASTROINTESTINAL THERAPY AGENTS - DRUGS FOR THE STOMACH | | |
| ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA | | |
| loperamide oral capsule | 1 | |
| opium tincture | 1 | |
| ANTIDIARRHEAL - GASTROINTESTINAL CHLORIDE CHANNEL INHIBITORS - DRUGS FOR DIARRHEA | | |
| MYTESI | 3 | PA; QL; S |
| ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR - DRUGS FOR DIARRHEA | | |
| XERMELO | 3 | PA; QL; S |
| ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR DIARRHEA | | |
| diphenoxylate-atropine | 1 | |
| LOMOTIL | 3 | |
| MOTOFEN | 3 | |
| ANTIDIARRHEAL OPIOID AGENTS - DRUGS FOR DIARRHEA | | |
| opium tincture | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTIEMETIC - ANTICHOLINERGICS - DRUGS FOR VOMITING AND NAUSEA | | |
| scopolamine base | 1 | |
| TRANSDERM-SCOP | 3 | |
| ANTIEMETIC - ANTIHISTAMINES - DRUGS FOR VOMITING AND NAUSEA | | |
| ANTIVERT ORAL TABLET 50 MG | 3 | |
| ANTIVERT ORAL TABLET,CHEWABLE | 3 | |
| meclizine oral tablet 12.5 mg, 25 mg | 1 | |
| MECLIZINE ORAL TABLET 50 MG | 3 | |
| ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS - DRUGS FOR VOMITING AND NAUSEA | | |
| BONJESTA | 3 | PA; QL |
| DICLEGIS | 3 | PA; QL |
| doxylamine-pyridoxine (vit b6) | 1 | PA; QL |
| ANTIEMETIC - CANNABINOID TYPE - DRUGS FOR VOMITING AND NAUSEA | | |
| dronabinol | 1 | |
| MARINOL | 3 | |
| SYNDROS | 3 | PA |
| ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA | | |
| trimethobenzamide oral | 1 | |
| ANTIEMETIC - PHENOTHIAZINES - DRUGS FOR VOMITING AND NAUSEA | | |
| COMPAZINE ORAL | 3 | |
| compazine rectal | 1 | |
| compro | 1 | |
| prochlorperazine | 1 | |
| prochlorperazine maleate | 1 | |
| promethazine oral | 1 | |
| promethazine rectal suppository 12.5 mg, 25 mg | 1 | |
| promethegan | 1 | |
| ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA | | |
| granisetron hcl oral | 1 | QL |
| ondansetron hcl oral solution | 1 | |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG | 3 | PA; QL |
| ondansetron oral tablet,disintegrating 4 mg, 8 mg | 1 | |
| SANCUSO | 3 | ST; QL |
| ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA | | |
| aprepitant | 1 | QL |
| EMEND ORAL CAPSULE 80 MG | 3 | QL |
| EMEND ORAL CAPSULE,DOSE PACK | 3 | QL |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION | 3 | QL |
| VARUBI | 3 | QL |
| ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 AND 5-HT3 RECEPT ANTAGONIST COMB - DRUGS FOR VOMITING AND NAUSEA | | |
| AKYNZEO (NETUPITANT) | 3 | QL |
| BILE ACIDS - DRUGS FOR THE STOMACH | | |
| CHOLBAM | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION | | |
| LINZESS | 2 | QL |
| TRULANCE | 2 | QL |
| COLONIC ACIDIFIER (AMMONIA INHIBITOR) - DRUGS FOR THE STOMACH | | |
| enulose | 1 | |
| generlac | 1 | |
| lactulose oral solution 10 gram/15 ml | 1 | |
| DIGESTIVE ENZYME MIXTURES - DRUGS FOR THE STOMACH | | |
| CREON | 2 | |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT | 3 | ST |
| PERTZYE | 3 | ST |
| VIOKACE | 3 | |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH | | |
| SUCRAID | 3 | PA; S |
| GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS - DRUGS FOR THE STOMACH | | |
| CHENODAL | 3 | S |
| RELTONE | 3 | PA; QL |
| URSO FORTE | 3 | |
| ursodiol oral capsule 200 mg, 400 mg | 1 | PA; QL |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| cimetidine hcl oral | 1 | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 | |
| famotidine oral suspension for reconstitution | 1 | |
| famotidine oral tablet 20 mg, 40 mg | 1 | |
| nizatidine oral capsule | 1 | |
| PEPCID ORAL TABLET 40 MG | 3 | |
| GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS) - DRUGS FOR ULCERS AND STOMACH ACID | | |
| ACIPHEX | 3 | QL |
| DEXILANT | 3 | QL |
| dexlansoprazole | 1 | QL |
| esomeprazole magnesium oral capsule,delayered release(dr/ec) | 1 | QL |
| esomeprazole magnesium oral granules dr for susp in packet | 1 | QL |
| lansoprazole | 1 | QL |
| NEXIUM | 3 | QL |
| NEXIUM PACKET | 3 | QL |
| omeprazole oral capsule,delayered release(dr/ec) | 1 | QL |
| pantoprazole oral | 1 | QL |
| PREVACID | 3 | QL |
| PREVACID SOLUTAB | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON | 3 | QL |
| PROTONIX ORAL | 3 | QL |
| rabeprazole oral tablet,delayed release (dr/ec) | 1 | QL |
| GASTRIC ACID SECRETION REDUCER-PROTON PUMP INHIBITOR AND ANTACID COMB - DRUGS FOR ULCERS AND STOMACH ACID | | |
| KONVOMEF | 3 | QL |
| omeprazole-sodium bicarbonate oral capsule | 1 | QL |
| omeprazole-sodium bicarbonate oral packet | 1 | ST; QL |
| ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM | 3 | QL |
| ZEGERID ORAL PACKET | 3 | ST; QL |
| GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| CYTOTEC | 3 | |
| misoprostol | 1 | |
| GASTROINTESTINAL - PROKINETIC AGENTS - 5-HT4 RECEPTOR AGONISTS - DRUGS FOR THE STOMACH | | |
| MOTEGRITY | 3 | ST; QL |
| GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS - DRUGS FOR THE STOMACH | | |
| GIMOTI | 3 | PA; QL; S |
| metoclopramide hcl oral solution | 1 | |
| metoclopramide hcl oral tablet | 1 | |
| REGLAN ORAL | 3 | |
| GI ANTISPASMODIC - BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS | | |
| ANASPAZ | 3 | |
| ed-spaz | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| hyosyne | 1 | |
| LEVBID | 3 | |
| LEVSIN ORAL | 3 | |
| LEVSIN/SL | 3 | |
| methscopolamine | 1 | |
| nulev | 1 | |
| oscimin | 1 | |
| oscimin sl | 1 | |
| SYMAX DUOTAB | 3 | |
| symax fastabs | 1 | |
| symax-sl | 1 | |
| symax-sr | 1 | |
| GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS - DRUGS FOR STOMACH CRAMPS | | |
| DARTISLA | 3 | PA; QL |
| GLYCATE | 3 | PA; QL |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| glycopyrrolate oral tablet 1.5 mg | 1 | PA; QL |
| ROBINUL FORTE | 3 | |
| ROBINUL ORAL | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES - DRUGS FOR STOMACH CRAMPS | | |
| dicyclomine oral capsule | 1 | |
| dicyclomine oral solution | 1 | |
| dicyclomine oral tablet | 1 | |
| GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS - DRUGS FOR STOMACH CRAMPS | | |
| chlordiazepoxide-clidinium | 1 | |
| LIBRAX (WITH CLIDINIUM) | 3 | |
| GI ANTISPASMODIC AND OPIOID COMBINATIONS - DRUGS FOR STOMACH CRAMPS | | |
| belladonna alkaloids-opium | 1 | |
| GI ANTISPASMODIC COMBINATIONS OTHER - DRUGS FOR STOMACH CRAMPS | | |
| belladonna alkaloids-opium | 1 | |
| chlordiazepoxide-clidinium | 1 | |
| LIBRAX (WITH CLIDINIUM) | 3 | |
| H. PYLORI THERAPY - BISMUTH AND ANTIBIOTICS COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| bismuth subcit k-metronidz-tcn | 1 | |
| PYLERA | 3 | |
| H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| amoxicil-clarithromy-lansopraz | 1 | |
| OMECLAMOX-PAK | 3 | |
| TALICIA | 3 | |
| H.PYLORI THERAPY-POTASSIUM-COMPETITIVE ACID BLOCKER AND ANTIBIOTICS - DRUGS FOR THE STOMACH | | |
| VOQUEZNA DUAL PAK | 3 | |
| VOQUEZNA TRIPLE PAK | 3 | |
| IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| AMITIZA | 3 | ST; QL |
| lubiprostone | 1 | QL |
| IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| LINZESS | 2 | QL |
| TRULANCE | 2 | QL |
| IBS AGENT - MIXED OPIOID RECEPTOR AGONIST AND ANTAGONIST - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| VIBERZI | 3 | |
| IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| alosetron | 1 | QL |
| LOTRONEX | 3 | QL |
| IBS AGENT - SODIUM-HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| IBSRELA | 3 | ST; QL |
| INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| STELARA SUBCUTANEOUS SOLUTION | 2 | PA; QL; MS; S |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 2 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL-23) INHIBITOR, MC AB - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| OMVOH PEN | 3 | PA; QL; MS; S |
| OMVOH SUBCUTANEOUS | 3 | PA; QL; MS; S |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR | 2 | PA; QL; MS; S |
| TREMFYA PEN | 3 | PA; MS; S |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | 2 | PA; MS; S |
| INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| APRISO | 3 | |
| AZULFIDINE | 3 | |
| AZULFIDINE EN-TABS | 3 | |
| balsalazide | 1 | |
| CANASA | 3 | |
| COLAZAL | 3 | |
| DELZICOL | 3 | |
| DIPENTUM | 3 | |
| LIALDA | 3 | |
| mesalamine | 1 | |
| PENTASA | 3 | |
| SFROWASA | 3 | |
| sulfasalazine | 1 | |
| INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| budesonide oral capsule, delayed, extend. release | 1 | |
| budesonide oral tablet, delayed and ext. release | 1 | QL |
| budesonide rectal | 1 | PA; QL |
| CORTENEMA | 3 | |
| CORTIFOAM | 3 | |
| hydrocortisone rectal | 1 | |
| UCERIS ORAL | 3 | QL |
| UCERIS RECTAL | 3 | PA; QL |
| INFLAMMATORY BOWEL AGENT - INTEGRIN RECEPTOR ANTAGONIST, MC ANTIBODY - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| ENTYVIO PEN | 3 | PA; QL; MS; S |
| INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 2 | PA; QL; MS; S |
| XELJANZ ORAL TABLET | 2 | PA; QL; MS; S |
| XELJANZ XR | 2 | PA; QL; MS; S |
| INFLAMMATORY BOWEL AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| VELSIPITY | 3 | PA; QL; MS; S |
| ZEPOSIA | 2 | PA; QL; MS; S |
| ZEPOSIA STARTER KIT (28-DAY) | 2 | PA; QL; MS; S |
| ZEPOSIA STARTER PACK (7-DAY) | 2 | PA; QL; MS; S |
| INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS - DRUGS FOR INFLAMMATORY BOWEL DISEASE | | |
| ABRILADA(CF) | 3 | PA; QL; S |
| ABRILADA(CF) PEN | 3 | PA; QL; S |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-AACF(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-AATY | 3 | PA; QL; S |
| ADALIMUMAB-ADAZ (SANDOZ) | 3 | PA; QL; MS; S |
| adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM(CF) PEN CROHNS | 3 | PA; QL; MS; S |
| ADALIMUMAB-ADBM(CF) PEN PS-UV | 3 | PA; QL; MS; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| AMJEVITA(CF) AUTOINJECTOR | 3 | PA; QL; MS; S |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | PA; QL; MS; S |
| CIMZIA STARTER KIT | 3 | PA; QL; MS; S |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; QL; MS; S |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 3 | QL; MS; S |
| CYLTEZO(CF) PEN PSORIASIS-UV | 3 | QL; MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | MS; S |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | QL; MS; S |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | QL; MS; S |
| HADLIMA | 2 | PA; QL; MS; S |
| HADLIMA PUSHTOUCH | 2 | PA; QL; MS; S |
| HADLIMA(CF) | 2 | PA; QL; MS; S |
| HADLIMA(CF) PUSHTOUCH | 2 | PA; QL; MS; S |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; S |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT | 3 | PA; QL; S |
| HUMIRA PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA SYRINGE KIT (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PEDIATRIC UC (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE) | 2 | PA; QL; MS; S |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | PA; QL; MS; S |
| HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ PEN PSORIASIS STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) PEN (SANDOZ) | 3 | PA; QL; MS; S |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML | 3 | PA; QL; MS; S |
| IDACIO(CF) | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN CROHN-UC STARTR | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN PSORIASIS START | 3 | PA; QL; MS; S |
| IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL; MS; S |
| SIMLANDI(CF) AUTOINJECTOR | 2 | PA; QL; MS; S |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 3 | PA; QL; MS; S |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; QL; MS; S |
| YUFLYMA(CF) | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|--|
| YUFLYMA(CF) AI CROHN'S-UC-HS | 3 | PA; QL; S |
| YUFLYMA(CF) AUTOINJECTOR | 3 | PA; QL; S |
| YUSIMRY(CF) PEN | 3 | PA; QL; S |
| ZYMFENTRA | 3 | PA; QL; MS; S |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS - DRUGS FOR IRRITABLE BOWEL SYNDROME | | |
| alosetron | 1 | QL |
| AMITIZA | 3 | ST; QL |
| LOTRONEX | 3 | QL |
| lubiprostone | 1 | QL |
| VIBERZI | 3 | |
| LAXATIVE - SALINE AND OSMOTIC - DRUGS TO PREVENT CONSTIPATION | | |
| CITRATE OF MAGNESIA | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| CITROMA | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| CLEARLAX ORAL POWDER | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| constulose | 1 | |
| DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| GAVILAX ORAL POWDER | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| GENTLE LAXATIVE (MAG HYDROX) | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| GENTLELAX | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| KRISTALOSE ORAL PACKET 10 GRAM | 3 | PA; QL |
| KRISTALOSE ORAL PACKET 20 GRAM | 3 | PA |
| lactulose oral packet | 1 | PA; QL |
| lactulose oral solution | 1 | |
| LAXATIVE PEG 3350 | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| MAGNESIUM CITRATE ORAL SOLUTION | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| MAGNESIUM HYDROXIDE ORAL SUSPENSION 400 MG/5 ML | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| MILK OF MAGNESIA | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| MILK OF MAGNESIA CONCENTRATED | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| ONELAX MAGNESIUM CITRATE | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| polyethylene glycol 3350 oral powder | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| POWDERLAX ORAL POWDER | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| PURELAX ORAL POWDER | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| SMOOTHLAX ORAL POWDER | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| LAXATIVE - SALINE/OSMOTIC MIXTURES - DRUGS TO PREVENT CONSTIPATION | | |
| gavilyte-c | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| gavilyte-g | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| gavilyte-n | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| GOLYTELY | 3 | |
| MOVIPREP | 3 | QL |
| ORAL SALINE LAXATIVE | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| peg 3350-electrolytes | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| peg3350-sod sul-nacl-kcl-asb-c | 1 | QL; Covered in full age 50-75 (limit 2 Rx per year)* |
| peg-electrolyte soln | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| PHOSPHATE LAXATIVE | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| PLENVU | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| sodium,potassium,mag sulfates | 1 | Covered in full age 50-75 (limit 2 Rx per year)* |
| SUFLAVE | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|--|
| SUPREP BOWEL PREP KIT | 3 | |
| SUTAB | 3 | QL; Covered in full age 50-75 (limit 2 Rx per year)* |
| LAXATIVE - STIMULANT - DRUGS TO PREVENT CONSTIPATION | | |
| BISACODYL ORAL | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| GENTLE LAXATIVE (BISACODYL) ORAL | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| WOMEN'S GENTLE LAXATIVE(BISAC) | 3 | Covered in full age 50-75 (limit 2 Rx per year)* |
| LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS - DRUGS TO PREVENT CONSTIPATION | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML | 2 | Covered in full age 50-75 (limit 2 Rx per year)* |
| PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES - DRUGS FOR ULCERS AND STOMACH ACID | | |
| CARAFATE | 3 | |
| sucralfate | 1 | |
| SHORT BOWEL SYNDROME (SBS) - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOG - DRUGS FOR THE STOMACH | | |
| GATTEX 30-VIAL | 3 | PA; QL; MS; S |
| GATTEX ONE-VIAL | 3 | PA; QL; MS; S |
| SHORT BOWEL SYNDROME (SBS) AGENTS - DRUGS FOR THE STOMACH | | |
| GLUTAMINE | 3 | PA |
| octreotide acetate | 1 | MS; S |
| octreotide, microspheres | 1 | PA; QL; MS; S |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | MS; S |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON | 3 | PA; QL; MS; S |
| GENITOURINARY THERAPY - DRUGS FOR THE URINARY SYSTEM | | |
| BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB - DRUGS FOR THE PROSTATE | | |
| dutasteride-tamsulosin | 1 | QL |
| BPH AGENT- 5-ALPHA-REDUCTASE AND PHOSPHODIESTERASE-5 (PDE5) INHIBITORS - DRUGS FOR THE PROSTATE | | |
| ENTADFI | 3 | QL |
| CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS) - DRUGS FOR THE URINARY SYSTEM | | |
| CYSTAGON | 3 | S |
| PROCYSBI | 3 | PA; QL; MS; S |
| INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM | | |
| ELMIRON | 3 | |
| RIMSO-50 | 3 | |
| KIDNEY STONE AGENTS - DRUGS FOR THE URINARY SYSTEM | | |
| THIOLA | 3 | PA; QL; S |
| THIOLA EC | 3 | PA; QL; S |
| tiopronin | 1 | PA; QL; MS; S |
| OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST - DRUGS FOR THE BLADDER | | |
| GEMTESA | 2 | QL |
| mirabegron | 1 | QL |
| MYRBETRIQ | 2 | QL |
| OXALOSIS AGENT - OXALATE INHIBITOR, SMALL INTERFERING RNA DIRECTED - DRUGS FOR THE URINARY SYSTEM | | |
| RIVFLOZA | 3 | PA; QL; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| PHOSPHATE BINDERS - CALCIUM-BASED - DRUGS FOR THE URINARY SYSTEM | | |
| calcium acetate(phosphat bind) | 1 | |
| PHOSPHATE BINDERS - DRUGS FOR THE URINARY SYSTEM | | |
| AURYXIA | 3 | QL |
| calcium acetate(phosphat bind) | 1 | |
| FOSRENOL ORAL POWDER IN PACKET | 3 | |
| FOSRENOL ORAL TABLET,CHEWABLE | 3 | QL |
| lanthanum | 1 | QL |
| REVELA | 3 | |
| sevelamer carbonate | 1 | |
| sevelamer hcl | 1 | |
| VELPHORO | 3 | QL |
| PHOSPHATE BINDERS - IRON-BASED - DRUGS FOR THE URINARY SYSTEM | | |
| AURYXIA | 3 | QL |
| VELPHORO | 3 | QL |
| POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS - DRUGS FOR THE URINARY SYSTEM | | |
| JYNARQUE | 3 | PA; QL; S |
| PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE | | |
| alfuzosin | 1 | QL |
| FLOMAX | 3 | QL |
| RAPAFLO | 3 | QL |
| silodosin | 1 | QL |
| tamsulosin | 1 | QL |
| UROXATRAL | 3 | QL |
| PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE | | |
| finasteride oral tablet 5 mg | 1 | |
| PROSCAR | 3 | |
| PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPES INHIBITOR - DRUGS FOR THE PROSTATE | | |
| CIALIS ORAL TABLET 5 MG | 3 | QL |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 | QL |
| PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE | | |
| AVODART | 3 | QL |
| dutasteride | 1 | QL |
| URINARY ACIDIFIER - BACTERIAL UREASE INHIBITOR - DRUGS FOR INFECTIONS | | |
| LITHOSTAT | 3 | |
| URINARY ACIDIFIER - PHOSPHATES - DRUGS FOR INFECTIONS | | |
| K-PHOS NO 2 | 3 | |
| K-PHOS ORIGINAL | 3 | |
| URINARY ALKALINIZER - CITRATES - DRUGS FOR INFECTIONS | | |
| ORACIT | 3 | |
| potassium citrate oral tablet extended release | 1 | |
| sodium citrate-citric acid oral solution 490-640 mg/5 ml | 1 | |
| UROCIT-K 10 | 3 | |
| UROCIT-K 15 | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| URINARY ANALGESICS - DRUGS FOR INFECTIONS | | |
| phenazopyridine oral tablet 100 mg, 200 mg | 1 | |
| PYRIDIUM | 3 | |
| URINARY ANTIBACTERIAL - METHENAMINE AND SALTS - DRUGS FOR INFECTIONS | | |
| methenamine hippurate | 1 | |
| methenamine mandelate | 1 | |
| UROQID-ACID NO.2 | 3 | |
| URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES - DRUGS FOR INFECTIONS | | |
| FURADANTIN | 3 | |
| MACROBID | 3 | |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| nitrofurantoin oral suspension 25 mg/5 ml | 1 | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | 3 | |
| URINARY ANTIBACTERIALS OTHER - DRUGS FOR INFECTIONS | | |
| fosfomycin tromethamine | 1 | |
| URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS - DRUGS FOR INFECTIONS | | |
| URELLE | 3 | |
| uretron d-s | 1 | |
| URIBEL TABS | 3 | |
| urimar-t oral tablet | 1 | |
| uro-mp | 1 | |
| URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS - DRUGS FOR INFECTIONS | | |
| methen-sod phos-meth blue-hyos | 1 | |
| urogesic-blue | 1 | |
| uryl | 1 | |
| URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER) - DRUGS FOR THE BLADDER | | |
| darifenacin | 1 | QL |
| solifenacin | 1 | QL |
| VESICARE | 3 | QL |
| VESICARE LS | 3 | PA; QL |
| URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE - DRUGS FOR THE BLADDER | | |
| ANASPAZ | 3 | |
| ed-spaz | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| hyosyne | 1 | |
| LEVBID | 3 | |
| LEVSIN ORAL | 3 | |
| LEVSIN/SL | 3 | |
| nulev | 1 | |
| oscimin | 1 | |
| oscimin sl | 1 | |
| SYMAX DUOTAB | 3 | |
| symax fastabs | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| symax-sl | 1 | |
| symax-sr | 1 | |
| URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS - DRUGS FOR THE BLADDER | | |
| DETROL | 3 | QL |
| DETROL LA | 3 | QL |
| fesoterodine | 1 | QL |
| flavoxate | 1 | |
| oxybutynin chloride oral syrup | 1 | |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG | 3 | |
| oxybutynin chloride oral tablet 5 mg | 1 | |
| oxybutynin chloride oral tablet extended release 24hr | 1 | |
| OXYTROL | 3 | ST |
| tolterodine | 1 | QL |
| TOVIAZ | 3 | QL |
| trospium | 1 | QL |
| URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS - DRUGS FOR THE BLADDER | | |
| bethanechol chloride | 1 | |
| GOUT AND HYPERURICEMIA THERAPY - DRUGS FOR PAIN AND FEVER | | |
| GOUT ACUTE THERAPY - ANTIMITOTICS - GOUT DRUGS | | |
| colchicine | 1 | QL |
| COLCRYS | 3 | QL |
| GLOPERBA | 3 | QL |
| MITIGARE | 3 | QL |
| GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS - GOUT DRUGS | | |
| probenecid-colchicine | 1 | |
| HYPERURICEMIA THERAPY - URICOSURICS - GOUT DRUGS | | |
| probenecid | 1 | |
| HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS - GOUT DRUGS | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| ALLOPURINOL ORAL TABLET 200 MG | 1 | PA; QL |
| febuxostat | 1 | QL |
| ULORIC | 3 | QL |
| ZYLOPRIM ORAL TABLET 100 MG | 3 | |
| HEMATOLOGICAL AGENTS | | |
| PNH - COMPLEMENT FACTOR B INHIBITORS | | |
| FABHALTA | 3 | PA; QL; MS; S |
| PNH - COMPLEMENT FACTOR D INHIBITORS | | |
| VOYDEYA | 3 | PA; QL; MS; S |
| HEMATOLOGICAL AGENTS - DRUGS FOR THE BLOOD | | |
| AGENTS TO TREAT ATTP- ANTI VON WILLEBRAND FACTOR (VWF) A1 DOMAIN - DRUGS FOR THE BLOOD | | |
| CABLIVI INJECTION KIT | 3 | PA; QL; S |
| AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) - DRUGS FOR THE BLOOD | | |
| EMPAVELI | 3 | PA; S |
| FABHALTA | 3 | PA; QL; MS; S |
| VOYDEYA | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ANTICOAGULANTS - COUMARIN - DRUGS TO PREVENT BLOOD CLOTS | | |
| jantoven | 1 | |
| warfarin | 1 | |
| BLOOD CELL AND PLATELET DISORDER TX-SPLEEN TYROSINE KINASE INHIBITORS - DRUGS FOR THE BLOOD | | |
| TAVALISSE | 3 | PA; QL; S |
| C1 ESTERASE INHIBITOR AGENTS - DRUGS FOR THE BLOOD | | |
| BERINERT INTRAVENOUS KIT | 3 | PA; QL; MS; S |
| CINRYZE | 3 | PA; QL; MS; S |
| HAEGARDA | 2 | PA; QL; MS; S |
| RUCONEST | 3 | PA; QL; MS; S |
| CXCR4 CHEMOKINE RECEPTOR ANTAGONISTS - DRUGS FOR THE BLOOD | | |
| MOZOBIL | 3 | QL; MS; S |
| plerixafor | 1 | QL; MS; S |
| XOLREMDI | 3 | PA; QL; S |
| DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS | | |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT-PE TREAT 30D START | 2 | QL |
| SAVAYSA | 3 | ST; QL |
| XARELTO | 2 | QL |
| XARELTO DVT-PE TREAT 30D START | 2 | |
| ERYTHROPOIETINS - DRUGS FOR THE BLOOD | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 2 | MS; S |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE | 2 | MS; S |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | MS; S |
| MIRCERA | 3 | S |
| PROCRIT | 3 | MS; S |
| RETACRIT | 3 | MS; S |
| GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF) - DRUGS FOR THE BLOOD | | |
| FULPHILA | 3 | PA; MS; S |
| FYLNETRA | 3 | PA; S |
| GRANIX | 3 | PA; MS; S |
| NEULASTA | 2 | MS; S |
| NEULASTA ONPRO | 2 | MS; S |
| NEUPOGEN | 3 | PA; MS; S |
| NIVESTYM | 3 | PA; MS; S |
| NYVEPRIA | 3 | PA; MS; S |
| RELEUKO SUBCUTANEOUS | 3 | PA; MS; S |
| STIMUFEND | 3 | PA; MS; S |
| UDENYCA | 2 | MS; S |
| UDENYCA AUTOINJECTOR | 2 | MS; S |
| UDENYCA ONBODY | 2 | MS; S |
| ZARXIO | 2 | MS; S |
| ZIEXTENZO | 3 | PA; MS; S |
| GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF) - DRUGS FOR THE BLOOD | | |
| LEUKINE INJECTION RECON SOLN | 3 | QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD | | |
| pentoxifylline | 1 | |
| HEMOPHILIA TREATMENT AGENTS - MONOCLONAL ANTIBODY - DRUGS FOR THE BLOOD | | |
| HEMLIBRA | 3 | PA; MS; S |
| HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS - DRUGS TO PREVENT BLEEDING | | |
| AMICAR | 3 | |
| aminocaproic acid oral | 1 | |
| tranexamic acid oral | 1 | QL |
| HEMOSTATIC TOPICAL AGENTS - DRUGS TO PREVENT BLEEDING | | |
| AVITENE TOPICAL SHEET | 3 | |
| ENDO AVITENE TOPICAL SHEET 5 MM | 3 | |
| GELFOAM TOPICAL | 3 | |
| MONSEL'S TOPICAL SOLUTION | 3 | |
| RECOTHROM TOPICAL RECON SOLN 5,000 UNIT | 3 | |
| SURGIFOAM TOPICAL SPONGE 12-7 MM | 3 | |
| THROMBI-GEL TOPICAL PADS, MEDICATED 100 CM2, 40 CM2 | 3 | |
| THROMBIN-JMI TOPICAL | 3 | |
| ULTRAFOAM TOPICAL SPONGE 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM | 3 | |
| HEMOSTATIC TOPICAL COMBINATIONS - DRUGS TO PREVENT BLEEDING | | |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(5 ML X 2) | 3 | |
| HEPARIN FLUSH FORMULATIONS - DRUGS TO PREVENT BLOOD CLOTS | | |
| hep flush-10 (pf) | 1 | |
| HEPARINS - DRUGS TO PREVENT BLOOD CLOTS | | |
| hep flush-10 (pf) | 1 | |
| INDIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS | | |
| ARIXTRA | 3 | S |
| fondaparinux | 1 | S |
| LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS | | |
| enoxaparin | 1 | S |
| FRAGMIN SUBCUTANEOUS SOLUTION | 3 | S |
| FRAGMIN SUBCUTANEOUS SYRINGE | 3 | S |
| LOVENOX | 3 | S |
| PLASMA PROTEINS WHICH FACILITATE ANTICOAGULATION - DRUGS FOR THE BLOOD | | |
| RYPLAZIM | 3 | PA; QL; S |
| PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS) - DRUGS FOR THE BLOOD | | |
| BRILINTA ORAL TABLET 60 MG | 2 | |
| BRILINTA ORAL TABLET 90 MG | 2 | QL |
| PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD | | |
| aspirin-dipyridamole | 1 | |
| PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD | | |
| cilostazol | 1 | |
| PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD | | |
| AGRYLIN | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------------------|
| anagrelide | 1 | |
| PLATELET AGGREGATION INHIBITORS - SALICYLATES - DRUGS FOR THE BLOOD | | |
| adult aspirin regimen | 1 | QL; Covered in full age 59 and under* |
| ASPIRIN CHILDRENS | 3 | QL; Covered in full age 59 and under* |
| ASPIRIN ORAL TABLET,CHEWABLE | 3 | QL; Covered in full age 59 and under* |
| aspirin oral tablet,delayed release (dr/ec) 81 mg | 1 | QL; Covered in full age 59 and under* |
| bayer low dose aspirin | 1 | QL; Covered in full age 59 and under* |
| CHILDREN'S ASPIRIN | 3 | QL; Covered in full age 59 and under* |
| ecotrin low strength | 1 | QL; Covered in full age 59 and under* |
| ST JOSEPH ASPIRIN | 3 | QL; Covered in full age 59 and under* |
| st. joseph aspirin | 1 | QL; Covered in full age 59 and under* |
| PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS - DRUGS FOR THE BLOOD | | |
| clopidogrel oral tablet 300 mg | 1 | |
| clopidogrel oral tablet 75 mg | 1 | QL |
| EFFIENT | 3 | QL |
| PLAVIX ORAL TABLET 75 MG | 3 | QL |
| prasugrel | 1 | QL |
| PLATELET AGGREGATION INHIBITORS-SALICYLATES AND PROTON PUMP INHIB COMB - DRUGS FOR THE BLOOD | | |
| ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG | 3 | PA; QL |
| YOSPRALA | 3 | PA; QL |
| PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR - DRUGS FOR THE BLOOD | | |
| dipyridamole oral | 1 | |
| PLATELET AGGREGATION INHIB-PROTEASE-ACTIV.RECEPTOR-1(PAR-1) ANTAGONIST - DRUGS FOR THE BLOOD | | |
| ZONTIVITY | 3 | PA; QL |
| PNH - COMPLEMENT (C3) INHIBITORS - DRUGS FOR THE BLOOD | | |
| EMPAVELI | 3 | PA; S |
| PYRUVATE KINASE (PK) ACTIVATORS - DRUGS FOR THE BLOOD | | |
| PYRUKYND 5 MG TABLET | 3 | PA; QL |
| PYRUKYND 5 MG TAPER PACK | 3 | PA; QL |
| PYRUKYND ORAL TABLET 20 MG, 50 MG | 3 | PA; QL; S |
| PYRUKYND ORAL TABLETS,DOSE PACK | 3 | PA; QL; S |
| SICKLE CELL ANEMIA AGENTS, OTHERS - DRUGS FOR THE BLOOD | | |
| DROXIA | 3 | |
| ENDARI | 3 | PA; QL; MS; S |
| glutamine (sickle cell) | 1 | PA; QL; MS; S |
| SIKLOS | 3 | PA |
| THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE - DRUGS TO PREVENT BLOOD CLOTS | | |
| dabigatran etexilate | 1 | QL |
| PRADAXA ORAL CAPSULE | 3 | QL |
| PRADAXA ORAL PELLETS IN PACKET | 3 | PA; QL; S |
| THROMBOPOIETIN RECEPTOR AGONISTS - DRUGS FOR THE BLOOD | | |
| ALVAIZ | 3 | PA; QL; MS; S |
| DOPTELET (10 TAB PACK) | 3 | PA; QL; MS; S |
| DOPTELET (15 TAB PACK) | 3 | PA; QL; MS; S |
| DOPTELET (30 TAB PACK) | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MULPLETA | 3 | PA; QL; MS; S |
| PROMACTA | 3 | PA; QL; MS; S |
| HEPATOBIILIARY SYSTEM TREATMENT AGENTS | | |
| NON-ALCOHOLIC STEATOHEPATITIS (NASH) AGENTS - THR-BETA AGONIST | | |
| REZDIFFRA | 3 | PA; QL; MS; S |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR (PPAR) AGONIST | | |
| IQIRVO | 3 | PA; QL; MS; S |
| LIVDELZI | 3 | PA; QL; S |
| HEPATOBIILIARY SYSTEM TREATMENT AGENTS - DRUGS FOR THE LIVER | | |
| FARNESOID X RECEPTOR (FXR) AGONIST, BILE ACID ANALOG - DRUGS FOR THE LIVER | | |
| OALIVA | 3 | PA; QL; MS; S |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR - DRUGS FOR THE LIVER | | |
| BYLVAY | 3 | PA; QL; MS; S |
| LIVMARLI | 3 | PA; QL; S |
| IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR ORGAN TRANSPLANTS | | |
| IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS | | |
| ASTAGRAF XL | 3 | PA; QL; S |
| cyclosporine modified | 1 | S |
| cyclosporine oral capsule | 1 | S |
| ENVARUSUS XR | 3 | PA; QL; S |
| gengraf | 1 | S |
| LUPKYNIS | 3 | PA; QL; S |
| NEORAL | 3 | S |
| PROGRAF ORAL CAPSULE | 3 | S |
| PROGRAF ORAL GRANULES IN PACKET | 3 | ST; S |
| SANDIMMUNE ORAL CAPSULE | 3 | S |
| tacrolimus oral capsule | 1 | S |
| IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS | | |
| CELLCEPT | 3 | S |
| mycophenolate mofetil | 1 | S |
| mycophenolate sodium | 1 | S |
| MYFORTIC | 3 | S |
| MYHIBBIN | 3 | S |
| IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS | | |
| ENSPRYNG | 3 | PA; QL; MS; S |
| IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS | | |
| everolimus (immunosuppressive) | 1 | S |
| sirolimus | 1 | S |
| ZORTRESS | 3 | S |
| IMMUNOSUPPRESSIVE - PURINE ANALOGS - DRUGS FOR ORGAN TRANSPLANTS | | |
| AZASAN | 3 | PA; QL; S |
| azathioprine oral tablet 100 mg, 75 mg | 1 | PA; QL; S |
| azathioprine oral tablet 50 mg | 1 | S |
| IMURAN | 3 | S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| LOCOMOTOR SYSTEM | | |
| DUCHENNE MUSCULAR DYSTROPHY - HISTONE DEACETYLASE (HDAC) INHIBITOR | | |
| DUVYZAT | 3 | PA; QL; S |
| FIBRODYSPLASIA OSSIFICANS PROGRESSIVA-RETINOIC ACID RECEPTOR AGONISTS | | |
| SOHONOS | 3 | PA; QL; S |
| FRIEDREICH ATAXIA-NUCLEAR FACTOR ERYTHROID-REL.FACTOR2(NRF2) ACTIVATOR | | |
| SKYCLARYS | 3 | PA; QL; S |
| LOCOMOTOR SYSTEM - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| AGENTS TO TREAT PERIODIC PARALYSIS - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| dichlorphenamide | 1 | PA; MS; S |
| KEVEYIS | 3 | PA; S |
| ormalvi | 1 | PA; QL; S |
| ALS AGENTS - ANTIOXIDANTS/ANTI-INFLAMMATORIES - DRUGS FOR NERVES AND MUSCLES | | |
| RADICAVA ORS | 3 | PA; QL; MS; S |
| RADICAVA ORS STARTER KIT SUSP | 3 | PA; QL; MS; S |
| AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS - BENZATHIAZOLES - DRUGS FOR NERVES AND MUSCLES | | |
| RILUTEK | 3 | |
| riluzole | 1 | |
| TEGLUTIK | 3 | PA; QL; S |
| TIGLUTIK | 3 | PA; QL; S |
| ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS - DRUGS FOR NERVES AND MUSCLES | | |
| MESTINON ORAL | 3 | |
| MESTINON TIMESPAN | 3 | |
| pyridostigmine bromide oral syrup | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | |
| pyridostigmine bromide oral tablet 60 mg | 1 | |
| pyridostigmine bromide oral tablet extended release | 1 | |
| ANTIMYASTHENIC AGENTS OTHER - DRUGS FOR NERVES AND MUSCLES | | |
| FIRDAPESE | 3 | PA; QL; S |
| ZILBRYSQ | 3 | PA; QL; S |
| SKELETAL MUSCLE RELAXANT - ANALGESIC SALICYLATE COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| carisoprodol-aspirin | 1 | |
| NORGESIC FORTE | 3 | ST; QL |
| orphenadrine-asa-caffeine oral tablet 25-385-30 mg | 1 | ST; QL |
| orphengesic forte | 1 | ST; QL |
| SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| AMRIX | 3 | PA; QL |
| BACLOFEN ORAL SOLUTION | 3 | PA; QL |
| baclofen oral suspension | 1 | PA; QL |
| baclofen oral tablet 10 mg, 20 mg | 1 | |
| BACLOFEN ORAL TABLET 15 MG | 1 | PA |
| BACLOFEN ORAL TABLET 5 MG | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| carisoprodol oral tablet 250 mg | 1 | PA; QL |
| carisoprodol oral tablet 350 mg | 1 | |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg | 1 | PA; QL |
| chlorzoxazone oral tablet 500 mg | 1 | QL |
| cyclobenzaprine oral capsule, extended release 24hr | 1 | PA; QL |
| cyclobenzaprine oral tablet 10 mg, 5 mg | 1 | |
| cyclobenzaprine oral tablet 7.5 mg | 1 | PA; QL |
| FEXMID | 3 | PA; QL |
| FLEQSUVY | 3 | PA; QL |
| LORZONE | 3 | PA; QL |
| LYVISPAH | 3 | PA; QL |
| metaxalone oral tablet 400 mg | 1 | |
| metaxalone oral tablet 800 mg | 1 | QL |
| METHOCARBAMOL 1,000 MG TABLET (MISEMER) | 3 | PA; QL |
| methocarbamol oral tablet 1,000 mg | 1 | PA; QL |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| orphenadrine citrate oral | 1 | |
| OZOBAX | 3 | PA; QL |
| OZOBAX DS | 3 | PA; QL |
| SOMA ORAL TABLET 250 MG | 3 | PA; QL |
| SOMA ORAL TABLET 350 MG | 3 | |
| tanlor | 1 | PA; QL |
| tizanidine | 1 | |
| ZANAFLEX | 3 | |
| SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| dantrolene oral | 1 | |
| SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| carisoprodol-aspirin-codeine | 1 | |
| SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB. - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES | | |
| carisoprodol-aspirin-codeine | 1 | |
| SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER - DRUGS FOR NERVES AND MUSCLES | | |
| EVRYSDI | 3 | PA; QL; MS; S |
| MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME) - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| MONOJECT BLOOD COLLECTION | 3 | |
| MULTI-DRAW NEEDLE | 3 | |
| MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| ACCU-CHEK AVIVA PLUS TEST STRP | 3 | ST; QL |
| ACCU-CHEK GUIDE TEST STRIPS | 3 | ST; QL |
| ACCU-CHEK SMARTVIEW TEST STRIP | 3 | ST; QL |
| ACCUTREND GLUCOSE TEST STRIPS | 3 | ST; QL |
| ADVANCED GLUC METER TEST STRIP | 3 | ST; QL |
| ADVOCATE REDI-CODE PLUS STRIP | 3 | ST; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|------------------------------------|------|---------------------------|
| AGAMATRIX AMP TEST STRIPS | 3 | ST; QL |
| ASSURE 4 STRIPS | 3 | ST; QL |
| ASSURE PLATINUM TEST STRIP | 3 | ST; QL |
| ASSURE PRISM MULTI STRIP | 3 | ST; QL |
| BIONIME RIGHTEST TEST STRIPS | 3 | ST; QL |
| BLOOD GLUCOSE TEST | 3 | ST; QL |
| BLULINK GLUCOSE TEST STRIP | 3 | ST; QL |
| CARESENS N TEST STRIPS | 3 | ST; QL |
| CARETOUCH TEST STRIP | 3 | ST; QL |
| CLEVER CHOICE MICRO TEST STRIP | 3 | ST; QL |
| CLEVER CHOICE PRO STRIP | 3 | ST; QL |
| CLEVER CHOICE TALK TEST | 3 | ST; QL |
| CLEVER CHOICE TEST STRIPS | 3 | ST; QL |
| CLEVER CHOICE VOICE PLUS TEST | 3 | ST; QL |
| CONTOUR NEXT TEST STRIPS | 3 | ST; QL |
| CONTOUR PLUS TEST STRIP | 3 | ST; QL |
| CONTOUR TEST STRIPS | 3 | ST; QL |
| DIATRUE PLUS TEST STRIP | 3 | ST; QL |
| EASY PLUS II TEST | 3 | ST; QL |
| EASY STEP | 3 | ST; QL |
| EASY TALK GLUCOSE TEST | 3 | ST; QL |
| EASY TALK PLUS II TEST STRIP | 3 | ST; QL |
| EASY TOUCH BLULINK TEST STRIP | 3 | ST; QL |
| EASY TOUCH TEST STRIP | 3 | ST; QL |
| EASY TRAK GLUCOSE TEST | 3 | ST; QL |
| EASY TRAK II TEST STRIP | 3 | ST; QL |
| EASYGLUCO TEST | 3 | ST; QL |
| EASYMAX | 3 | ST; QL |
| EASYMAX 15 TEST STRIPS | 3 | ST; QL |
| ELEMENT COMPACT TEST STRIPS | 3 | ST; QL |
| ELEMENT TEST STRIPS | 3 | ST; QL |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | 3 | ST; QL |
| EMBRACE EVO TEST STRIPS | 3 | ST; QL |
| EMBRACE PRO TEST STRIPS | 3 | ST; QL |
| EMBRACE TALK TEST STRIPS | 3 | ST; QL |
| EMBRACE WAVE GLUCOSE TEST STRP | 3 | ST; QL |
| EVENCARE G2 STRIP | 3 | ST; QL |
| EVENCARE G3 TEST | 3 | ST; QL |
| EVENCARE MINI GLUCOSE TEST STR | 3 | ST; QL |
| EVENCARE PROVIEW TEST STRIP | 3 | ST; QL |
| EVOLUTION TEST STRIPS | 3 | ST; QL |
| EZ SMART PLUS TEST | 3 | ST; QL |
| EZ SMART TEST | 3 | ST; QL |
| FORA 6 CONNECT GLUCOSE STRIP | 3 | ST; QL |
| FORA 6CONN-GTEL-TN'G ADV STRIP | 3 | ST; QL |
| FORA D15G STRIPS | 3 | ST; QL |
| FORA D20 STRIP | 3 | ST; QL |
| FORA D40-G31 TEST STRIPS | 3 | ST; QL |
| FORA G20 STRIP | 3 | ST; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|-------------------------------------|------|---------------------------|
| FORA G30-PREMIUM V10 TEST STRP | 3 | ST; QL |
| FORA GD50 TEST STRIPS | 3 | ST; QL |
| FORA GTEL GLUCOSE TEST STRIP | 3 | ST; QL |
| FORA TEST STRIP | 3 | ST; QL |
| FORA TN'G ADVAN PRO TEST STRIP | 3 | ST; QL |
| FORA TN'G VOICE TEST STRIPS | 3 | ST; QL |
| FORA V10 STRIP | 3 | ST; QL |
| FORA V10-V12-D10-D20 STRIPS | 3 | ST; QL |
| FORA V12 GLUCOSE | 3 | ST; QL |
| FORA V20 STRIP | 3 | ST; QL |
| FORA V30A STRIP | 3 | ST; QL |
| FORACARE GD20 | 3 | ST; QL |
| FORACARE GD40 TEST STRIPS | 3 | ST; QL |
| FREESTYLE INSULINX STRIP | 2 | QL |
| FREESTYLE INSULINX TEST STRIPS | 2 | QL |
| FREESTYLE LITE STRIPS | 2 | QL |
| FREESTYLE PRECISION NEO STRIPS | 2 | QL |
| FREESTYLE TEST | 2 | QL |
| GE100 BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| GE333 BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| GENSTRIP TEST STRIP | 3 | ST; QL |
| GLUCO NAVII TEST STRIP | 3 | ST; QL |
| GLUCOCARD 01 SENSOR PLUS | 3 | ST; QL |
| GLUCOCARD EXPRESSION STRIP | 3 | ST; QL |
| GLUCOCARD SHINE TEST STRIPS | 3 | ST; QL |
| GLUCOCARD VITAL SENSOR | 3 | ST; QL |
| GLUCOCARD VITAL TEST STRIPS | 3 | ST; QL |
| GLUCOCOM GLUCOSE | 3 | ST; QL |
| GM100 STRIP | 3 | ST; QL |
| GOJJI BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| HARMONY GLUCOSE TEST STRIP | 3 | ST; QL |
| HEALTHPRO TEST STRIPS | 3 | ST; QL |
| IHEALTH GLUCOSE TEST STRIP | 3 | ST; QL |
| INFINITY TEST STRIPS | 3 | ST; QL |
| MICRO BLOOD GLUCOSE | 3 | ST; QL |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | 3 | ST; QL |
| MICRODOT XTRA BLOOD GLUCOSE | 3 | ST; QL |
| MYGLUCOHEALTH STRIP | 3 | ST; QL |
| NEUTEK 2TEK TEST STRIPS | 3 | ST; QL |
| NOVA MAX GLUCOSE TEST | 3 | ST; QL |
| ON CALL EXPRESS TEST STRIP | 3 | ST; QL |
| ONETOUCH ULTRA TEST | 2 | QL |
| ONETOUCH VERIO TEST STRIPS | 2 | QL |
| OPTIUM EZ | 3 | QL |
| OPTIUM TEST | 3 | QL |
| PHARMACIST CHOICE | 3 | ST; QL |
| PIP BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| PRECISION PCX PLUS TEST | 2 | QL |
| PRECISION PCX TEST | 2 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PRECISION POINT OF CARE TEST | 2 | QL |
| PRECISION Q-I-D TEST | 2 | QL |
| PRECISION XTRA TEST | 2 | QL |
| PREMIER TEST STRIP | 3 | ST; QL |
| PREMIUM V10 STRIP | 3 | ST; QL |
| PRO VOICE V8-V9 TEST STRIP | 3 | ST; QL |
| PRODIGY NO CODING | 3 | ST; QL |
| QUINTET AC STRIP | 3 | ST; QL |
| QUINTET GLUCOSE TEST STRIPS | 3 | ST; QL |
| REFUAH PLUS | 3 | ST; QL |
| RELION CONFIRM-MICRO | 3 | ST; QL |
| RELION PRIME TEST STRIPS | 3 | ST; QL |
| RELION ULTIMA | 3 | QL |
| REVEAL TEST STRIP | 3 | ST; QL |
| RIGHTEST GS550 TEST STRIPS | 3 | ST; QL |
| RIGHTEST GT333 TEST STRIP | 3 | ST; QL |
| SMART SENSE TEST STRIPS | 3 | ST; QL |
| SMARTTEST TEST | 3 | ST; QL |
| SOLUS V2 TEST STRIPS | 3 | ST; QL |
| SURE-TEST EASYPLUS MINI STRIP | 3 | ST; QL |
| TELCARE TEST STRIPS | 3 | ST; QL |
| TEST N'GO TEST | 3 | ST; QL |
| TRUE METRIX GLUCOSE TEST STRIP | 3 | ST; QL |
| TRUETEST TEST STRIPS | 3 | ST; QL |
| TRUETRACK TEST | 3 | ST; QL |
| ULTIMA TEST STRIPS | 3 | ST; QL |
| ULTRATRAK | 3 | ST; QL |
| ULTRATRAK ULTIMATE STRIP | 3 | ST; QL |
| UNISTRIP1 TEST STRIP | 3 | ST; QL |
| VIVAGUARD INO TEST STRIP | 3 | ST; QL |
| WAVESENSE JAZZ | 3 | ST; QL |
| WAVESENSE PRESTO STRIP | 3 | ST; QL |
| MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE-KETONE COMB. TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| FORA 6 CONNECT MULTIFUNCTN MTR | 3 | ST |
| FORA GTEL MULTI-FUNCTN MONITOR | 3 | ST |
| FORA TN'G ADV MOBILE MULTI MTR | 3 | ST |
| FORA TN'G ADVANCE MULTI-FN MTR | 3 | ST |
| FORA TN'G ADVANCE PRO MONITOR | 3 | ST |
| GOJJI MULTI-FUNCTIONAL METER | 3 | ST |
| NOVA MAX PLUS GLUC-KETON METER | 3 | ST |
| PRECISION XTRA KETONE-GLUCOSE | 3 | ST |
| MEDICAL SUPPLIES AND DME - BLOOD PRESSURE DEVICE COMBINATIONS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| 2TEK GLUCOSE/BLOOD PRESSURE | 3 | ST |
| FORA D10 | 3 | ST |
| FORA D15 GLUCOSE-BP MONITOR | 3 | ST |
| FORA D40D GLUCOSE-BP MONITOR | 3 | ST |
| FORA D40G GLUCOSE-BP MONITOR | 3 | ST |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MEDICAL SUPPLIES AND DME - CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| FEMCAP | 3 | Covered in full* |
| MEDICAL SUPPLIES AND DME - DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| CAYA CONTOURED | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 60 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 65 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 70 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 75 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 80 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 85 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 90 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 95 | 3 | Covered in full* |
| MEDICAL SUPPLIES AND DME - ENTERAL SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML | 3 | |
| MONOJECT ENFIT SYRINGE | 3 | |
| PISTON SYRINGE WITH ENFIT | 3 | |
| MEDICAL SUPPLIES AND DME - EQUIPMENT CLEANING AGENTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| ALCOH-GLOVE | 3 | |
| ALCOH-WIPE | 3 | |
| MEDICAL SUPPLIES AND DME - FEMALE CONDOMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| FC2 FEMALE CONDOM | 3 | Covered in full* |
| MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| 2-IN-1 LANCET DEVICE | 3 | |
| 2TEK CONTROL (HIGH-NORMAL) | 3 | |
| 2TEK GLUCOSE/BLOOD PRESSURE | 3 | ST |
| ACCU-CHEK AVIVA CONTROL SOLN | 3 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | 3 | |
| ACCU-CHEK FASTCLIX LANCING DEV | 3 | |
| ACCU-CHEK GUIDE GLUCOSE METER | 3 | ST |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | 3 | |
| ACCU-CHEK GUIDE ME GLUCOSE MTR | 3 | ST |
| ACCU-CHEK SAFE-T-PRO | 3 | |
| ACCU-CHEK SAFE-T-PRO PLUS | 3 | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | 3 | |
| ACCU-CHEK SOFT DEV LANCETS | 3 | |
| ACCU-CHEK SOFTCLIX LANCETS | 3 | |
| ACCUTREND GLUCOSE CONTROL | 3 | |
| ACTI-LANCE LANCETS | 3 | |
| ADJUSTABLE LANCING DEVICE | 3 | |
| ADVANCED GLUCOSE METER | 3 | ST |
| ADVANCED LANCING DEVICE | 3 | |
| ADVANCED TRAVEL LANCETS 28 GAUGE | 3 | |
| ADVOCATE LANCET | 3 | |
| ADVOCATE LANCING DEVICE | 3 | |
| ADVOCATE REDI-CODE PLUS | 3 | ST |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| ADVOCATE REDI-CODE PLUS CTRL L | 3 | |
| ADVOCATE REDI-CODE+ CTRL HIGH | 3 | |
| AGAMATRIX AMP GLUC MONITOR SYS | 3 | ST |
| AGAMATRIX CONTROL HIGH | 3 | |
| AGAMATRIX CONTROL NORM-HI | 3 | |
| ALKALINE BATTERIES | 3 | |
| ALTERNATE SITE LANCET | 3 | |
| ALTERNATE SITE LANCING DEVICE | 3 | |
| AQUA LANCE LANCING DEVICE | 3 | |
| ASSURE 4 CONTROL SOLUTION | 3 | |
| ASSURE DOSE NORMAL CONTROL | 3 | |
| ASSURE DOSE NORM-HI CONTROL | 3 | |
| ASSURE LANCE | 3 | |
| ASSURE LANCE PLUS | 3 | |
| ASSURE PLATINUM GLUCOSE METER | 3 | ST |
| ASSURE PRISM CONTROL 1-2 SOLN | 3 | |
| ASSURE PRISM MULTI METER | 3 | ST |
| AUTO-LANCET MINI | 3 | |
| AUTOLET IMPRESSION LANC DEV | 3 | |
| AUTOLET LANCING DEVICE | 3 | |
| BD MICROTAINER LANCET | 3 | |
| BIGFOOT UNITY | 3 | QL |
| BIONIME RIGHTEST GM300 SYSTEM | 3 | ST |
| BIOTEL CARE BGM-4 METER | 3 | ST |
| BLOOD GLUCOSE CONTRL HI,NORMAL | 3 | |
| BLOOD GLUCOSE CONTROL, NORMAL | 3 | |
| BLOOD GLUCOSE MONITORING | 3 | ST |
| BLOOD-GLUCOSE METER | 3 | ST |
| BLULINK BG SYSTEM REFILL | 3 | |
| BLULINK DIABETIC TEST BUNDLE | 3 | ST |
| BLULINK GLUCOSE MONITOR SYSTEM | 3 | ST |
| BREEZE 2 CONTROL SOLUTION, LOW | 3 | |
| BREEZE 2 CONTROL SOLUTION, NML | 3 | |
| BREEZE 2 CONTROL SOLUTION,HIGH | 3 | |
| BULLSEYE MINI SAFETY LANCETS | 3 | |
| BUTTERFLY TOUCH LANCET | 3 | |
| CAREONE LANCING DEVICE | 3 | |
| CAREONE ULTRA THIN LANCET | 3 | |
| CARESENS CONTROL A AND B | 3 | |
| CARESENS LANCETS | 3 | |
| CARESENS N | 3 | ST |
| CARESENS N FELIZ BT GLUC METER | 3 | ST |
| CARESENS N FELIZ GLUCOSE METER | 3 | ST |
| CARESENS N VOICE | 3 | ST |
| CARETOUCH CONTROL SOLN L2-L3 | 3 | |
| CARETOUCH GLUCOSE MONITORING | 3 | ST |
| CARETOUCH LANCING DEVICE | 3 | |
| CARETOUCH SAFETY LANCETS | 3 | |
| CARETOUCH TWIST LANCET | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---------------------------------------|------|---------------------------|
| CEQR SIMPLICITY INSERTER | 3 | QL |
| CHEMSTRIP BG LOG BOOK | 3 | |
| CHOSEN LANCET | 3 | |
| CHOSEN LANCING DEVICE | 3 | |
| CHOSEN SAFETY LANCET | 3 | |
| CLEVER CHEK BLOOD GLUCOSE | 3 | ST |
| CLEVER CHEK BLOOD GLUCOSE SYST | 3 | ST |
| CLEVER CHEK LANCETS | 3 | |
| CLEVER CHOICE BLOOD GLUC SYS | 3 | ST |
| CLEVER CHOICE GLUCOSE MONITOR | 3 | ST |
| CLEVER CHOICE LEVEL 1 CONTROL | 3 | |
| CLEVER CHOICE LEVEL 2 CONTROL | 3 | |
| CLEVER CHOICE LEVEL 3 CONTROL | 3 | |
| CLEVER CHOICE MICRO | 3 | ST |
| CLEVER CHOICE PRO | 3 | ST |
| CLEVER CHOICE TALK GLUCOSE SYS | 3 | ST |
| COAGUCHEK LANCETS | 3 | |
| COLOR LANCETS | 3 | |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | 3 | |
| COMFORT TOUCH PLUS SAFETY LANC | 3 | |
| COMFORT TOUCH ULT THIN LANCETS | 3 | |
| CONTOUR CONTROL SOLUTION, HIGH | 3 | |
| CONTOUR CONTROL SOLUTION, LOW | 3 | |
| CONTOUR CONTROL SOLUTION, NML | 3 | |
| CONTOUR METER | 3 | ST |
| CONTOUR NEXT EZ METER | 3 | ST |
| CONTOUR NEXT GEN METER | 3 | ST |
| CONTOUR NEXT GLUCOSE METER | 3 | ST |
| CONTOUR NEXT LEV 1 CONTROL SOL | 3 | |
| CONTOUR NEXT LEV 2 CONTROL SOL | 3 | |
| CONTOUR NEXT LINK | 3 | ST |
| CONTOUR NEXT LINK 2.4 | 3 | ST |
| CONTOUR NEXT METER | 3 | ST |
| CONTOUR NEXT ONE METER | 3 | ST |
| CONTOUR PLUS BLUE METER | 3 | ST |
| DEXCOM G6 RECEIVER | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DEXCOM G7 RECEIVER | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| DIATRUE CONTROL SOLN NORMAL | 3 | |
| DIATRUE CONTROL SOLUTION HIGH | 3 | |
| DIATRUE CONTROL SOLUTION LOW | 3 | |
| DIATRUE PLUS BLOOD GLUCOSE MET | 3 | ST |
| DROPLET GENTEEL LANCING DEVICE | 3 | |
| DROPLET LANCETS | 3 | |
| DROPLET LANCING DEVICE | 3 | |
| EASY COMFORT LANCETS | 3 | |
| EASY MINI EJECT LANCING DEVICE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| EASY PLUS II BLOOD GLUCOSE MET | 3 | ST |
| EASY PLUS II HIGH CONTROL | 3 | |
| EASY PLUS II LOW CONTROL | 3 | |
| EASY STEP BLOOD GLUCOSE METER | 3 | ST |
| EASY STEP HIGH CONTROL SOLN | 3 | |
| EASY STEP LOW CONTROL SOLUTION | 3 | |
| EASY STEP NORMAL CONTROL SOLN | 3 | |
| EASY TALK BLOOD GLUCOSE METER | 3 | ST |
| EASY TALK HIGH CONTROL | 3 | |
| EASY TALK LOW CONTROL | 3 | |
| EASY TALK PLUS II HIGH CONTROL | 3 | |
| EASY TALK PLUS II LOW CONTROL | 3 | |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 3 | |
| EASY TOUCH BLULINK GLUC SYST | 3 | ST |
| EASY TOUCH GLUCOSE MONITOR | 3 | ST |
| EASY TOUCH HIGH-LOW CONTROL | 3 | |
| EASY TOUCH LANCETS | 3 | |
| EASY TOUCH LANCING DEVICE | 3 | |
| EASY TOUCH SAFETY LANCETS | 3 | |
| EASY TOUCH TWIST LANCETS | 3 | |
| EASY TRAK BLOOD GLUCOSE METER | 3 | ST |
| EASY TRAK HIGH CONTROL | 3 | |
| EASY TRAK II BLOOD GLUCOSE MTR | 3 | ST |
| EASY TRAK II CTRL SOLN-NORMAL | 3 | |
| EASY TRAK LOW CONTROL | 3 | |
| EASY TWIST AND CAP LANCETS | 3 | |
| EASYGLUCO METER | 3 | ST |
| EASYGLUCO MONITORING SYSTEM | 3 | ST |
| EASYMAX 15 LEVEL 2 | 3 | |
| EASYMAX NG | 3 | ST |
| EASYMAX NORMAL CONTROL | 3 | |
| EASYMAX T1 | 3 | ST |
| EASYMAX V SPEAKING GLUCOSE SYS | 3 | ST |
| EASY-TOUCH BLOOD GLUCOSE METER | 3 | ST |
| ELEMENT COMPACT GLUCOSE METER | 3 | ST |
| ELEMENT COMPACT HIGH CONTROL | 3 | |
| ELEMENT COMPACT NORMAL CONTROL | 3 | |
| ELEMENT COMPACT V GLUCOSE MTR | 3 | ST |
| ELEMENT HIGH CONTROL | 3 | |
| ELEMENT LOW CONTROL | 3 | |
| ELEMENT NORMAL CONTROL | 3 | |
| ELEMENT PLUS BLOOD GLUCOSE KIT | 3 | ST |
| EMBRACE BLOOD GLUCOSE SYSTEM | 3 | ST |
| EMBRACE EVO BLOOD GLUCOSE KIT | 3 | ST |
| EMBRACE EVO GLUCOSE MONITOR | 3 | ST |
| EMBRACE EVO LEVEL 1 | 3 | |
| EMBRACE GLUCOSE CONTROL HIGH | 3 | |
| EMBRACE GLUCOSE CONTROL LOW | 3 | |
| EMBRACE LANCETS | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| EMBRACE LANCING DEVICE | 3 | |
| EMBRACE PRO | 3 | |
| EMBRACE PRO GLUCOSE METER | 3 | ST |
| EMBRACE SAFETY LANCET | 3 | |
| EMBRACE TALK BLOOD GLUCOSE SYS | 3 | ST |
| EMBRACE TALK CONTROL-HIGH (L2) | 3 | |
| EMBRACE TALK CONTROL-LOW (L1) | 3 | |
| EMBRACE TALK GLUCOSE MONITOR | 3 | ST |
| EMBRACE WAVE PLUS GLUCOSE MTR | 3 | ST |
| EVENCARE G2 | 3 | ST |
| EVENCARE G3 CONTROL | 3 | |
| EVENCARE G3 GLUCOSE METER | 3 | ST |
| EVENCARE MINI MONITOR SYSTEM | 3 | ST |
| EVOLUTION BLOOD GLUCOSE METER | 3 | ST |
| EVOLUTION NORMAL CONTROL | 3 | |
| E-Z JECT LANCETS | 3 | |
| E-Z JECT THIN LANCETS | 3 | |
| EZ SMART LANCETS | 3 | |
| EZ SMART PLUS SYSTEM | 3 | ST |
| EZ SMART SYSTEM | 3 | ST |
| FINGERSTIX LANCETS | 3 | |
| FORA D10 | 3 | ST |
| FORA D15 GLUCOSE-BP MONITOR | 3 | ST |
| FORA D20 KIT | 3 | ST |
| FORA D40D GLUCOSE-BP MONITOR | 3 | ST |
| FORA D40G GLUCOSE-BP MONITOR | 3 | ST |
| FORA G20 KIT | 3 | ST |
| FORA G30A | 3 | ST |
| FORA GD50 BLOOD GLUCOSE SYSTEM | 3 | ST |
| FORA HIGH CONTROL | 3 | |
| FORA LANCING DEVICE | 3 | |
| FORA LOW CONTROL | 3 | |
| FORA NORMAL CONTROL | 3 | |
| FORA PREMIUM V10 GLUCOSE METER | 3 | ST |
| FORA TEST N'GO VOICE METER | 3 | ST |
| FORA TN'G VOICE METER | 3 | ST |
| FORA V10 KIT | 3 | ST |
| FORA V10-V12-D10-D20 STRP-LNCT | 3 | ST |
| FORA V12 BLOOD GLUCOSE SYSTEM | 3 | ST |
| FORA V20 KIT | 3 | ST |
| FORA V30A KIT | 3 | ST |
| FORACARE GD20 GLUCOSE METER | 3 | ST |
| FORACARE GD40A GLUCOSE METER | 3 | ST |
| FORACARE GD40B GLUCOSE METER | 3 | ST |
| FORACARE GDH HIGH CONTROL | 3 | |
| FORACARE GDH LOW CONTROL | 3 | |
| FORACARE GDH NORMAL CONTROL | 3 | |
| FORACARE LANCETS | 3 | |
| FREESTYLE CONTROL | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| FREESTYLE FLASH SYSTEM | 2 | |
| FREESTYLE FREEDOM | 2 | |
| FREESTYLE FREEDOM LITE | 2 | |
| FREESTYLE INSULINX | 2 | |
| FREESTYLE LANCETS | 3 | |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LITE METER | 2 | |
| FREESTYLE PRECISION NEO METER | 2 | |
| FREESTYLE SYSTEM KIT | 2 | |
| FREESTYLE UNISTIK 2 | 3 | |
| GE100 BLOOD GLUCOSE SYSTEM | 3 | ST |
| GE100 CONTROL SOLUTION NORMAL | 3 | |
| GE333 BLOOD GLUCOSE SYSTEM | 3 | ST |
| GENTEEL VACUUM LANCING DEVICE | 3 | |
| GLUCO NAVII GLUCOSE MONITOR | 3 | ST |
| GLUCOCARD 01 HI-NORMAL CONTROL | 3 | |
| GLUCOCARD 01 METER | 3 | ST |
| GLUCOCARD 01 NORMAL CONTROL | 3 | |
| GLUCOCARD EXPRESSION | 3 | ST |
| GLUCOCARD EXPRESSION KIT | 3 | ST |
| GLUCOCARD EXPRESSION SOLUTION | 3 | |
| GLUCOCARD SHINE | 3 | |
| GLUCOCARD SHINE CONNEX METER | 3 | ST |
| GLUCOCARD SHINE EXPRESS METER | 3 | ST |
| GLUCOCARD SHINE METER | 3 | ST |
| GLUCOCARD SHINE METER KIT | 3 | ST |
| GLUCOCARD SHINE XL METER | 3 | ST |
| GLUCOCARD VITAL | 3 | ST |
| GLUCOCOM AUTOLINK | 3 | |
| GLUCOCOM BLOOD GLUCOSE | 3 | ST |
| GLUCOCOM CONTROL HIGH | 3 | |
| GLUCOCOM CONTROL NORMAL | 3 | |
| GLUCOCOM LANCETS | 3 | |
| GLUCOSE CONTROL | 3 | |
| GLUCOSE KETONE CONTROL SOLN | 3 | |
| GM100 KIT | 3 | ST |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 3 | |
| GOJJI LANCET-GLUCOSE TEST STRP | 3 | |
| GOJJI LANCETS | 3 | |
| GOJJI LANCING DEVICE | 3 | |
| HEALTHPRO GLUCOSE MONITOR | 3 | ST |
| HEALTHPRO HIGH-LOW CONTROL | 3 | |
| HYPOLANCE AST LANCING | 3 | |
| INCONTROL LANCING DEVICE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| INCONTROL SUPER THIN LANCETS | 3 | |
| INCONTROL ULTRA THIN LANCETS | 3 | |
| INFINITY CONTROL SOLUTION HIGH | 3 | |
| INFINITY CONTROL SOLUTION LOW | 3 | |
| INFINITY CONTROL SOLUTION NORM | 3 | |
| INFINITY METER KIT | 3 | ST |
| INFINITY STARTER KIT | 3 | ST |
| INJECT EASE LANCETS | 3 | |
| INSUL-CAP | 3 | |
| INSUL-EZE | 3 | |
| INVACARE LANCETS | 3 | |
| JAZZ WIRELESS 2 METER KIT | 3 | ST |
| LANCETS | 3 | |
| LANCETS, SUPER THIN | 3 | |
| LANCETS, THIN , 28 GAUGE | 3 | |
| LANCETS, ULTRA THIN | 3 | |
| LANCING DEVICE | 3 | |
| LANCING DEVICE WITH LANCETS | 3 | |
| LANCING SYSTEM | 3 | |
| LANZO LANCING DEVICE | 3 | |
| MEDISENSE | 3 | |
| MEDISENSE GLUCOSE KETONE | 3 | |
| MEDISENSE MID CONTROL | 3 | |
| MEDISENSE THIN LANCETS | 3 | |
| MEDLANCE PLUS LANCETS | 3 | |
| MEDLANCE PLUS SPECIAL BLADE | 3 | |
| MEDPOINT NORMAL CONTROL | 3 | |
| MICRO THIN LANCETS | 3 | |
| MICRODOT BLOOD GLUCOSE SYSTEM | 3 | ST |
| MICRODOT HIGH-LOW CONTROL | 3 | |
| MICRODOT NORMAL CONTROL | 3 | |
| MICROLET 2 LANCING DEVICE | 3 | |
| MICROLET LANCET | 3 | |
| MICROLET NEXT LANCING DEVICE | 3 | |
| MINI LANCING DEVICE | 3 | |
| MOBILE LANCETS | 3 | |
| MONOLET LANCETS | 3 | |
| MONOLET THIN LANCETS | 3 | |
| MULTI-LANCET DEVICE 2 | 3 | |
| MYGLUCOHEALTH CONTROL SOLUTION | 3 | |
| MYGLUCOHEALTH KIT | 3 | ST |
| MYGLUCOHEALTH LANCETS | 3 | |
| NOVA SAFETY LANCETS | 3 | |
| NOVA SUREFLEX LANCETS | 3 | |
| NOVAMAX PLUS GLU-KET | 3 | |
| ON CALL EXPRESS CONTROL | 3 | |
| ON CALL EXPRESS METER | 3 | ST |
| ON CALL LANCET | 3 | |
| ON CALL LANCING DEVICE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|-------------------------------------|------|---------------------------|
| ONETOUCH DELICA PLUS LANC DEV | 3 | |
| ONETOUCH DELICA PLUS LANCET | 3 | |
| ONETOUCH DELICA SAFETY LANCET | 3 | |
| ONETOUCH ULTRA CONTROL | 3 | |
| ONETOUCH ULTRA2 METER | 2 | |
| ONETOUCH ULTRASOFT 2 LANCET | 3 | |
| ONETOUCH VERIO FLEX METER | 2 | |
| ONETOUCH VERIO HIGH CONTROL | 3 | |
| ONETOUCH VERIO MID CONTROL | 3 | |
| ONETOUCH VERIO REFLECT METER | 2 | |
| ON-THE-GO LANCETS | 3 | |
| OVAL TAPE | 3 | |
| PERFECT POINT SAFETY LANCETS | 3 | |
| PHARMACIST CHOICE GLUCOSE SYS | 3 | ST |
| PIP BLOOD GLUCOSE MONITOR | 3 | ST |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 3 | |
| PIP LANCET | 3 | |
| PRECISION XTRA MONITOR | 2 | |
| PREMIER BLU GLUCOSE METER | 3 | ST |
| PREMIER CLASSIC GLUCOSE METER | 3 | ST |
| PREMIER COMPACT GLUCOSE METER | 3 | ST |
| PREMIER VOICE GLUCOSE METER | 3 | ST |
| PREMIUM BLOOD GLUCOSE MONITOR | 3 | ST |
| PREMIUM V10 | 3 | ST |
| PRESSURE ACTIVATED LANCETS | 3 | |
| PRESTO PRO BLOOD GLUCOSE METER | 3 | ST |
| PRO COMFORT LANCET | 3 | |
| PRO COMFORT SAFETY LANCET | 3 | |
| PRO VOICE V8 GLUCOSE MONITOR | 3 | ST |
| PRO VOICE V9 GLUCOSE MONITOR | 3 | ST |
| PRODIGY AUTOCODE METER | 3 | ST |
| PRODIGY AUTOCODE MONITOR SYST | 3 | ST |
| PRODIGY CONTROL SOLUTION, LOW | 3 | |
| PRODIGY CONTROL SOLUTION,HIGH | 3 | |
| PRODIGY LANCETS | 3 | |
| PRODIGY LANCING DEVICE | 3 | |
| PRODIGY POCKET METER | 3 | ST |
| PRODIGY TWIST TOP LANCET | 3 | |
| PRODIGY VOICE GLUCOSE METER | 3 | ST |
| PURE COMFORT LANCETS | 3 | |
| PURE COMFORT SAFETY LANCETS | 3 | |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | 3 | |
| QUINTET AC | 3 | ST |
| QUINTET BLOOD GLUCOSE METER | 3 | ST |
| REFUAH PLUS GLUCOSE CONTROL | 3 | |
| REFUAH PLUS GLUCOSE MONITOR | 3 | ST |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE | 3 | |
| RELIAMED MINI LANCING DEVICE | 3 | |
| RELIAMED SAFETY SEAL LANCETS | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| RELION ALL-IN-ONE METER | 3 | ST |
| RELION CONFIRM | 3 | ST |
| RELION MICRO GLUCOSE MONITOR KIT | 3 | ST |
| RELION PRIME METER | 3 | ST |
| REVEAL BLOOD GLUCOSE METER | 3 | ST |
| RIGHTEST CONTROL SOLUTION HIGH | 3 | |
| RIGHTEST CONTROL SOLUTION NORM | 3 | |
| RIGHTEST GD500 LANCING DEVICE | 3 | |
| RIGHTEST GL300 LANCETS | 3 | |
| RIGHTEST GM550 SYSTEM | 3 | ST |
| RIGHTEST GT333 GLUCOSE METER | 3 | ST |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE | 3 | |
| SAFETY SEAL LANCETS | 3 | |
| SAFETY-LET LANCETS | 3 | |
| SIL-SERTER | 3 | |
| SINGLE-LET | 3 | |
| SMART SENSE LANCETS | 3 | |
| SMART SENSE MONITORING SYSTEM | 3 | ST |
| SMARTDIABETES VANTAGE | 3 | |
| SMARTTEST CONTROL | 3 | |
| SMARTTEST EJECT | 3 | ST |
| SMARTTEST LANCET | 3 | |
| SMARTTEST PERSONA STARTER | 3 | ST |
| SMARTTEST PRONTO STARTER | 3 | ST |
| SMARTTEST PROTEGE | 3 | ST |
| SOLUS V2 AUDIBLE METER | 3 | ST |
| SOLUS V2 CONTROL SOLUTION, LOW | 3 | |
| SOLUS V2 CONTROL SOLUTION,HIGH | 3 | |
| SOLUS V2 LANCETS | 3 | |
| SOLUS V2 LANCING DEVICE | 3 | |
| STERILANCE TL | 3 | |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE | 3 | |
| SURE COMFORT LANCETS | 3 | |
| SURE COMFORT LANCING PEN | 3 | |
| SUREFLEX DEVICE WITH LANCETS | 3 | |
| SURE-LANCE | 3 | |
| SURE-LANCE ULTRA THIN | 3 | |
| SURE-PEN LANCING DEVICE | 3 | |
| SURE-TEST EASYPLUS MINI METER | 3 | ST |
| SURE-TEST EASYPLUS MINI SOLUTION | 3 | |
| SURE-TOUCH LANCET | 3 | |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | 3 | |
| TELCARE CONTROL | 3 | |
| TELCARE LANCETS | 3 | |
| TEMPO REFILL KIT WITH GAUZE | 3 | |
| TEMPO WELCOME KIT | 3 | ST; QL |
| TEST N'GO BLOOD GLUCOSE SYSTEM | 3 | ST |
| THIN LANCETS | 3 | |
| TOPCARE UNIVERSAL1 LANCET | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---------------------------------|------|---------------------------|
| TRUE COMFORT LANCET | 3 | |
| TRUE METRIX AIR GLUCOSE METER | 3 | ST |
| TRUE METRIX GLUCOSE METER | 3 | ST |
| TRUE METRIX GO GLUCOSE METER | 3 | ST |
| TRUE METRIX LEVEL 1 | 3 | |
| TRUE METRIX LEVEL 2 | 3 | |
| TRUE METRIX LEVEL 3 | 3 | |
| TRUEDRAW LANCING DEVICE | 3 | |
| TRUEPLUS LANCETS | 3 | |
| TRUERESULT BLOOD GLUCOSE SYSTEM | 3 | ST |
| TRUETRACK BLOOD GLUCOSE SYSTEM | 3 | ST |
| TRUETRACK SMART SYSTEM | 3 | ST |
| TWIST LANCETS | 3 | |
| ULTI-LANCE | 3 | |
| ULTILET BASIC LANCETS | 3 | |
| ULTILET CLASSIC LANCETS | 3 | |
| ULTILET LANCETS | 3 | |
| ULTILET SAFETY LANCETS | 3 | |
| ULTIMA MONITOR | 3 | ST |
| ULTRA THIN II LANCETS | 3 | |
| ULTRA THIN LANCETS | 3 | |
| ULTRA THIN PLUS LANCETS | 3 | |
| ULTRA TLC LANCETS | 3 | |
| ULTRA-CARE LANCETS | 3 | |
| ULTRALANCE LANCETS | 3 | |
| ULTRA-THIN II LANCETS | 3 | |
| ULTRATRAK GLUCOSE METER | 3 | ST |
| ULTRATRAK HIGH-LOW CONTROL | 3 | |
| ULTRATRAK NORMAL CONTROL | 3 | |
| ULTRATRAK ULTIMATE | 3 | ST |
| ULTRATRAK ULTIMATE SOLUTION | 3 | |
| UNILET COMFORTOUCH LANCET | 3 | |
| UNILET GP LANCET | 3 | |
| UNILET LANCET | 3 | |
| UNILET LANCETS | 3 | |
| UNILET SUPER THIN LANCETS | 3 | |
| UNISTIK 2 DEVICE | 3 | |
| UNISTIK 2 NORMAL LANCET | 3 | |
| UNISTIK 3 COMFORT LANCET | 3 | |
| UNISTIK 3 EXTRA LANCET | 3 | |
| UNISTIK 3 GENTLE | 3 | |
| UNISTIK 3 NORMAL LANCET | 3 | |
| UNISTIK COMFORT LANCETS | 3 | |
| UNISTIK CZT LANCET | 3 | |
| UNISTIK EXTRA LANCETS | 3 | |
| UNISTIK NORMAL LANCETS | 3 | |
| UNISTIK PRO LANCET | 3 | |
| UNISTIK SAFETY | 3 | |
| UNISTIK TOUCH LANCETS | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| UNISTRIP LOW CONTROL | 3 | |
| UNIVERSAL 1 LANCETS | 3 | |
| VERIFINE SAFETY LANCET MINI | 3 | |
| VERIFINE UNIVERSAL LANCET | 3 | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 3 | |
| VIVAGUARD INO CTRL SOLN-L1,L3 | 3 | |
| VIVAGUARD INO CTRL SOLN-L2 | 3 | |
| VIVAGUARD INO GLUCOSE METER | 3 | ST |
| VIVAGUARD INO SMART GLUC METER | 3 | ST |
| VIVAGUARD LANCET | 3 | |
| VIVAGUARD LANCING DEVICE | 3 | |
| VIVAGUARD SAFETY LANCET | 3 | |
| WAVESENSE AMP | 3 | ST |
| WAVESENSE CONTROL SOLUTION | 3 | |
| WAVESENSE PRESTO | 3 | ST |
| MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| 1ST TIER UNIFINE PENTIPS | 3 | |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 3 | |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 3 | |
| AQINJECT PEN NEEDLE | 3 | |
| ASSURE ID DUO PRO SFTY PEN NDL | 3 | |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" | 3 | |
| ASSURE ID PRO PEN NEEDLE | 3 | |
| AUTOJECT 2 INJECTION DEVICE | 3 | |
| AUTOPEN 1 TO 21 UNITS | 3 | |
| AUTOPEN 2 TO 42 UNITS | 3 | |
| BD AUTOSHIELD DUO PEN NEEDLE | 2 | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" | 3 | |
| BD INSULIN SYRINGE (HALF UNIT) | 3 | |
| BD INSULIN SYRINGE U-500 | 3 | |
| BD INSULIN SYRINGE ULTRA-FINE | 3 | |
| BD LO-DOSE MICRO-FINE IV | 3 | |
| BD NANO 2ND GEN PEN NEEDLE | 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE | 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" | 3 | |
| BD ULTRA-FINE MICRO PEN NEEDLE | 2 | |
| BD ULTRA-FINE MINI PEN NEEDLE | 2 | |
| BD ULTRA-FINE NANO PEN NEEDLE | 2 | |
| BD ULTRA-FINE ORIG PEN NEEDLE | 2 | |
| BD ULTRA-FINE SHORT PEN NEEDLE | 2 | |
| BD VEO INSULIN SYR (HALF UNIT) | 3 | |
| BD VEO INSULIN SYRINGE UF | 3 | |
| CAREFINE PEN NEEDLE | 3 | |
| CARETOUCH INSULIN SYRINGE | 3 | |
| CARETOUCH PEN NEEDLE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CLICKFINE PEN NEEDLE | 3 | |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 31 GAUGE X 5/16", 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | 3 | |
| COMFORT EZ PEN NEEDLES | 3 | |
| COMFORT EZ PRO SAFETY PEN NDL | 3 | |
| COMFORT TOUCH PEN NEEDLE | 3 | |
| DROPLET INSULIN SYR(HALF UNIT) | 3 | |
| DROPLET INSULIN SYRINGE | 3 | |
| DROPLET MICRON PEN NEEDLE | 3 | |
| DROPLET PEN NEEDLE | 3 | |
| DROPSAFE INSULIN SYRINGE | 3 | |
| DROPSAFE PEN NEEDLE | 3 | |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 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 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", 1/2 ML 32 GAUGE X 5/16" | 3 | |
| EASY COMFORT PEN NEEDLES | 3 | |
| EASY COMFORT SAFETY PEN NEEDLE | 3 | |
| EASY GLIDE INSULIN SYRINGE | 3 | |
| EASY GLIDE PEN NEEDLE | 3 | |
| EASY TOUCH FLIPLOCK INSULIN | 3 | |
| EASY TOUCH INSULIN SAFETY SYR | 3 | |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 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 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 3 | |
| EASY TOUCH LUER LOCK INSULIN | 3 | |
| EASY TOUCH NEEDLE | 3 | |
| EASY TOUCH PEN NEEDLE | 3 | |
| EASY TOUCH SAFETY PEN NEEDLE | 3 | |
| EASY TOUCH SHEATHLOCK INSULIN | 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML | 3 | |
| EMBRACE PEN NEEDLE | 3 | |
| EXEL INSULIN | 3 | |
| EXTENDED RESERVOIR | 3 | |
| FREESTYLE PRECISION | 3 | |
| HEALTHWISE INSULIN SYRINGE | 3 | |
| HEALTHWISE PEN NEEDLE | 3 | |
| INCONTROL PEN NEEDLE | 3 | |
| INPEN (FOR HUMALOG) BLUE | 3 | QL |
| INPEN (FOR HUMALOG) GREY | 3 | QL |
| INPEN (FOR HUMALOG) PINK | 3 | QL |
| INPEN (NOVOLOG OR FIASP) BLUE | 3 | QL |
| INPEN (NOVOLOG OR FIASP) GREY | 3 | QL |
| INPEN (NOVOLOG OR FIASP) PINK | 3 | QL |
| INSULIN SYR/NDL U100 HALF MARK | 3 | |
| INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| 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 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 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" | 3 | |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8" | 1 | |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | 3 | |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" | 3 | |
| MAXICOMFORT II PEN NEEDLE | 3 | |
| MAXICOMFORT INSULIN SYRINGE | 3 | |
| MAXI-COMFORT INSULIN SYRINGE | 3 | |
| MAXICOMFORT SAFETY PEN NEEDLE | 3 | |
| MINI ULTRA-THIN II | 3 | |
| MONOJECT INSULIN SAFETY SYRING | 3 | |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML, 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | 3 | |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE | 3 | |
| MONOJECT ULTRA COMFORT INSULIN | 3 | |
| NOVOFINE 32 | 3 | |
| NOVOFINE PLUS | 3 | |
| NOVOPEN ECHO | 3 | |
| PARADIGM RESERVOIR | 3 | |
| PEN NEEDLE | 3 | |
| PEN NEEDLE, DIABETIC | 3 | |
| PEN NEEDLE, DIABETIC, SAFETY | 3 | |
| PENTIPS PEN NEEDLE | 3 | |
| PIP PEN NEEDLE | 3 | |
| PREVENT DROPSAFE PEN NEEDLE | 3 | |
| PRO COMFORT INSULIN SYRINGE | 3 | |
| PRO COMFORT PEN NEEDLE | 3 | |
| PRODIGY INSULIN SYRINGE | 3 | |
| PURE COMFORT PEN NEEDLE | 3 | |
| PURE COMFORT SAFETY PEN NEEDLE | 3 | |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" | 3 | |
| SAFETY PEN NEEDLE | 3 | |
| SECURESAFE INSULIN SYRINGE | 3 | |
| SECURESAFE PEN NEEDLE | 3 | |
| SKY SAFETY PEN NEEDLE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | 3 | |
| SURE COMFORT PEN NEEDLE | 3 | |
| SURE COMFORT SAFETY PEN NEEDLE | 3 | |
| SURE-FINE PEN NEEDLES | 3 | |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | 3 | |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 3 | |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | 3 | |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 3 | |
| TECHLITE PLUS PEN NEEDLE | 3 | |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8" | 3 | |
| thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2" | 1 | |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8" | 3 | |
| TOPCARE CLICKFINE | 3 | |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| TRUE COMFORT INSULIN SYRINGE | 3 | |
| TRUE COMFORT PEN NEEDLE | 3 | |
| TRUE COMFORT PRO INS SYRINGE | 3 | |
| TRUE COMFORT SAFE INSULIN SYRG | 3 | |
| TRUE COMFORT SAFETY PEN NEEDLE | 3 | |
| TRUEPLUS INSULIN | 3 | |
| TRUEPLUS PEN NEEDLE | 3 | |
| ULTICARE INSULIN SYRINGE | 3 | |
| ULTICARE INSULN SYR(HALF UNIT) | 3 | |
| ULTICARE PEN NEEDLE | 3 | |
| ULTICARE SAFETY PEN NEEDLE | 3 | |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2" | 1 | |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 | 3 | |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ULTIGUARD SAFEPACK-INSULIN SYR | 3 | |
| ULTIGUARD SAFEPACK-PEN NEEDLE | 3 | |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29 | 3 | |
| ULTILET PEN NEEDLE | 3 | |
| ULTRA CMFT INS SYR (HALF UNIT) | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| 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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 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 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 | 3 | |
| ULTRA FLO INSUL SYR(HALF UNIT) | 3 | |
| ULTRA FLO INSULIN SYRINGE | 3 | |
| ULTRA FLO PEN NEEDLE | 3 | |
| ULTRA THIN PEN NEEDLE | 3 | |
| ULTRACARE INSULIN SYRINGE | 3 | |
| ULTRACARE PEN NEEDLE | 3 | |
| ULTRA-THIN II (SHORT) INS SYR | 3 | |
| ULTRA-THIN II (SHORT) PEN NDL | 3 | |
| ULTRA-THIN II INS PEN NEEDLES | 3 | |
| ULTRA-THIN II INSULIN SYRINGE | 3 | |
| UNIFINE PENTIPS MAXFLOW | 3 | |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 3 | |
| UNIFINE PENTIPS PLUS | 3 | |
| UNIFINE PENTIPS PLUS MAXFLOW | 3 | |
| UNIFINE PROTECT | 3 | |
| UNIFINE SAFECONTROL | 3 | |
| UNIFINE SAFECONTROL PEN NEEDLE | 3 | |
| UNIFINE ULTRA PEN NEEDLE | 3 | |
| VANISHPOINT INSULIN SYRINGE | 3 | |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| VERIFINE INSULIN SYRINGE | 3 | |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 3 | |
| VERIFINE PLUS PEN NEEDLE | 3 | |
| VERIFINE PLUS PEN NEEDLE-SHARP | 3 | |
| MEDICAL SUPPLIES AND DME - IV SETS-TUBING - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| IV ADMINISTRATION SET | 3 | |
| SCALP VEIN SET | 3 | |
| MEDICAL SUPPLIES AND DME - MALE CONDOMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| AIMSCO LATEX CONDOM | 3 | Covered in full* |
| DUREX AVANTI BARE REAL FEEL | 3 | Covered in full* |
| FANTASY CONDOM | 3 | Covered in full* |
| KIMONO MICROTHIN AQUA LUBE CON | 3 | Covered in full* |
| KIMONO MICROTHIN CONDOMS | 3 | Covered in full* |
| KIMONO MICROTHIN LARGE CONDOMS | 3 | Covered in full* |
| KIMONO TEXTURED CONDOMS | 3 | Covered in full* |
| KIMONO THIN LUBRICATED CONDOMS | 3 | Covered in full* |
| TRUSTEX LATEX CONDOM | 3 | Covered in full* |
| TRUSTEX LUBRICATED CONDOMS | 3 | Covered in full* |
| TRUSTEX NON-LUB CONDOMS | 3 | Covered in full* |
| TRUSTEX-RIA LUB/SPERMICIDE | 3 | Covered in full* |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| TRUSTEX-RIA NON-LUB CONDOMS | 3 | Covered in full* |
| MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| T:FLEX | 3 | |
| T:SLIM X2 | 3 | |
| TANDEM MOBI CARTRIDGE | 3 | |
| TEMPO SMART BUTTON | 3 | QL |
| MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| ALLERGIST TRAY 1/2 ML 27GX3/8" | 3 | |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2" | 3 | |
| ALLERGY SYRINGE | 3 | |
| BD ALLERGY SYRINGE | 3 | |
| BD BLUNT PLASTIC CANNULA SYRINGE | 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML | 3 | |
| BD ECLIPSE | 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 " | 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8" | 3 | |
| BD FILTER NEEDLE 5-MICRON NOKO | 3 | |
| BD FILTER NEEDLE-5 MICRON | 3 | |
| BD INTEGRA NEEDLE | 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" | 3 | |
| BD INTERLINK BLUNT PLASTIC CAN | 3 | |
| BD INTERLINK SYRINGE | 3 | |
| BD INTRADERMAL BEVEL NEEDLES | 3 | |
| BD LUER-LOK BULK SYRINGE | 3 | |
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 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", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | 3 | |
| BD LUER-LOK TIP CONTROL SYRING | 3 | |
| BD NOKOR ADMIX NEEDLE | 3 | |
| BD PRECISIONGLIDE NEEDLE | 3 | |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" | 3 | |
| BD QUINCKE SPINAL NEEDLE | 3 | |
| BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" | 3 | |
| BD SAFETYGLIDE ALLERGIST TRAY | 3 | |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" | 3 | |
| BD SAFETYGLIDE SHIELDING REG | 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" | 3 | |
| BD SAFETYGLIDE TB REG BEVEL | 3 | |
| BD SLIP TIP SYRINGE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| B-D SLIP TIP SYRINGE | 3 | |
| BD SPECIALTY USE NEEDLES | 3 | |
| BD SYRINGE | 3 | |
| BD SYRINGE CATH TIP NONSTERILE | 3 | |
| BD SYRINGE CATHETER TIP | 3 | |
| BD SYRINGE LUER-LOK NONSTERILE | 3 | |
| BD SYRINGE LUER-LOK STERILE | 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML | 3 | |
| BD SYRINGE-DUAL CANNULA | 3 | |
| BD TUBERCULIN SLIP-TIP | 3 | |
| BD TUBERCULIN SYRINGE | 3 | |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 " | 3 | |
| CAREPOINT LUER LOCK SYRINGE | 3 | |
| CAREPOINT LUER LOCK SYR-NEEDLE | 3 | |
| CAREPOINT LUER SLIP SYRINGE | 3 | |
| CAREPOINT LUER SLIP SYRING-NDL | 3 | |
| CAREPOINT PRECISION NEEDLE | 3 | |
| CAREPOINT SAFETY LL SYR-NEEDLE | 3 | |
| CARETOUCH HYPODERMIC NEEDLE | 3 | |
| CARETOUCH LUER LOCK SYRINGE | 3 | |
| CARETOUCH LUER LOCK SYR-NEEDLE | 3 | |
| CARETOUCH LUER SLIP SYRINGE | 3 | |
| DAVOL IRRIGATION SYRINGE | 3 | |
| DAVOL PISTON IRRIGATION | 3 | |
| DOVER BULB SYRINGE | 3 | |
| DROPSAFE SICURA SAFETY NEEDLE | 3 | |
| EASY GLIDE CATHETER TIP SYRING | 3 | |
| EASY GLIDE LUER LOCK SYRINGE | 3 | |
| EASY GLIDE LUER SLIP TB SYRING | 3 | |
| EASY TOUCH FLIPLOCK NEEDLE | 3 | |
| EASY TOUCH FLIPLOCK SYRINGE | 3 | |
| EASY TOUCH FLURINGE | 3 | |
| EASY TOUCH FLURINGE FLIPLOCK | 3 | |
| EASY TOUCH FLURINGE SHEATHLOCK | 3 | |
| EASY TOUCH HYPODERMIC NEEDLE | 3 | |
| EASY TOUCH LUER LOCK SYRINGE | 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL | 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML | 3 | |
| EASY TOUCH SYRINGE | 3 | |
| EASY TOUCH TUBERCULIN FLIPLOCK | 3 | |
| EASY TOUCH TUBERCULIN SHEATHLK | 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML | 3 | |
| EASYPOINT NEEDLE | 3 | |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" | 3 | |
| ECLIPSE SYRINGE | 3 | |
| EXCEL SYRINGE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| 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", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 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" | 3 | |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML | 3 | |
| FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2" | 3 | |
| FLOW-EZE VENTED NEEDLE | 3 | |
| huber safety needles (disp.) | 1 | |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8" | 3 | |
| INJECT-EASE | 3 | |
| INTEGRA PRECISIONGLIDE NEEDLE | 3 | |
| INTEGRA SYRINGE | 3 | |
| INTERLINK SYRINGE AND CANNULA | 3 | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LUER LOCK SYRINGE SYRINGE 30 ML | 3 | |
| LUER SLIP TIP SYRINGE TRAY | 3 | |
| LUER-LOK TIP | 3 | |
| MAGELLAN SAFETY SYRINGE | 3 | |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" | 3 | |
| MAGELLAN TUBERCULIN SAFETY SYR | 3 | |
| MONOJECT 140CC PISTON SYRINGE | 3 | |
| MONOJECT 3CC SYR 25GX1" | 3 | |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2" | 3 | |
| MONOJECT CONTROL SYRINGE LUER | 3 | |
| MONOJECT DISPOSABLE SYRINGE | 3 | |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML | 3 | |
| MONOJECT FILTER ASPIRATOR | 3 | |
| MONOJECT FILTER NEEDLE | 3 | |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 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", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" | 3 | |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2" | 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML | 3 | |
| MONOJECT MAGELLAN SYRINGE | 3 | |
| MONOJECT MEDICATION TRANSF NDL | 3 | |
| MONOJECT PHARMACY TRAY LUER | 3 | |
| MONOJECT PHARMACY TRAY REG TIP | 3 | |
| MONOJECT REG TIP NON-STERILE | 3 | |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML | 3 | |
| MONOJECT SAFETY LUER LOCK TIP | 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 6 ML | 3 | |
| MONOJECT SMARTIP CANNULA | 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML, 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", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | 3 | |
| MONOJECT TB | 3 | |
| MONOJECT TB LUER LOK | 3 | |
| MONOJECT TB SAFETY SYRINGE | 3 | |
| MONOJECT TUBERCULIN SYRINGE | 3 | |
| NEEDLE (DISP) 16 G | 3 | |
| NEEDLE (DISP) 18 G | 3 | |
| NEEDLE (DISP) 19 G | 3 | |
| NEEDLE (DISP) 23 GAUGE | 3 | |
| NEEDLES, HUBER DISPOSABLE | 3 | |
| NOKOR NEEDLE | 3 | |
| NORM-JECT | 3 | |
| NORM-JECT TUBERKULIN | 3 | |
| PERFECT POINT SAFETY NEEDLE | 3 | |
| POLY HUB NEEDLE | 3 | |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 22 GAUGE X 1", 3 ML, 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1", 5 ML 22 GAUGE X 1" | 3 | |
| SAFETY NEEDLES | 3 | |
| SURGUARD2 SAFETY NEEDLE | 3 | |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 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 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | 3 | |
| SYRINGE (DISPOSABLE) | 3 | |
| SYRINGE 3CC/20GX1" | 3 | |
| SYRINGE 3CC/21GX1" | 3 | |
| SYRINGE 3CC/21GX1-1/2" | 3 | |
| SYRINGE 3CC/22GX1" | 3 | |
| SYRINGE 3CC/22GX3/4" | 3 | |
| SYRINGE 3CC/25GX1" | 3 | |
| SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2" | 3 | |
| TERUMO ALLERGY SYRINGE | 3 | |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2" | 3 | |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML | 3 | |
| TOOMEY SYRINGE | 3 | |
| TUBERCULIN SYRINGE | 3 | |
| TUBERCULIN-ALLERGY SYRINGES | 3 | |
| ULTICARE LOW DEAD SPACE SYRING | 3 | |
| ULTICARE SAFETY SYRINGE | 3 | |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" | 3 | |
| ULTICARE TB SAFETY SYRINGE | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 10 ML 21 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 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | 3 | |
| VANISHPOINT TUBERCULIN SYRINGE | 3 | |
| YALE DISPOSABLE NEEDLES | 3 | |
| MEDICAL SUPPLIES AND DME - PARENTERAL THERAPY SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| BD Q-SYTE MDV ADAPTER | 3 | |
| BD Q-SYTE SPLIT-SEPT DEVICE | 3 | |
| DISPOSABLE POWER | 3 | |
| PHASEAL PROTECTOR | 3 | |
| SYRINGE FILTER 50-0.22 MM-MICRON | 3 | |
| MEDICAL SUPPLIES AND DME - PEAK FLOW METERS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| AEROGear ACTION ASTHMA KIT | 3 | |
| AIRZONE PEAK FLOW METER | 3 | |
| ASTHMA CHECK METER | 3 | |
| ASTHMAPACK CHILDREN'S | 3 | |
| CLEVER CHOICE PEAK FLOW METER | 3 | |
| IN-CHECK NASAL WITH MASK | 3 | |
| IN-CHECK ORAL FLOW METER | 3 | |
| MICROLIFE PEAK FLOW METER | 3 | |
| MINI WRIGHT PEAK FLOW METER | 3 | |
| PEAK AIR PEAK FLOW METER | 3 | |
| PERSONAL BEST FULL RANGE | 3 | |
| PIKO 1 | 3 | |
| POCKET PEAK FLOW METER | 3 | |
| PURECOMFORT PEAK FLOW METER | 3 | |
| STRIVE PEAK FLOW METER | 3 | |
| TRUZONE PEAK FLOW METER | 3 | |
| MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| ACE AEROSOL CLOUD ENHANCER | 3 | QL |
| AEROCHAMBER MECHANICAL VENT | 3 | QL |
| AEROCHAMBER MINI | 3 | QL |
| AEROCHAMBER MV | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,L MSK | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,M MSK | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,S MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT LG MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT MD MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT SM MSK | 3 | QL |
| AEROCHAMBER Z-STAT PLUS-FLW SG | 3 | QL |
| AEROTRACH PLUS | 3 | QL |
| AEROVENT PLUS | 3 | QL |
| BREATHERITE MDI SPACER | 3 | QL |
| BREATHERITE SPACER-MASK, NEO. | 3 | QL |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| BREATHERITE SPACER-MASK,ADULT | 3 | QL |
| BREATHERITE SPACER-MASK,CHILD | 3 | QL |
| BREATHERITE SPACER-MASK,INFANT | 3 | QL |
| BREATHERITE SPACER-MASK,S.CHLD | 3 | QL |
| BREATHERITE VALVED MDI CHAMBER | 3 | QL |
| BREATHERITE VALVED MDI SPACER | 3 | QL |
| CLEVER CHOICE CHAMBER-LRG MASK | 3 | QL |
| CLEVER CHOICE CHAMBER-MED MASK | 3 | QL |
| CLEVER CHOICE CHAMBER-SM MASK | 3 | QL |
| COMFORTSEAL LARGE MASK | 3 | QL |
| COMFORTSEAL MEDIUM MASK | 3 | QL |
| COMFORTSEAL SMALL MASK | 3 | QL |
| COMPACT SPACE CHAMBER | 3 | QL |
| COMPACT SPACE CHAMBER-LRG MASK | 3 | QL |
| COMPACT SPACE CHAMBER-MED MASK | 3 | QL |
| COMPACT SPACE CHAMBER-SM MASK | 3 | QL |
| EASIVENT HOLDING CHAMBER | 3 | QL |
| EASIVENT MASK LARGE | 3 | QL |
| EASIVENT MASK MEDIUM | 3 | QL |
| EASIVENT MASK SMALL | 3 | QL |
| FLEXICHAMBER | 3 | QL |
| FLEXICHAMBER-LG CHILD MASK | 3 | QL |
| FLEXICHAMBER-SM ADULT MASK | 3 | QL |
| FLEXICHAMBER-SM CHILD MASK | 3 | QL |
| LITE TOUCH-MEDIUM MASK | 3 | QL |
| LITEAIRE MDI CHAMBER | 3 | QL |
| LITETOUCH-LARGE MASK | 3 | QL |
| LITETOUCH-SMALL MASK | 3 | QL |
| MICROCHAMBER | 3 | QL |
| MICROSPACER | 3 | QL |
| MOUTHPIECE | 3 | QL |
| ONE WAY VALVED MOUTHPIECE | 3 | QL |
| OPTICHAMBER ADULT MASK-LARGE | 3 | QL |
| OPTICHAMBER DIAMOND LG MASK | 3 | QL |
| OPTICHAMBER DIAMOND VHC | 3 | QL |
| OPTICHAMBER DIAMOND-MED MSK | 3 | QL |
| OPTICHAMBER DIAMOND-SML MASK | 3 | QL |
| PANDA MASK | 3 | QL |
| PEDIATRIC MEDIUM MASK | 3 | QL |
| PEDIATRIC PANDA MASK | 3 | QL |
| PEDIATRIC SMALL MASK | 3 | QL |
| POCKET CHAMBER | 3 | QL |
| PRIMEAIRE | 3 | QL |
| PRO COMFORT SPACER-ADULT MASK | 3 | QL |
| PRO COMFORT SPACER-CHILD MASK | 3 | QL |
| PRO COMFORT SPACER-INFANT MASK | 3 | QL |
| PROCARE SPACER WITH ADULT MASK | 3 | QL |
| PROCARE SPACER WITH CHILD MASK | 3 | QL |
| PROCHAMBER | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| PURE COMFORT SPACER-ADULT MASK | 3 | QL |
| RITEFLO AEROCHAMBER | 3 | QL |
| SIDESTREAM PEDIATRIC FACE MASK | 3 | QL |
| SILICONE MASK - INFANT | 3 | QL |
| SILICONE MASK - PEDIATRIC | 3 | QL |
| SPACE CHAMBER | 3 | QL |
| SPACE CHAMBER WITH LARGE MASK | 3 | QL |
| SPACE CHAMBER WITH MEDIUM MASK | 3 | QL |
| SPACE CHAMBER WITH SMALL MASK | 3 | QL |
| VORTEX ADULT MASK | 3 | QL |
| VORTEX HOLDING CHAMBER | 3 | QL |
| VORTEX VHC FROG MASK-CHILD | 3 | QL |
| VORTEX VHC LADYBUG MASK-TODDLR | 3 | QL |
| MEDICAL SUPPLIES AND DME - SUBCUTANEOUS ADMINISTRATION SUPPLY - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM | 3 | |
| MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| CEQR SIMPLICITY | 3 | QL |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | 3 | ST; QL |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 3 | PA; QL |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 3 | PA; QL |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 3 | ST; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | PA; QL |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 3 | PA; QL |
| TWIIST REFILL KT(CSST-NDL-SYR) | 3 | PA; QL |
| TWIIST RFL(INFUS-CSST-NDL-SYR) | 3 | PA; QL |
| TWIIST STARTER KIT | 3 | PA; QL |
| V-GO 20 | 3 | |
| V-GO 30 | 3 | |
| V-GO 40 | 3 | |
| MEDICAL SUPPLIES AND DME - URINE GLUCOSE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| DIASTIX | 3 | |
| MEDICAL SUPPLIES AND DME - URINE GLUCOSE-ACETONE COMBINATION TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| KETO-DIASTIX | 3 | |
| MEDICAL SUPPLIES AND DME - URINE KETONE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| CHEK-STIX CONTROL | 3 | |
| KETONE CARE | 3 | |
| KETONE URINE TEST | 3 | |
| KETOSTIX | 3 | |
| TRUEPLUS KETONE | 3 | |
| MEDICAL SUPPLIES AND DME-GLUCOSE MONITORING AND INSULIN ADMIN SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT | | |
| AUTOSOFT 30 | 3 | |
| AUTOSOFT 90 | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|-------------------------------------|------|---------------------------|
| AUTOSOFT XC INFUSION SET 23" | 3 | |
| AUTOSOFT XC INFUSION SET 32" | 3 | |
| AUTOSOFT XC INFUSION SET 43" | 3 | |
| ILET INFUSION KIT-INSET 23" | 3 | |
| ILET INFUSION KIT-INSET 32" | 3 | |
| ILET INFUSION-CONTACT DTCH 23" | 3 | |
| MEDTRONIC EXT INFUSION SET 23" | 3 | |
| MEDTRONIC EXT INFUSION SET 32" | 3 | |
| MINIMED MIO ADVANCE INF SET23" | 3 | |
| MINIMED MIO ADVANCE INF SET43" | 3 | |
| MINIMED QUICK SET 18" | 3 | |
| MINIMED QUICK SET 23" | 3 | |
| MINIMED QUICK SET 32" | 3 | |
| MINIMED QUICK SET 43" | 3 | |
| MINIMED SILHOUETTE 18" | 3 | |
| MINIMED SILHOUETTE 23" | 3 | |
| MINIMED SILHOUETTE 32" | 3 | |
| MINIMED SILHOUETTE 43" | 3 | |
| MINIMED SURE T 18" | 3 | |
| MINIMED SURE T 23" | 3 | |
| MINIMED SURE T 32" | 3 | |
| TANDEM MOBI AUTOSOFT 30 KT 23" | 3 | |
| TANDEM MOBI AUTOSOFT XC KIT 5" | 3 | |
| TANDEM MOBI AUTOSOFT XC KT 23" | 3 | |
| TANDEM MOBI TRUSTEEL KIT 23" | 3 | |
| TRUSTEEL INFUSION SET 23" | 3 | |
| TRUSTEEL INFUSION SET 32" | 3 | |
| VARISOFT INFUSION SET 23" | 3 | |
| VARISOFT INFUSION SET 32" | 3 | |
| VARISOFT INFUSION SET 43" | 3 | |
| MEDICAL SUPPLY, FDB SUPERSET | | |
| MEDICAL SUPPLY, FDB SUPERSET | | |
| 1ST TIER UNIFINE PENTIPS | 3 | |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | |
| 2-IN-1 LANCET DEVICE | 3 | |
| 2TEK CONTROL (HIGH-NORMAL) | 3 | |
| 2TEK GLUCOSE/BLOOD PRESSURE | 3 | ST |
| ACCU-CHEK AVIVA CONTROL SOLN | 3 | |
| ACCU-CHEK AVIVA PLUS TEST STRP | 3 | ST; QL |
| ACCU-CHEK FASTCLIX LANCET DRUM | 3 | |
| ACCU-CHEK FASTCLIX LANCING DEV | 3 | |
| ACCU-CHEK GUIDE GLUCOSE METER | 3 | ST |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | 3 | |
| ACCU-CHEK GUIDE ME GLUCOSE MTR | 3 | ST |
| ACCU-CHEK GUIDE TEST STRIPS | 3 | ST; QL |
| ACCU-CHEK SAFE-T-PRO | 3 | |
| ACCU-CHEK SAFE-T-PRO PLUS | 3 | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | 3 | |
| ACCU-CHEK SMARTVIEW TEST STRIP | 3 | ST; QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ACCU-CHEK SOFT DEV LANCETS | 3 | |
| ACCU-CHEK SOFTCLIX LANCETS | 3 | |
| ACCUTREND GLUCOSE CONTROL | 3 | |
| ACCUTREND GLUCOSE TEST STRIPS | 3 | ST; QL |
| ACE AEROSOL CLOUD ENHANCER | 3 | QL |
| ACTI-LANCE LANCETS | 3 | |
| ADJUSTABLE LANCING DEVICE | 3 | |
| ADVANCED GLUC METER TEST STRIP | 3 | ST; QL |
| ADVANCED GLUCOSE METER | 3 | ST |
| ADVANCED LANCING DEVICE | 3 | |
| ADVANCED TRAVEL LANCETS 28 GAUGE | 3 | |
| ADVOCATE LANCET | 3 | |
| ADVOCATE LANCING DEVICE | 3 | |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 3 | |
| ADVOCATE REDI-CODE PLUS | 3 | ST |
| ADVOCATE REDI-CODE PLUS CTRL L | 3 | |
| ADVOCATE REDI-CODE PLUS STRIP | 3 | ST; QL |
| ADVOCATE REDI-CODE+ CTRL HIGH | 3 | |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 3 | |
| AEROCHAMBER MECHANICAL VENT | 3 | QL |
| AEROCHAMBER MINI | 3 | QL |
| AEROCHAMBER MV | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,L MSK | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,M MSK | 3 | QL |
| AEROCHAMBER PLUS FLOW-VU,S MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT LG MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT MD MSK | 3 | QL |
| AEROCHAMBER PLUS Z STAT SM MSK | 3 | QL |
| AEROCHAMBER Z-STAT PLUS-FLW SG | 3 | QL |
| AEROGEAR ACTION ASTHMA KIT | 3 | |
| AEROTRACH PLUS | 3 | QL |
| AEROVENT PLUS | 3 | QL |
| AGAMATRIX AMP GLUC MONITOR SYS | 3 | ST |
| AGAMATRIX AMP TEST STRIPS | 3 | ST; QL |
| AGAMATRIX CONTROL HIGH | 3 | |
| AGAMATRIX CONTROL NORM-HI | 3 | |
| AIMSCO LATEX CONDOM | 3 | Covered in full* |
| AIRZONE PEAK FLOW METER | 3 | |
| ALKALINE BATTERIES | 3 | |
| ALLERGIST TRAY 1/2 ML 27GX3/8" | 3 | |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2" | 3 | |
| ALLERGY SYRINGE | 3 | |
| ALTERNATE SITE LANCET | 3 | |
| ALTERNATE SITE LANCING DEVICE | 3 | |
| AQINJECT PEN NEEDLE | 3 | |
| AQUA LANCE LANCING DEVICE | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| ASSURE 4 CONTROL SOLUTION | 3 | |
| ASSURE 4 STRIPS | 3 | ST; QL |
| ASSURE DOSE NORMAL CONTROL | 3 | |
| ASSURE DOSE NORM-HI CONTROL | 3 | |
| ASSURE ID DUO PRO SFTY PEN NDL | 3 | |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" | 3 | |
| ASSURE ID PRO PEN NEEDLE | 3 | |
| ASSURE LANCE | 3 | |
| ASSURE LANCE PLUS | 3 | |
| ASSURE PLATINUM GLUCOSE METER | 3 | ST |
| ASSURE PLATINUM TEST STRIP | 3 | ST; QL |
| ASSURE PRISM CONTROL 1-2 SOLN | 3 | |
| ASSURE PRISM MULTI METER | 3 | ST |
| ASSURE PRISM MULTI STRIP | 3 | ST; QL |
| ASTHMA CHECK METER | 3 | |
| ASTHMAPACK CHILDREN'S | 3 | |
| AUTOJECT 2 INJECTION DEVICE | 3 | |
| AUTO-LANCET MINI | 3 | |
| AUTOLET IMPRESSION LANC DEV | 3 | |
| AUTOLET LANCING DEVICE | 3 | |
| AUTOPEN 1 TO 21 UNITS | 3 | |
| AUTOPEN 2 TO 42 UNITS | 3 | |
| AUTOSOFT 30 | 3 | |
| AUTOSOFT 90 | 3 | |
| AUTOSOFT XC INFUSION SET 23" | 3 | |
| AUTOSOFT XC INFUSION SET 32" | 3 | |
| AUTOSOFT XC INFUSION SET 43" | 3 | |
| BD ALLERGY SYRINGE | 3 | |
| BD AUTOSHIELD DUO PEN NEEDLE | 2 | |
| BD BLUNT PLASTIC CANNULA SYRINGE | 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML | 3 | |
| BD ECLIPSE | 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 " | 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8" | 3 | |
| BD FILTER NEEDLE 5-MICRON NOKO | 3 | |
| BD FILTER NEEDLE-5 MICRON | 3 | |
| BD INSULIN SYRINGE (HALF UNIT) | 3 | |
| BD INSULIN SYRINGE U-500 | 3 | |
| BD INSULIN SYRINGE ULTRA-FINE | 3 | |
| BD INTEGRA NEEDLE | 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" | 3 | |
| BD INTERLINK BLUNT PLASTIC CAN | 3 | |
| BD INTERLINK SYRINGE | 3 | |
| BD INTRADERMAL BEVEL NEEDLES | 3 | |
| BD LO-DOSE MICRO-FINE IV | 3 | |
| BD LUER-LOK BULK SYRINGE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 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", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | 3 | |
| BD LUER-LOK TIP CONTROL SYRING | 3 | |
| BD MICROTAINER LANCET | 3 | |
| BD NANO 2ND GEN PEN NEEDLE | 2 | |
| BD NOKOR ADMIX NEEDLE | 3 | |
| BD PRECISIONGLIDE NEEDLE | 3 | |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" | 3 | |
| BD Q-SYTE MDV ADAPTER | 3 | |
| BD Q-SYTE SPLIT-SEPT DEVICE | 3 | |
| BD QUINCKE SPINAL NEEDLE | 3 | |
| BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" | 3 | |
| BD SAFETYGLIDE ALLERGIST TRAY | 3 | |
| BD SAFETYGLIDE INSULIN SYRINGE | 3 | |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" | 3 | |
| BD SAFETYGLIDE SHIELDING REG | 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" | 3 | |
| BD SAFETYGLIDE TB REG BEVEL | 3 | |
| BD SLIP TIP SYRINGE | 3 | |
| B-D SLIP TIP SYRINGE | 3 | |
| BD SPECIALTY USE NEEDLES | 3 | |
| BD SYRINGE | 3 | |
| BD SYRINGE CATH TIP NONSTERILE | 3 | |
| BD SYRINGE CATHETER TIP | 3 | |
| BD SYRINGE LUER-LOK NONSTERILE | 3 | |
| BD SYRINGE LUER-LOK STERILE | 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML | 3 | |
| BD SYRINGE-DUAL CANNULA | 3 | |
| BD TUBERCULIN SLIP-TIP | 3 | |
| BD TUBERCULIN SYRINGE | 3 | |
| BD ULTRA-FINE MICRO PEN NEEDLE | 2 | |
| BD ULTRA-FINE MINI PEN NEEDLE | 2 | |
| BD ULTRA-FINE NANO PEN NEEDLE | 2 | |
| BD ULTRA-FINE ORIG PEN NEEDLE | 2 | |
| BD ULTRA-FINE SHORT PEN NEEDLE | 2 | |
| BD VEO INSULIN SYR (HALF UNIT) | 3 | |
| BD VEO INSULIN SYRINGE UF | 3 | |
| BIGFOOT UNITY | 3 | QL |
| BIONIME RIGHTEST GM300 SYSTEM | 3 | ST |
| BIONIME RIGHTEST TEST STRIPS | 3 | ST; QL |
| BIOTEL CARE BGM-4 METER | 3 | ST |
| BLOOD GLUCOSE CONTRL HI,NORMAL | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| BLOOD GLUCOSE CONTROL, NORMAL | 3 | |
| BLOOD GLUCOSE MONITORING | 3 | ST |
| BLOOD GLUCOSE TEST | 3 | ST; QL |
| BLOOD-GLUCOSE METER | 3 | ST |
| BLULINK BG SYSTEM REFILL | 3 | |
| BLULINK DIABETIC TEST BUNDLE | 3 | ST |
| BLULINK GLUCOSE MONITOR SYSTEM | 3 | ST |
| BLULINK GLUCOSE TEST STRIP | 3 | ST; QL |
| BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 " | 3 | |
| BREATHERITE MDI SPACER | 3 | QL |
| BREATHERITE SPACER-MASK, NEO. | 3 | QL |
| BREATHERITE SPACER-MASK,ADULT | 3 | QL |
| BREATHERITE SPACER-MASK,CHILD | 3 | QL |
| BREATHERITE SPACER-MASK,INFANT | 3 | QL |
| BREATHERITE SPACER-MASK,S.CHLD | 3 | QL |
| BREATHERITE VALVED MDI CHAMBER | 3 | QL |
| BREATHERITE VALVED MDI SPACER | 3 | QL |
| BREEZE 2 CONTROL SOLUTION, LOW | 3 | |
| BREEZE 2 CONTROL SOLUTION, NML | 3 | |
| BREEZE 2 CONTROL SOLUTION,HIGH | 3 | |
| BULLSEYE MINI SAFETY LANCETS | 3 | |
| BUTTERFLY TOUCH LANCET | 3 | |
| CAREFINE PEN NEEDLE | 3 | |
| CAREONE LANCING DEVICE | 3 | |
| CAREONE ULTRA THIN LANCET | 3 | |
| CAREPOINT LUER LOCK SYRINGE | 3 | |
| CAREPOINT LUER LOCK SYR-NEEDLE | 3 | |
| CAREPOINT LUER SLIP SYRINGE | 3 | |
| CAREPOINT LUER SLIP SYRING-NDL | 3 | |
| CAREPOINT PRECISION NEEDLE | 3 | |
| CAREPOINT SAFETY LL SYR-NEEDLE | 3 | |
| CARESENS CONTROL A AND B | 3 | |
| CARESENS LANCETS | 3 | |
| CARESENS N | 3 | ST |
| CARESENS N FELIZ BT GLUC METER | 3 | ST |
| CARESENS N FELIZ GLUCOSE METER | 3 | ST |
| CARESENS N TEST STRIPS | 3 | ST; QL |
| CARESENS N VOICE | 3 | ST |
| CARETOUCH CONTROL SOLN L2-L3 | 3 | |
| CARETOUCH GLUCOSE MONITORING | 3 | ST |
| CARETOUCH HYPODERMIC NEEDLE | 3 | |
| CARETOUCH INSULIN SYRINGE | 3 | |
| CARETOUCH LANCING DEVICE | 3 | |
| CARETOUCH LUER LOCK SYRINGE | 3 | |
| CARETOUCH LUER LOCK SYR-NEEDLE | 3 | |
| CARETOUCH LUER SLIP SYRINGE | 3 | |
| CARETOUCH PEN NEEDLE | 3 | |
| CARETOUCH SAFETY LANCETS | 3 | |
| CARETOUCH TEST STRIP | 3 | ST; QL |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| CARETOUCH TWIST LANCET | 3 | |
| CAYA CONTOURED | 3 | Covered in full* |
| CEQUR SIMPLICITY | 3 | QL |
| CEQUR SIMPLICITY INSERTER | 3 | QL |
| CHEK-STIX CONTROL | 3 | |
| CHEMSTRIP 10 MD | 3 | |
| CHEMSTRIP 10/SG | 3 | |
| CHEMSTRIP 2 GP | 3 | |
| CHEMSTRIP 50B | 3 | |
| CHEMSTRIP 7 | 3 | |
| CHEMSTRIP 9 | 3 | |
| CHEMSTRIP BG LOG BOOK | 3 | |
| CHOSEN LANCET | 3 | |
| CHOSEN LANCING DEVICE | 3 | |
| CHOSEN SAFETY LANCET | 3 | |
| CLEVER CHEK BLOOD GLUCOSE | 3 | ST |
| CLEVER CHEK BLOOD GLUCOSE SYST | 3 | ST |
| CLEVER CHEK LANCETS | 3 | |
| CLEVER CHOICE BLOOD GLUC SYS | 3 | ST |
| CLEVER CHOICE CHAMBER-LRG MASK | 3 | QL |
| CLEVER CHOICE CHAMBER-MED MASK | 3 | QL |
| CLEVER CHOICE CHAMBER-SM MASK | 3 | QL |
| CLEVER CHOICE GLUCOSE MONITOR | 3 | ST |
| CLEVER CHOICE LEVEL 1 CONTROL | 3 | |
| CLEVER CHOICE LEVEL 2 CONTROL | 3 | |
| CLEVER CHOICE LEVEL 3 CONTROL | 3 | |
| CLEVER CHOICE MICRO | 3 | ST |
| CLEVER CHOICE MICRO TEST STRIP | 3 | ST; QL |
| CLEVER CHOICE PEAK FLOW METER | 3 | |
| CLEVER CHOICE PRO | 3 | ST |
| CLEVER CHOICE PRO STRIP | 3 | ST; QL |
| CLEVER CHOICE TALK GLUCOSE SYS | 3 | ST |
| CLEVER CHOICE TALK TEST | 3 | ST; QL |
| CLEVER CHOICE TEST STRIPS | 3 | ST; QL |
| CLEVER CHOICE VOICE PLUS TEST | 3 | ST; QL |
| CLICKFINE PEN NEEDLE | 3 | |
| COAGUCHEK LANCETS | 3 | |
| COLOR LANCETS | 3 | |
| COMBISTIX REAGENT | 3 | |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 31 GAUGE X 5/16", 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | 3 | |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE | 3 | |
| COMFORT EZ PEN NEEDLES | 3 | |
| COMFORT EZ PRO SAFETY PEN NDL | 3 | |
| COMFORT TOUCH PEN NEEDLE | 3 | |
| COMFORT TOUCH PLUS SAFETY LANC | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| COMFORT TOUCH ULT THIN LANCETS | 3 | |
| COMFORTSEAL LARGE MASK | 3 | QL |
| COMFORTSEAL MEDIUM MASK | 3 | QL |
| COMFORTSEAL SMALL MASK | 3 | QL |
| COMPACT SPACE CHAMBER | 3 | QL |
| COMPACT SPACE CHAMBER-LRG MASK | 3 | QL |
| COMPACT SPACE CHAMBER-MED MASK | 3 | QL |
| COMPACT SPACE CHAMBER-SM MASK | 3 | QL |
| CONTOUR CONTROL SOLUTION, HIGH | 3 | |
| CONTOUR CONTROL SOLUTION, LOW | 3 | |
| CONTOUR CONTROL SOLUTION, NML | 3 | |
| CONTOUR METER | 3 | ST |
| CONTOUR NEXT EZ METER | 3 | ST |
| CONTOUR NEXT GEN METER | 3 | ST |
| CONTOUR NEXT GLUCOSE METER | 3 | ST |
| CONTOUR NEXT LEV 1 CONTROL SOL | 3 | |
| CONTOUR NEXT LEV 2 CONTROL SOL | 3 | |
| CONTOUR NEXT LINK | 3 | ST |
| CONTOUR NEXT LINK 2.4 | 3 | ST |
| CONTOUR NEXT METER | 3 | ST |
| CONTOUR NEXT ONE METER | 3 | ST |
| CONTOUR NEXT TEST STRIPS | 3 | ST; QL |
| CONTOUR PLUS BLUE METER | 3 | ST |
| CONTOUR PLUS TEST STRIP | 3 | ST; QL |
| CONTOUR TEST STRIPS | 3 | ST; QL |
| DAVOL IRRIGATION SYRINGE | 3 | |
| DAVOL PISTON IRRIGATION | 3 | |
| DEXCOM G6 RECEIVER | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DEXCOM G7 RECEIVER | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| DIASTIX | 3 | |
| DIATRUE CONTROL SOLN NORMAL | 3 | |
| DIATRUE CONTROL SOLUTION HIGH | 3 | |
| DIATRUE CONTROL SOLUTION LOW | 3 | |
| DIATRUE PLUS BLOOD GLUCOSE MET | 3 | ST |
| DIATRUE PLUS TEST STRIP | 3 | ST; QL |
| DISPOSABLE POWER | 3 | |
| DOVER BULB SYRINGE | 3 | |
| DROPLET GENTEEL LANCING DEVICE | 3 | |
| DROPLET INSULIN SYR(HALF UNIT) | 3 | |
| DROPLET INSULIN SYRINGE | 3 | |
| DROPLET LANCETS | 3 | |
| DROPLET LANCING DEVICE | 3 | |
| DROPLET MICRON PEN NEEDLE | 3 | |
| DROPLET PEN NEEDLE | 3 | |
| DROPSAFE INSULIN SYRINGE | 3 | |
| DROPSAFE PEN NEEDLE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| DROPSAFE SICURA SAFETY NEEDLE | 3 | |
| DUREX AVANTI BARE REAL FEEL | 3 | Covered in full* |
| EASIVENT HOLDING CHAMBER | 3 | QL |
| EASIVENT MASK LARGE | 3 | QL |
| EASIVENT MASK MEDIUM | 3 | QL |
| EASIVENT MASK SMALL | 3 | QL |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 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 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", 1/2 ML 32 GAUGE X 5/16" | 3 | |
| EASY COMFORT LANCETS | 3 | |
| EASY COMFORT PEN NEEDLES | 3 | |
| EASY COMFORT SAFETY PEN NEEDLE | 3 | |
| EASY GLIDE CATHETER TIP SYRING | 3 | |
| EASY GLIDE INSULIN SYRINGE | 3 | |
| EASY GLIDE LUER LOCK SYRINGE | 3 | |
| EASY GLIDE LUER SLIP TB SYRING | 3 | |
| EASY GLIDE PEN NEEDLE | 3 | |
| EASY MINI EJECT LANCING DEVICE | 3 | |
| EASY PLUS II BLOOD GLUCOSE MET | 3 | ST |
| EASY PLUS II HIGH CONTROL | 3 | |
| EASY PLUS II LOW CONTROL | 3 | |
| EASY PLUS II TEST | 3 | ST; QL |
| EASY STEP | 3 | ST; QL |
| EASY STEP BLOOD GLUCOSE METER | 3 | ST |
| EASY STEP HIGH CONTROL SOLN | 3 | |
| EASY STEP LOW CONTROL SOLUTION | 3 | |
| EASY STEP NORMAL CONTROL SOLN | 3 | |
| EASY TALK BLOOD GLUCOSE METER | 3 | ST |
| EASY TALK GLUCOSE TEST | 3 | ST; QL |
| EASY TALK HIGH CONTROL | 3 | |
| EASY TALK LOW CONTROL | 3 | |
| EASY TALK PLUS II HIGH CONTROL | 3 | |
| EASY TALK PLUS II LOW CONTROL | 3 | |
| EASY TALK PLUS II TEST STRIP | 3 | ST; QL |
| EASY TOUCH | 3 | |
| EASY TOUCH BLU CTRL SOLN-L1,L3 | 3 | |
| EASY TOUCH BLULINK GLUC SYST | 3 | ST |
| EASY TOUCH BLULINK TEST STRIP | 3 | ST; QL |
| EASY TOUCH FLIPLOCK INSULIN | 3 | |
| EASY TOUCH FLIPLOCK NEEDLE | 3 | |
| EASY TOUCH FLIPLOCK SYRINGE | 3 | |
| EASY TOUCH FLURINGE | 3 | |
| EASY TOUCH FLURINGE FLIPLOCK | 3 | |
| EASY TOUCH FLURINGE SHEATHLOCK | 3 | |
| EASY TOUCH GLUCOSE MONITOR | 3 | ST |
| EASY TOUCH HIGH-LOW CONTROL | 3 | |
| EASY TOUCH HYPODERMIC NEEDLE | 3 | |
| EASY TOUCH INSULIN SAFETY SYR | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 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 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 3 | |
| EASY TOUCH LANCETS | 3 | |
| EASY TOUCH LANCING DEVICE | 3 | |
| EASY TOUCH LUER LOCK INSULIN | 3 | |
| EASY TOUCH LUER LOCK SYRINGE | 3 | |
| EASY TOUCH PEN NEEDLE | 3 | |
| EASY TOUCH SAFETY LANCETS | 3 | |
| EASY TOUCH SAFETY PEN NEEDLE | 3 | |
| EASY TOUCH SHEATHLOCK INSULIN | 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL | 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML | 3 | |
| EASY TOUCH TEST STRIP | 3 | ST; QL |
| EASY TOUCH TUBERCULIN FLIPLOCK | 3 | |
| EASY TOUCH TUBERCULIN SHEATHLK | 3 | |
| EASY TOUCH TWIST LANCETS | 3 | |
| EASY TOUCH UNI-SLIP | 3 | |
| EASY TRAK BLOOD GLUCOSE METER | 3 | ST |
| EASY TRAK GLUCOSE TEST | 3 | ST; QL |
| EASY TRAK HIGH CONTROL | 3 | |
| EASY TRAK II BLOOD GLUCOSE MTR | 3 | ST |
| EASY TRAK II CTRL SOLN-NORMAL | 3 | |
| EASY TRAK II TEST STRIP | 3 | ST; QL |
| EASY TRAK LOW CONTROL | 3 | |
| EASY TWIST AND CAP LANCETS | 3 | |
| EASYGLUCO METER | 3 | ST |
| EASYGLUCO MONITORING SYSTEM | 3 | ST |
| EASYGLUCO TEST | 3 | ST; QL |
| EASYMAX | 3 | ST; QL |
| EASYMAX 15 LEVEL 2 | 3 | |
| EASYMAX 15 TEST STRIPS | 3 | ST; QL |
| EASYMAX NG | 3 | ST |
| EASYMAX NORMAL CONTROL | 3 | |
| EASYMAX T1 | 3 | ST |
| EASYMAX V SPEAKING GLUCOSE SYS | 3 | ST |
| EASYPOINT NEEDLE | 3 | |
| EASY-TOUCH BLOOD GLUCOSE METER | 3 | ST |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" | 3 | |
| ECLIPSE SYRINGE | 3 | |
| ELEMENT COMPACT GLUCOSE METER | 3 | ST |
| ELEMENT COMPACT HIGH CONTROL | 3 | |
| ELEMENT COMPACT NORMAL CONTROL | 3 | |
| ELEMENT COMPACT TEST STRIPS | 3 | ST; QL |
| ELEMENT COMPACT V GLUCOSE MTR | 3 | ST |
| ELEMENT HIGH CONTROL | 3 | |
| ELEMENT LOW CONTROL | 3 | |
| ELEMENT NORMAL CONTROL | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ELEMENT PLUS BLOOD GLUCOSE KIT | 3 | ST |
| ELEMENT TEST STRIPS | 3 | ST; QL |
| EMBRACE BLOOD GLUCOSE SYSTEM | 3 | ST |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | 3 | ST; QL |
| EMBRACE EVO BLOOD GLUCOSE KIT | 3 | ST |
| EMBRACE EVO GLUCOSE MONITOR | 3 | ST |
| EMBRACE EVO LEVEL 1 | 3 | |
| EMBRACE EVO TEST STRIPS | 3 | ST; QL |
| EMBRACE GLUCOSE CONTROL HIGH | 3 | |
| EMBRACE GLUCOSE CONTROL LOW | 3 | |
| EMBRACE LANCETS | 3 | |
| EMBRACE LANCING DEVICE | 3 | |
| EMBRACE PEN NEEDLE | 3 | |
| EMBRACE PRO | 3 | |
| EMBRACE PRO GLUCOSE METER | 3 | ST |
| EMBRACE PRO TEST STRIPS | 3 | ST; QL |
| EMBRACE SAFETY LANCET | 3 | |
| EMBRACE TALK BLOOD GLUCOSE SYS | 3 | ST |
| EMBRACE TALK CONTROL-HIGH (L2) | 3 | |
| EMBRACE TALK CONTROL-LOW (L1) | 3 | |
| EMBRACE TALK GLUCOSE MONITOR | 3 | ST |
| EMBRACE TALK TEST STRIPS | 3 | ST; QL |
| EMBRACE WAVE GLUCOSE TEST STRP | 3 | ST; QL |
| EMBRACE WAVE PLUS GLUCOSE MTR | 3 | ST |
| EVENCARE G2 | 3 | ST |
| EVENCARE G2 STRIP | 3 | ST; QL |
| EVENCARE G3 CONTROL | 3 | |
| EVENCARE G3 GLUCOSE METER | 3 | ST |
| EVENCARE G3 TEST | 3 | ST; QL |
| EVENCARE MINI GLUCOSE TEST STR | 3 | ST; QL |
| EVENCARE MINI MONITOR SYSTEM | 3 | ST |
| EVENCARE PROVIEW TEST STRIP | 3 | ST; QL |
| EVOLUTION BLOOD GLUCOSE METER | 3 | ST |
| EVOLUTION NORMAL CONTROL | 3 | |
| EVOLUTION TEST STRIPS | 3 | ST; QL |
| EXCEL SYRINGE | 3 | |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 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" | 3 | |
| EXEL INSULIN | 3 | |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML | 3 | |
| EXTENDED RESERVOIR | 3 | |
| E-Z JECT LANCETS | 3 | |
| E-Z JECT THIN LANCETS | 3 | |
| EZ SMART LANCETS | 3 | |
| EZ SMART PLUS SYSTEM | 3 | ST |
| EZ SMART PLUS TEST | 3 | ST; QL |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| EZ SMART SYSTEM | 3 | ST |
| EZ SMART TEST | 3 | ST; QL |
| FANTASY CONDOM | 3 | Covered in full* |
| FC2 FEMALE CONDOM | 3 | Covered in full* |
| FEMCAP | 3 | Covered in full* |
| FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2" | 3 | |
| FINGERSTIX LANCETS | 3 | |
| FLEXICHAMBER | 3 | QL |
| FLEXICHAMBER-LG CHILD MASK | 3 | QL |
| FLEXICHAMBER-SM ADULT MASK | 3 | QL |
| FLEXICHAMBER-SM CHILD MASK | 3 | QL |
| FLOW-EZE VENTED NEEDLE | 3 | |
| FORA 6 CONNECT GLUCOSE STRIP | 3 | ST; QL |
| FORA 6 CONNECT MULTIFUNCTN MTR | 3 | ST |
| FORA 6CONN-GTEL-TN'G ADV STRIP | 3 | ST; QL |
| FORA D10 | 3 | ST |
| FORA D15 GLUCOSE-BP MONITOR | 3 | ST |
| FORA D15G STRIPS | 3 | ST; QL |
| FORA D20 KIT | 3 | ST |
| FORA D20 STRIP | 3 | ST; QL |
| FORA D40D GLUCOSE-BP MONITOR | 3 | ST |
| FORA D40G GLUCOSE-BP MONITOR | 3 | ST |
| FORA D40-G31 TEST STRIPS | 3 | ST; QL |
| FORA G20 KIT | 3 | ST |
| FORA G20 STRIP | 3 | ST; QL |
| FORA G30A | 3 | ST |
| FORA G30-PREMIUM V10 TEST STRP | 3 | ST; QL |
| FORA GD50 BLOOD GLUCOSE SYSTEM | 3 | ST |
| FORA GD50 TEST STRIPS | 3 | ST; QL |
| FORA GTEL GLUCOSE TEST STRIP | 3 | ST; QL |
| FORA GTEL KETONE TEST STRIP | 3 | |
| FORA GTEL MULTI-FUNCTN MONITOR | 3 | ST |
| FORA HIGH CONTROL | 3 | |
| FORA KETONE CONTROL SOLN-L1 | 3 | |
| FORA LANCING DEVICE | 3 | |
| FORA LOW CONTROL | 3 | |
| FORA NORMAL CONTROL | 3 | |
| FORA PREMIUM V10 GLUCOSE METER | 3 | ST |
| FORA TEST N'GO VOICE METER | 3 | ST |
| FORA TEST STRIP | 3 | ST; QL |
| FORA TN'G ADV MOBILE MULTI MTR | 3 | ST |
| FORA TN'G ADVAN PRO TEST STRIP | 3 | ST; QL |
| FORA TN'G ADVANCE MULTI-FN MTR | 3 | ST |
| FORA TN'G ADVANCE PRO MONITOR | 3 | ST |
| FORA TN'G VOICE METER | 3 | ST |
| FORA TN'G VOICE TEST STRIPS | 3 | ST; QL |
| FORA V10 KIT | 3 | ST |
| FORA V10 STRIP | 3 | ST; QL |
| FORA V10-V12-D10-D20 STRIPS | 3 | ST; QL |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| FORA V10-V12-D10-D20 STRP-LNCT | 3 | ST |
| FORA V12 BLOOD GLUCOSE SYSTEM | 3 | ST |
| FORA V12 GLUCOSE | 3 | ST; QL |
| FORA V20 KIT | 3 | ST |
| FORA V20 STRIP | 3 | ST; QL |
| FORA V30A KIT | 3 | ST |
| FORA V30A STRIP | 3 | ST; QL |
| FORACARE GD20 | 3 | ST; QL |
| FORACARE GD20 GLUCOSE METER | 3 | ST |
| FORACARE GD40 TEST STRIPS | 3 | ST; QL |
| FORACARE GD40A GLUCOSE METER | 3 | ST |
| FORACARE GD40B GLUCOSE METER | 3 | ST |
| FORACARE GDH HIGH CONTROL | 3 | |
| FORACARE GDH LOW CONTROL | 3 | |
| FORACARE GDH NORMAL CONTROL | 3 | |
| FORACARE LANCETS | 3 | |
| FREESTYLE CONTROL | 3 | |
| FREESTYLE FLASH SYSTEM | 2 | |
| FREESTYLE FREEDOM | 2 | |
| FREESTYLE FREEDOM LITE | 2 | |
| FREESTYLE INSULINX | 2 | |
| FREESTYLE INSULINX STRIP | 2 | QL |
| FREESTYLE INSULINX TEST STRIPS | 2 | QL |
| FREESTYLE LANCETS | 3 | |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LITE METER | 2 | |
| FREESTYLE LITE STRIPS | 2 | QL |
| FREESTYLE PRECISION | 3 | |
| FREESTYLE PRECISION NEO METER | 2 | |
| FREESTYLE PRECISION NEO STRIPS | 2 | QL |
| FREESTYLE SYSTEM KIT | 2 | |
| FREESTYLE TEST | 2 | QL |
| FREESTYLE UNISTIK 2 | 3 | |
| GE100 BLOOD GLUCOSE SYSTEM | 3 | ST |
| GE100 BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| GE100 CONTROL SOLUTION NORMAL | 3 | |
| GE333 BLOOD GLUCOSE SYSTEM | 3 | ST |
| GE333 BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| GENSTRIP TEST STRIP | 3 | ST; QL |
| GENTEEL VACUUM LANCING DEVICE | 3 | |
| GLUCO NAVII GLUCOSE MONITOR | 3 | ST |
| GLUCO NAVII TEST STRIP | 3 | ST; QL |
| GLUCOCARD 01 HI-NORMAL CONTROL | 3 | |
| GLUCOCARD 01 METER | 3 | ST |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| GLUCOCARD 01 NORMAL CONTROL | 3 | |
| GLUCOCARD 01 SENSOR PLUS | 3 | ST; QL |
| GLUCOCARD EXPRESSION | 3 | ST |
| GLUCOCARD EXPRESSION KIT | 3 | ST |
| GLUCOCARD EXPRESSION SOLUTION | 3 | |
| GLUCOCARD EXPRESSION STRIP | 3 | ST; QL |
| GLUCOCARD SHINE | 3 | |
| GLUCOCARD SHINE CONNEX METER | 3 | ST |
| GLUCOCARD SHINE EXPRESS METER | 3 | ST |
| GLUCOCARD SHINE METER | 3 | ST |
| GLUCOCARD SHINE METER KIT | 3 | ST |
| GLUCOCARD SHINE TEST STRIPS | 3 | ST; QL |
| GLUCOCARD SHINE XL METER | 3 | ST |
| GLUCOCARD VITAL | 3 | ST |
| GLUCOCARD VITAL SENSOR | 3 | ST; QL |
| GLUCOCARD VITAL TEST STRIPS | 3 | ST; QL |
| GLUCOCOM AUTOLINK | 3 | |
| GLUCOCOM BLOOD GLUCOSE | 3 | ST |
| GLUCOCOM CONTROL HIGH | 3 | |
| GLUCOCOM CONTROL NORMAL | 3 | |
| GLUCOCOM GLUCOSE | 3 | ST; QL |
| GLUCOCOM LANCETS | 3 | |
| GLUCOSE CONTROL | 3 | |
| GLUCOSE KETONE CONTROL SOLN | 3 | |
| GM100 KIT | 3 | ST |
| GM100 STRIP | 3 | ST; QL |
| GOJJI BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 3 | |
| GOJJI KETONE CONTROL SOLN-L1 | 3 | |
| GOJJI LANCET-GLUCOSE TEST STRP | 3 | |
| GOJJI LANCETS | 3 | |
| GOJJI LANCING DEVICE | 3 | |
| GOJJI MULTI-FUNCTIONAL METER | 3 | ST |
| HARMONY GLUCOSE TEST STRIP | 3 | ST; QL |
| HEALTHPRO GLUCOSE MONITOR | 3 | ST |
| HEALTHPRO HIGH-LOW CONTROL | 3 | |
| HEALTHPRO TEST STRIPS | 3 | ST; QL |
| HEALTHWISE INSULIN SYRINGE | 3 | |
| HEALTHWISE PEN NEEDLE | 3 | |
| HEMA-COMBISTIX | 3 | |
| huber safety needles (disp.) | 1 | |
| HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8" | 3 | |
| HYPOLANCE AST LANCING | 3 | |
| IHEALTH GLUCOSE TEST STRIP | 3 | ST; QL |
| ILET INFUSION KIT-INSET 23" | 3 | |
| ILET INFUSION KIT-INSET 32" | 3 | |
| ILET INFUSION-CONTACT DTCH 23" | 3 | |
| IN-CHECK NASAL WITH MASK | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| IN-CHECK ORAL FLOW METER | 3 | |
| INCONTROL LANCING DEVICE | 3 | |
| INCONTROL PEN NEEDLE | 3 | |
| INCONTROL SUPER THIN LANCETS | 3 | |
| INCONTROL ULTRA THIN LANCETS | 3 | |
| INFINITY CONTROL SOLUTION HIGH | 3 | |
| INFINITY CONTROL SOLUTION LOW | 3 | |
| INFINITY CONTROL SOLUTION NORM | 3 | |
| INFINITY METER KIT | 3 | ST |
| INFINITY STARTER KIT | 3 | ST |
| INFINITY TEST STRIPS | 3 | ST; QL |
| INJECT EASE LANCETS | 3 | |
| INJECT-EASE | 3 | |
| INPEN (FOR HUMALOG) BLUE | 3 | QL |
| INPEN (FOR HUMALOG) GREY | 3 | QL |
| INPEN (FOR HUMALOG) PINK | 3 | QL |
| INPEN (NOVOLOG OR FIASP) BLUE | 3 | QL |
| INPEN (NOVOLOG OR FIASP) GREY | 3 | QL |
| INPEN (NOVOLOG OR FIASP) PINK | 3 | QL |
| INSUL-CAP | 3 | |
| INSUL-EZE | 3 | |
| INSULIN SYR/NDL U100 HALF MARK | 3 | |
| INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" | 3 | |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| 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 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 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" | 3 | |
| insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8" | 1 | |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | 3 | |
| INTEGRA PRECISIONGLIDE NEEDLE | 3 | |
| INTEGRA SYRINGE | 3 | |
| INTERLINK SYRINGE AND CANNULA | 3 | |
| INVACARE LANCETS | 3 | |
| IV ADMINISTRATION SET | 3 | |
| JAZZ WIRELESS 2 METER KIT | 3 | ST |
| KETO-DIASTIX | 3 | |
| KETONE CARE | 3 | |
| KETONE URINE TEST | 3 | |
| KETOSTIX | 3 | |
| KIMONO MICROTHIN AQUA LUBE CON | 3 | Covered in full* |
| KIMONO MICROTHIN CONDOMS | 3 | Covered in full* |
| KIMONO MICROTHIN LARGE CONDOMS | 3 | Covered in full* |
| KIMONO TEXTURED CONDOMS | 3 | Covered in full* |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| KIMONO THIN LUBRICATED CONDOMS | 3 | Covered in full* |
| LABSTIX REAGENT | 3 | |
| LANCETS | 3 | |
| LANCETS, SUPER THIN | 3 | |
| LANCETS, THIN , 28 GAUGE | 3 | |
| LANCETS, ULTRA THIN | 3 | |
| LANCING DEVICE | 3 | |
| LANCING DEVICE WITH LANCETS | 3 | |
| LANCING SYSTEM | 3 | |
| LANZO LANCING DEVICE | 3 | |
| LIFESHIELD BLUNT CANNULA | 3 | |
| LITE TOUCH-MEDIUM MASK | 3 | QL |
| LITEAIRE MDI CHAMBER | 3 | QL |
| LITETOUCH-LARGE MASK | 3 | QL |
| LITETOUCH-SMALL MASK | 3 | QL |
| LUER LOCK SYRINGE SYRINGE 30 ML | 3 | |
| LUER SLIP TIP SYRINGE TRAY | 3 | |
| LUER-LOK TIP | 3 | |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| MAGELLAN SAFETY SYRINGE | 3 | |
| MAGELLAN SYRINGE | 3 | |
| MAGELLAN TUBERCULIN SAFETY SYR | 3 | |
| MAXICOMFORT II PEN NEEDLE | 3 | |
| MAXICOMFORT INSULIN SYRINGE | 3 | |
| MAXI-COMFORT INSULIN SYRINGE | 3 | |
| MAXICOMFORT SAFETY PEN NEEDLE | 3 | |
| MEDISENSE | 3 | |
| MEDISENSE GLUCOSE KETONE | 3 | |
| MEDISENSE MID CONTROL | 3 | |
| MEDISENSE THIN LANCETS | 3 | |
| MEDLANCE PLUS LANCETS | 3 | |
| MEDLANCE PLUS SPECIAL BLADE | 3 | |
| MEDPOINT NORMAL CONTROL | 3 | |
| MEDTRONIC EXT INFUSION SET 23" | 3 | |
| MEDTRONIC EXT INFUSION SET 32" | 3 | |
| MICRO BLOOD GLUCOSE | 3 | ST; QL |
| MICRO THIN LANCETS | 3 | |
| MICROCHAMBER | 3 | QL |
| MICRODOT BLOOD GLUCOSE SYSTEM | 3 | ST |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | 3 | ST; QL |
| MICRODOT HIGH-LOW CONTROL | 3 | |
| MICRODOT NORMAL CONTROL | 3 | |
| MICRODOT XTRA BLOOD GLUCOSE | 3 | ST; QL |
| MICROLET 2 LANCING DEVICE | 3 | |
| MICROLET LANCET | 3 | |
| MICROLET NEXT LANCING DEVICE | 3 | |
| MICROLIFE PEAK FLOW METER | 3 | |
| MICROSPACER | 3 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MINI LANCING DEVICE | 3 | |
| MINI ULTRA-THIN II | 3 | |
| MINI WRIGHT PEAK FLOW METER | 3 | |
| MINIMED MIO ADVANCE INF SET23" | 3 | |
| MINIMED MIO ADVANCE INF SET43" | 3 | |
| MINIMED QUICK SET 18" | 3 | |
| MINIMED QUICK SET 23" | 3 | |
| MINIMED QUICK SET 32" | 3 | |
| MINIMED QUICK SET 43" | 3 | |
| MINIMED SILHOUETTE 18" | 3 | |
| MINIMED SILHOUETTE 23" | 3 | |
| MINIMED SILHOUETTE 32" | 3 | |
| MINIMED SILHOUETTE 43" | 3 | |
| MINIMED SURE T 18" | 3 | |
| MINIMED SURE T 23" | 3 | |
| MINIMED SURE T 32" | 3 | |
| MOBILE LANCETS | 3 | |
| MONOJECT 140CC PISTON SYRINGE | 3 | |
| MONOJECT 3CC SYR 25GX1" | 3 | |
| MONOJECT BLOOD COLLECTION | 3 | |
| MONOJECT BLUNT CANNULAS NEEDLE 15 GAUGE X 1 1/2" | 3 | |
| MONOJECT CONTROL SYRINGE LUER | 3 | |
| MONOJECT DISPOSABLE SYRINGE | 3 | |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML | 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 35 ML, 6 ML, 60 ML | 3 | |
| MONOJECT ENFIT SYRINGE | 3 | |
| MONOJECT FILTER ASPIRATOR | 3 | |
| MONOJECT FILTER NEEDLE | 3 | |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 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", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" | 3 | |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2" | 3 | |
| MONOJECT INSULIN SAFETY SYRING | 3 | |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML | 3 | |
| MONOJECT MAGELLAN SYRINGE | 3 | |
| MONOJECT MEDICATION TRANSF NDL | 3 | |
| MONOJECT PHARMACY TRAY LUER | 3 | |
| MONOJECT PHARMACY TRAY REG TIP | 3 | |
| MONOJECT REG TIP NON-STERILE | 3 | |
| MONOJECT REGULAR LUER SYRINGE 3 ML, 35 ML, 6 ML | 3 | |
| MONOJECT SAFETY LUER LOCK TIP | 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 6 ML | 3 | |
| MONOJECT SMARTIP CANNULA | 3 | |
| MONOJECT SYRINGE | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML | 3 | |
| MONOJECT TB | 3 | |
| MONOJECT TB LUER LOK | 3 | |
| MONOJECT TB SAFETY SYRINGE | 3 | |
| MONOJECT TUBERCULIN SYRINGE | 3 | |
| MONOJECT ULTRA COMFORT INSULIN | 3 | |
| MONOLET LANCETS | 3 | |
| MONOLET THIN LANCETS | 3 | |
| MOUTHPIECE | 3 | QL |
| MULTI-DRAW NEEDLE | 3 | |
| MULTI-LANCET DEVICE 2 | 3 | |
| MULTISTIX | 3 | |
| MULTISTIX 10 SG | 3 | |
| MULTISTIX 5 | 3 | |
| MULTISTIX 7 | 3 | |
| MULTISTIX 8 SG | 3 | |
| MULTISTIX 9 | 3 | |
| MULTISTIX 9 SG | 3 | |
| MYGLUCOHEALTH CONTROL SOLUTION | 3 | |
| MYGLUCOHEALTH KIT | 3 | ST |
| MYGLUCOHEALTH LANCETS | 3 | |
| MYGLUCOHEALTH STRIP | 3 | ST; QL |
| NEEDLE (DISP) 16 G | 3 | |
| NEEDLE (DISP) 18 G | 3 | |
| NEEDLE (DISP) 19 G | 3 | |
| NEEDLE (DISP) 23 GAUGE | 3 | |
| NEEDLES, HUBER DISPOSABLE | 3 | |
| NERIA SUBCUTANEOUS INFUSION SET 6 MM X 110 CM | 3 | |
| NEUTEK 2TEK TEST STRIPS | 3 | ST; QL |
| NOKOR NEEDLE | 3 | |
| NORM-JECT | 3 | |
| NORM-JECT TUBERKULIN | 3 | |
| NOVA MAX GLUCOSE TEST | 3 | ST; QL |
| NOVA MAX PLUS GLUC-KETON METER | 3 | ST |
| NOVA SAFETY LANCETS | 3 | |
| NOVA SUREFLEX LANCETS | 3 | |
| NOVAMAX PLUS GLU-KET | 3 | |
| NOVAMAX PLUS KETONE | 3 | |
| NOVOFINE 32 | 3 | |
| NOVOFINE PLUS | 3 | |
| NOVOPEN ECHO | 3 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | 3 | ST; QL |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 3 | PA; QL |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 3 | PA; QL |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 3 | ST; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | PA; QL |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 3 | PA; QL |
| ON CALL EXPRESS CONTROL | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| ON CALL EXPRESS METER | 3 | ST |
| ON CALL EXPRESS TEST STRIP | 3 | ST; QL |
| ON CALL LANCET | 3 | |
| ON CALL LANCING DEVICE | 3 | |
| ONE WAY VALVED MOUTHPIECE | 3 | QL |
| ONETOUCH DELICA PLUS LANC DEV | 3 | |
| ONETOUCH DELICA PLUS LANCET | 3 | |
| ONETOUCH DELICA SAFETY LANCET | 3 | |
| ONETOUCH ULTRA CONTROL | 3 | |
| ONETOUCH ULTRA TEST | 2 | QL |
| ONETOUCH ULTRA2 METER | 2 | |
| ONETOUCH ULTRASOFT 2 LANCET | 3 | |
| ONETOUCH VERIO FLEX METER | 2 | |
| ONETOUCH VERIO HIGH CONTROL | 3 | |
| ONETOUCH VERIO MID CONTROL | 3 | |
| ONETOUCH VERIO REFLECT METER | 2 | |
| ONETOUCH VERIO TEST STRIPS | 2 | QL |
| ON-THE-GO LANCETS | 3 | |
| OPTICHAMBER ADULT MASK-LARGE | 3 | QL |
| OPTICHAMBER DIAMOND LG MASK | 3 | QL |
| OPTICHAMBER DIAMOND VHC | 3 | QL |
| OPTICHAMBER DIAMOND-MED MSK | 3 | QL |
| OPTICHAMBER DIAMOND-SML MASK | 3 | QL |
| OPTIUM EZ | 3 | QL |
| OPTIUM TEST | 3 | QL |
| OVAL TAPE | 3 | |
| PANDA MASK | 3 | QL |
| PARADIGM RESERVOIR | 3 | |
| PEAK AIR PEAK FLOW METER | 3 | |
| PEDIATRIC MEDIUM MASK | 3 | QL |
| PEDIATRIC PANDA MASK | 3 | QL |
| PEDIATRIC SMALL MASK | 3 | QL |
| PEN NEEDLE | 3 | |
| PEN NEEDLE, DIABETIC | 3 | |
| PEN NEEDLE, DIABETIC, SAFETY | 3 | |
| PENTIPS PEN NEEDLE | 3 | |
| PERFECT POINT SAFETY LANCETS | 3 | |
| PERFECT POINT SAFETY NEEDLE | 3 | |
| PERSONAL BEST FULL RANGE | 3 | |
| PHARMACIST CHOICE | 3 | ST; QL |
| PHARMACIST CHOICE GLUCOSE SYS | 3 | ST |
| PHASEAL PROTECTOR | 3 | |
| PIKO 1 | 3 | |
| PIP BLOOD GLUCOSE MONITOR | 3 | ST |
| PIP BLOOD GLUCOSE TEST STRIP | 3 | ST; QL |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 3 | |
| PIP LANCET | 3 | |
| PIP PEN NEEDLE | 3 | |
| PISTON SYRINGE WITH ENFIT | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--------------------------------|------|---------------------------|
| POCKET CHAMBER | 3 | QL |
| POCKET PEAK FLOW METER | 3 | |
| POLY HUB NEEDLE | 3 | |
| PRECISION PCX PLUS TEST | 2 | QL |
| PRECISION PCX TEST | 2 | QL |
| PRECISION POINT OF CARE TEST | 2 | QL |
| PRECISION Q-I-D TEST | 2 | QL |
| PRECISION XTRA B-KETONE | 2 | |
| PRECISION XTRA KETONE-GLUCOSE | 3 | ST |
| PRECISION XTRA MONITOR | 2 | |
| PRECISION XTRA TEST | 2 | QL |
| PREMIER BLU GLUCOSE METER | 3 | ST |
| PREMIER CLASSIC GLUCOSE METER | 3 | ST |
| PREMIER COMPACT GLUCOSE METER | 3 | ST |
| PREMIER TEST STRIP | 3 | ST; QL |
| PREMIER VOICE GLUCOSE METER | 3 | ST |
| PREMIUM BLOOD GLUCOSE MONITOR | 3 | ST |
| PREMIUM V10 | 3 | ST |
| PREMIUM V10 STRIP | 3 | ST; QL |
| PRESSURE ACTIVATED LANCETS | 3 | |
| PRESTO PRO BLOOD GLUCOSE METER | 3 | ST |
| PREVENT DROPSAFE PEN NEEDLE | 3 | |
| PRIMEAIRE | 3 | QL |
| PRO COMFORT INSULIN SYRINGE | 3 | |
| PRO COMFORT LANCET | 3 | |
| PRO COMFORT PEN NEEDLE | 3 | |
| PRO COMFORT SAFETY LANCET | 3 | |
| PRO COMFORT SPACER-ADULT MASK | 3 | QL |
| PRO COMFORT SPACER-CHILD MASK | 3 | QL |
| PRO COMFORT SPACER-INFANT MASK | 3 | QL |
| PRO VOICE V8 GLUCOSE MONITOR | 3 | ST |
| PRO VOICE V8-V9 TEST STRIP | 3 | ST; QL |
| PRO VOICE V9 GLUCOSE MONITOR | 3 | ST |
| PROCARE SPACER WITH ADULT MASK | 3 | QL |
| PROCARE SPACER WITH CHILD MASK | 3 | QL |
| PROCHAMBER | 3 | QL |
| PRODIGY AUTOCODE METER | 3 | ST |
| PRODIGY AUTOCODE MONITOR SYST | 3 | ST |
| PRODIGY CONTROL SOLUTION, LOW | 3 | |
| PRODIGY CONTROL SOLUTION,HIGH | 3 | |
| PRODIGY INSULIN SYRINGE | 3 | |
| PRODIGY LANCETS | 3 | |
| PRODIGY LANCING DEVICE | 3 | |
| PRODIGY NO CODING | 3 | ST; QL |
| PRODIGY POCKET METER | 3 | ST |
| PRODIGY TWIST TOP LANCET | 3 | |
| PRODIGY VOICE GLUCOSE METER | 3 | ST |
| PURE COMFORT LANCETS | 3 | |
| PURE COMFORT PEN NEEDLE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| PURE COMFORT SAFETY LANCETS | 3 | |
| PURE COMFORT SAFETY PEN NEEDLE | 3 | |
| PURE COMFORT SPACER-ADULT MASK | 3 | QL |
| PURECOMFORT PEAK FLOW METER | 3 | |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE | 3 | |
| QUINTET AC | 3 | ST |
| QUINTET AC STRIP | 3 | ST; QL |
| QUINTET BLOOD GLUCOSE METER | 3 | ST |
| QUINTET GLUCOSE TEST STRIPS | 3 | ST; QL |
| REFUAH PLUS | 3 | ST; QL |
| REFUAH PLUS GLUCOSE CONTROL | 3 | |
| REFUAH PLUS GLUCOSE MONITOR | 3 | ST |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE | 3 | |
| RELIAMED MINI LANCING DEVICE | 3 | |
| RELIAMED SAFETY SEAL LANCETS | 3 | |
| RELION ALL-IN-ONE METER | 3 | ST |
| RELION CONFIRM | 3 | ST |
| RELION CONFIRM-MICRO | 3 | ST; QL |
| RELION MICRO GLUCOSE MONITOR KIT | 3 | ST |
| RELION PRIME METER | 3 | ST |
| RELION PRIME TEST STRIPS | 3 | ST; QL |
| RELION ULTIMA | 3 | QL |
| REVEAL BLOOD GLUCOSE METER | 3 | ST |
| REVEAL TEST STRIP | 3 | ST; QL |
| RIGHTEST CONTROL SOLUTION HIGH | 3 | |
| RIGHTEST CONTROL SOLUTION NORM | 3 | |
| RIGHTEST GD500 LANCING DEVICE | 3 | |
| RIGHTEST GL300 LANCETS | 3 | |
| RIGHTEST GM550 SYSTEM | 3 | ST |
| RIGHTEST GS550 TEST STRIPS | 3 | ST; QL |
| RIGHTEST GT333 GLUCOSE METER | 3 | ST |
| RIGHTEST GT333 TEST STRIP | 3 | ST; QL |
| RITFLO AEROCHAMBER | 3 | QL |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" | 3 | |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 22 GAUGE X 1", 3 ML, 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1", 5 ML 22 GAUGE X 1" | 3 | |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE | 3 | |
| SAFETY NEEDLES | 3 | |
| SAFETY PEN NEEDLE | 3 | |
| SAFETY SEAL LANCETS | 3 | |
| SAFETY-LET LANCETS | 3 | |
| SCALP VEIN SET | 3 | |
| SECURESAFE INSULIN SYRINGE | 3 | |
| SECURESAFE PEN NEEDLE | 3 | |
| SIDESTREAM PEDIATRIC FACE MASK | 3 | QL |
| SILICONE MASK - INFANT | 3 | QL |
| SILICONE MASK - PEDIATRIC | 3 | QL |
| SIL-SERTER | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SINGLE-LET | 3 | |
| SKY SAFETY PEN NEEDLE | 3 | |
| SMART SENSE LANCETS | 3 | |
| SMART SENSE MONITORING SYSTEM | 3 | ST |
| SMART SENSE TEST STRIPS | 3 | ST; QL |
| SMARTDIABETES VANTAGE | 3 | |
| SMARTEST CONTROL | 3 | |
| SMARTEST EJECT | 3 | ST |
| SMARTEST LANCET | 3 | |
| SMARTEST PERSONA STARTER | 3 | ST |
| SMARTEST PRONTO STARTER | 3 | ST |
| SMARTEST PROTEGE | 3 | ST |
| SMARTEST TEST | 3 | ST; QL |
| SOLUS V2 AUDIBLE METER | 3 | ST |
| SOLUS V2 CONTROL SOLUTION, LOW | 3 | |
| SOLUS V2 CONTROL SOLUTION,HIGH | 3 | |
| SOLUS V2 LANCETS | 3 | |
| SOLUS V2 LANCING DEVICE | 3 | |
| SOLUS V2 TEST STRIPS | 3 | ST; QL |
| SPACE CHAMBER | 3 | QL |
| SPACE CHAMBER WITH LARGE MASK | 3 | QL |
| SPACE CHAMBER WITH MEDIUM MASK | 3 | QL |
| SPACE CHAMBER WITH SMALL MASK | 3 | QL |
| STERILANCE TL | 3 | |
| STRIVE PEAK FLOW METER | 3 | |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE | 3 | |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | 3 | |
| SURE COMFORT LANCETS | 3 | |
| SURE COMFORT LANCING PEN | 3 | |
| SURE COMFORT PEN NEEDLE | 3 | |
| SURE COMFORT SAFETY PEN NEEDLE | 3 | |
| SURE-FINE PEN NEEDLES | 3 | |
| SUREFLEX DEVICE WITH LANCETS | 3 | |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | 3 | |
| SURE-LANCE | 3 | |
| SURE-LANCE ULTRA THIN | 3 | |
| SURE-PEN LANCING DEVICE | 3 | |
| SURE-TEST EASYPLUS MINI METER | 3 | ST |
| SURE-TEST EASYPLUS MINI SOLUTION | 3 | |
| SURE-TEST EASYPLUS MINI STRIP | 3 | ST; QL |
| SURE-TOUCH LANCET | 3 | |
| SURGUARD2 SAFETY NEEDLE | 3 | |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 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 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| SYRINGE (DISPOSABLE) | 3 | |
| SYRINGE 3CC/20GX1" | 3 | |
| SYRINGE 3CC/21GX1" | 3 | |
| SYRINGE 3CC/21GX1-1/2" | 3 | |
| SYRINGE 3CC/22GX1" | 3 | |
| SYRINGE 3CC/22GX3/4" | 3 | |
| SYRINGE 3CC/25GX1" | 3 | |
| SYRINGE FILTER 50-0.22 MM-MICRON | 3 | |
| SYRINGE WITH NEEDLE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 22 X 1 1/2" | 3 | |
| T:FLEX | 3 | |
| T:SLIM X2 | 3 | |
| TANDEM MOBI AUTOSOFT 30 KT 23" | 3 | |
| TANDEM MOBI AUTOSOFT XC KIT 5" | 3 | |
| TANDEM MOBI AUTOSOFT XC KT 23" | 3 | |
| TANDEM MOBI CARTRIDGE | 3 | |
| TANDEM MOBI TRUSTEEL KIT 23" | 3 | |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 3 | |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | 3 | |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE | 3 | |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 3 | |
| TECHLITE PLUS PEN NEEDLE | 3 | |
| TELCARE CONTROL | 3 | |
| TELCARE LANCETS | 3 | |
| TELCARE TEST STRIPS | 3 | ST; QL |
| TEMPO REFILL KIT WITH GAUZE | 3 | |
| TEMPO SMART BUTTON | 3 | QL |
| TEMPO WELCOME KIT | 3 | ST; QL |
| TERUMO ALLERGY SYRINGE | 3 | |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 21 GAUGE X 1 1/2" | 3 | |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8" | 3 | |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 30 ML | 3 | |
| TEST N'GO BLOOD GLUCOSE SYSTEM | 3 | ST |
| TEST N'GO TEST | 3 | ST; QL |
| THIN LANCETS | 3 | |
| thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2" | 1 | |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8" | 3 | |
| TOOMEY SYRINGE | 3 | |
| TOPCARE CLICKFINE | 3 | |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | 3 | |
| TOPCARE UNIVERSAL1 LANCET | 3 | |
| TRUE COMFORT INSULIN SYRINGE | 3 | |
| TRUE COMFORT LANCET | 3 | |
| TRUE COMFORT PEN NEEDLE | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| TRUE COMFORT PRO INS SYRINGE | 3 | |
| TRUE COMFORT SAFE INSULIN SYRG | 3 | |
| TRUE COMFORT SAFETY PEN NEEDLE | 3 | |
| TRUE METRIX AIR GLUCOSE METER | 3 | ST |
| TRUE METRIX GLUCOSE METER | 3 | ST |
| TRUE METRIX GLUCOSE TEST STRIP | 3 | ST; QL |
| TRUE METRIX GO GLUCOSE METER | 3 | ST |
| TRUE METRIX LEVEL 1 | 3 | |
| TRUE METRIX LEVEL 2 | 3 | |
| TRUE METRIX LEVEL 3 | 3 | |
| TRUEDRAW LANCING DEVICE | 3 | |
| TRUEPLUS INSULIN | 3 | |
| TRUEPLUS KETONE | 3 | |
| TRUEPLUS LANCETS | 3 | |
| TRUEPLUS PEN NEEDLE | 3 | |
| TRUERESULT BLOOD GLUCOSE SYSTM | 3 | ST |
| TRUETEST TEST STRIPS | 3 | ST; QL |
| TRUETRACK BLOOD GLUCOSE SYSTEM | 3 | ST |
| TRUETRACK SMART SYSTEM | 3 | ST |
| TRUETRACK TEST | 3 | ST; QL |
| TRUSTEEL INFUSION SET 23" | 3 | |
| TRUSTEEL INFUSION SET 32" | 3 | |
| TRUSTEX LATEX CONDOM | 3 | Covered in full* |
| TRUSTEX LUBRICATED CONDOMS | 3 | Covered in full* |
| TRUSTEX NON-LUB CONDOMS | 3 | Covered in full* |
| TRUSTEX-RIA LUB/SPERMICIDE | 3 | Covered in full* |
| TRUSTEX-RIA NON-LUB CONDOMS | 3 | Covered in full* |
| TRUZONE PEAK FLOW METER | 3 | |
| TUBERCULIN SYRINGE | 3 | |
| TUBERCULIN-ALLERGY SYRINGES | 3 | |
| TWIIIST REFILL KT(CSST-NDL-SYR) | 3 | PA; QL |
| TWIIIST RFL(INFUS-CSST-NDL-SYR) | 3 | PA; QL |
| TWIIIST STARTER KIT | 3 | PA; QL |
| TWIST LANCETS | 3 | |
| ULTICARE INSULIN SYRINGE | 3 | |
| ULTICARE INSULN SYR(HALF UNIT) | 3 | |
| ULTICARE LOW DEAD SPACE SYRING | 3 | |
| ULTICARE PEN NEEDLE | 3 | |
| ULTICARE SAFETY PEN NEEDLE | 3 | |
| ULTICARE SAFETY SYRINGE | 3 | |
| ULTICARE SYR 0.3 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ULTICARE SYR 0.5 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ulticare syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2" | 1 | |
| ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 31 GAUGE X 5/16 | 3 | |
| ULTICARE SYRINGE 1 ML 30GX1/2" (WITH SYRINGE CONTAINER) | 3 | |
| ULTICARE TB SAFETY SYRINGE | 3 | |
| ULTIGUARD SAFEPACK-INSULIN SYR | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ULTIGUARD SAFEPAK-PEN NEEDLE | 3 | |
| ULTI-LANCE | 3 | |
| ULTILET BASIC LANCETS | 3 | |
| ULTILET CLASSIC LANCETS | 3 | |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29 | 3 | |
| ULTILET LANCETS | 3 | |
| ULTILET PEN NEEDLE | 3 | |
| ULTILET SAFETY LANCETS | 3 | |
| ULTIMA MONITOR | 3 | ST |
| ULTIMA TEST STRIPS | 3 | ST; QL |
| ULTRA CMFT INS SYR (HALF UNIT) | 3 | |
| 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", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 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 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 | 3 | |
| ULTRA FLO INSUL SYR(HALF UNIT) | 3 | |
| ULTRA FLO INSULIN SYRINGE | 3 | |
| ULTRA FLO PEN NEEDLE | 3 | |
| ULTRA THIN II LANCETS | 3 | |
| ULTRA THIN LANCETS | 3 | |
| ULTRA THIN PEN NEEDLE | 3 | |
| ULTRA THIN PLUS LANCETS | 3 | |
| ULTRA TLC LANCETS | 3 | |
| ULTRACARE INSULIN SYRINGE | 3 | |
| ULTRA-CARE LANCETS | 3 | |
| ULTRACARE PEN NEEDLE | 3 | |
| ULTRALANCE LANCETS | 3 | |
| ULTRA-THIN II (SHORT) INS SYR | 3 | |
| ULTRA-THIN II (SHORT) PEN NDL | 3 | |
| ULTRA-THIN II INS PEN NEEDLES | 3 | |
| ULTRA-THIN II INSULIN SYRINGE | 3 | |
| ULTRA-THIN II LANCETS | 3 | |
| ULTRATRAK | 3 | ST; QL |
| ULTRATRAK GLUCOSE METER | 3 | ST |
| ULTRATRAK HIGH-LOW CONTROL | 3 | |
| ULTRATRAK NORMAL CONTROL | 3 | |
| ULTRATRAK ULTIMATE | 3 | ST |
| ULTRATRAK ULTIMATE SOLUTION | 3 | |
| ULTRATRAK ULTIMATE STRIP | 3 | ST; QL |
| UNIFINE PENTIPS MAXFLOW | 3 | |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | 3 | |
| UNIFINE PENTIPS PLUS | 3 | |
| UNIFINE PENTIPS PLUS MAXFLOW | 3 | |
| UNIFINE PROTECT | 3 | |
| UNIFINE SAFECONTROL | 3 | |
| UNIFINE SAFECONTROL PEN NEEDLE | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| UNIFINE ULTRA PEN NEEDLE | 3 | |
| UNILET COMFORTOUCH LANCET | 3 | |
| UNILET GP LANCET | 3 | |
| UNILET LANCET | 3 | |
| UNILET LANCETS | 3 | |
| UNILET SUPER THIN LANCETS | 3 | |
| UNISTIK 2 DEVICE | 3 | |
| UNISTIK 2 NORMAL LANCET | 3 | |
| UNISTIK 3 COMFORT LANCET | 3 | |
| UNISTIK 3 EXTRA LANCET | 3 | |
| UNISTIK 3 GENTLE | 3 | |
| UNISTIK 3 NORMAL LANCET | 3 | |
| UNISTIK COMFORT LANCETS | 3 | |
| UNISTIK CZT LANCET | 3 | |
| UNISTIK EXTRA LANCETS | 3 | |
| UNISTIK NORMAL LANCETS | 3 | |
| UNISTIK PRO LANCET | 3 | |
| UNISTIK SAFETY | 3 | |
| UNISTIK TOUCH LANCETS | 3 | |
| UNISTRIP LOW CONTROL | 3 | |
| UNISTRIP1 TEST STRIP | 3 | ST; QL |
| UNIVERSAL 1 LANCETS | 3 | |
| URISTIX 4 | 3 | |
| URISTIX REAGENT | 3 | |
| VANISHPOINT INSULIN SYRINGE | 3 | |
| VANISHPOINT SYRINGE | 3 | |
| VANISHPOINT TUBERCULIN SYRINGE | 3 | |
| VARISOFT INFUSION SET 23" | 3 | |
| VARISOFT INFUSION SET 32" | 3 | |
| VARISOFT INFUSION SET 43" | 3 | |
| VERIFINE INSULIN SYRINGE | 3 | |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | 3 | |
| VERIFINE PLUS PEN NEEDLE | 3 | |
| VERIFINE PLUS PEN NEEDLE-SHARP | 3 | |
| VERIFINE SAFETY LANCET MINI | 3 | |
| VERIFINE UNIVERSAL LANCET | 3 | |
| V-GO 20 | 3 | |
| V-GO 30 | 3 | |
| V-GO 40 | 3 | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 3 | |
| VIVAGUARD INO CTRL SOLN-L1,L3 | 3 | |
| VIVAGUARD INO CTRL SOLN-L2 | 3 | |
| VIVAGUARD INO GLUCOSE METER | 3 | ST |
| VIVAGUARD INO SMART GLUC METER | 3 | ST |
| VIVAGUARD INO TEST STRIP | 3 | ST; QL |
| VIVAGUARD LANCET | 3 | |
| VIVAGUARD LANCING DEVICE | 3 | |
| VIVAGUARD SAFETY LANCET | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| VORTEX ADULT MASK | 3 | QL |
| VORTEX HOLDING CHAMBER | 3 | QL |
| VORTEX VHC FROG MASK-CHILD | 3 | QL |
| VORTEX VHC LADYBUG MASK-TODDLR | 3 | QL |
| WAVESENSE AMP | 3 | ST |
| WAVESENSE CONTROL SOLUTION | 3 | |
| WAVESENSE JAZZ | 3 | ST; QL |
| WAVESENSE PRESTO | 3 | ST |
| WAVESENSE PRESTO STRIP | 3 | ST; QL |
| WIDE-SEAL DIAPHRAGM 60 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 65 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 70 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 75 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 80 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 85 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 90 | 3 | Covered in full* |
| WIDE-SEAL DIAPHRAGM 95 | 3 | Covered in full* |
| YALE DISPOSABLE NEEDLES | 3 | |
| METABOLIC DISEASE ENZYME REPLACEMENT AGENTS - DRUGS FOR METABOLIC DISEASE | | |
| METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DISEASE - DRUGS FOR METABOLIC DISEASE | | |
| FABRAZYME | 3 | PA; MS; S |
| METABOLIC DISEASE ENZYME REPLACEMENT, HYPOPHOSPHATASIA - DRUGS FOR METABOLIC DISEASE | | |
| STRENSIQ | 3 | PA; QL; S |
| METABOLIC DX ENZYME REPLACEMENT, SEVERE COMBINED IMMUNE DEFICIENCY - DRUGS FOR METABOLIC DISEASE | | |
| REVCOVI | 3 | PA; S |
| METABOLIC MODIFIERS | | |
| METABOLIC MODIFIER - NEIMANN PICK DISEASE TYPE C (NPC) | | |
| AQNEURSA | 3 | PA |
| METABOLIC MODIFIER - POMPE DISEASE - GCS INHIBITOR | | |
| OPFOLDA | 3 | QL; MS; S |
| METABOLIC MODIFIERS - DRUGS THAT ALTER METABOLISM | | |
| HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE - DRUGS THAT ALTER METABOLISM | | |
| calcitriol oral | 1 | |
| doxercalciferol oral | 1 | |
| paricalcitol oral | 1 | |
| RAYALDEE | 3 | PA; QL |
| ROCALTROL ORAL SOLUTION | 3 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | |
| METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS - DRUGS THAT ALTER METABOLISM | | |
| CARNITOR (SUGAR-FREE) | 3 | |
| CARNITOR ORAL | 3 | |
| levocarnitine (with sugar) | 1 | |
| levocarnitine oral solution 100 mg/ml | 1 | |
| levocarnitine oral tablet | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX - DRUGS THAT ALTER METABOLISM | | |
| CERDELGA | 3 | PA; QL; MS; S |
| miglustat | 1 | PA; QL; MS; S |
| yargesa | 1 | PA; QL; S |
| ZAVESCA | 3 | PA; QL; MS; S |
| METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS - DRUGS THAT ALTER METABOLISM | | |
| XURIDEN | 3 | PA; QL; S |
| METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS - DRUGS THAT ALTER METABOLISM | | |
| nitisinone | 1 | PA; MS; S |
| NITYR | 3 | PA; MS; S |
| ORFADIN | 3 | PA; S |
| METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS - DRUGS THAT ALTER METABOLISM | | |
| betaine | 1 | MS; S |
| CYSTADANE | 3 | S |
| METABOLIC MODIFIER - PHOSPHATIDYLINOSITOL-3-KINASE (PI3K) INHIBITORS - DRUGS THAT ALTER METABOLISM | | |
| JOENJA | 3 | PA; QL; S |
| VIJOICE ORAL GRANULES IN PACKET | 3 | PA; S |
| VIJOICE ORAL TABLET | 3 | PA; QL; S |
| METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS - DRUGS THAT ALTER METABOLISM | | |
| BUPHENYL | 3 | S |
| OLPRUVA | 3 | PA; QL; S |
| PHEBURANE | 3 | MS; S |
| RAVICTI | 3 | PA; QL; MS; S |
| sodium phenylbutyrate | 1 | |
| METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR - DRUGS THAT ALTER METABOLISM | | |
| CARBAGLU | 3 | PA; MS; S |
| carglumic acid | 1 | PA; MS; S |
| PHARMAEOENHANCER - CYTOCHROME P450 INHIBITORS - DRUGS THAT ALTER METABOLISM | | |
| TYBOST | 2 | QL; S |
| PHARMACOLOGICAL CHAPERONE TX - ALPHA-GALACTOSIDASE A ENZYME STABILIZER - DRUGS THAT ALTER METABOLISM | | |
| GALAFOLD | 3 | PA; QL; MS; S |
| PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE - DRUGS THAT ALTER METABOLISM | | |
| javygtor | 1 | PA; MS; S |
| KUVAN | 3 | PA; MS; S |
| sapropterin | 1 | PA; MS; S |
| PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE - DRUGS THAT ALTER METABOLISM | | |
| PALYNZIQ | 3 | PA; QL; MS; S |
| PROGERIA SYNDROME TREATMENT AGENTS - FARNYLTRANSFERASE INHIBITOR - DRUGS THAT ALTER METABOLISM | | |
| ZOKINVY | 3 | PA; QL; S |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|-----------------------------------|
| MOUTH-THROAT-DENTAL - PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT | | |
| DENTAL PRODUCT - FLUORIDE PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT | | |
| clinpro 5000 | 1 | |
| denta 5000 plus | 1 | |
| denta 5000 plus sensitive | 1 | |
| dentagel | 1 | |
| FLORIVA (FLUORIDE-VITAMIN D3) | 3 | Covered in full age 16 and under* |
| fluoride (sodium) dental | 1 | |
| fluoride (sodium) oral drops | 1 | Covered in full age 16 and under* |
| fluoride (sodium) oral tablet,chewable | 1 | Covered in full age 16 and under* |
| ludent fluoride | 1 | Covered in full age 16 and under* |
| PREVIDENT 5000 BOOSTER PLUS | 3 | |
| PREVIDENT 5000 DRY MOUTH | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE | 3 | |
| PREVIDENT 5000 PLUS | 3 | |
| PREVIDENT 5000 SENSITIVE | 3 | |
| PREVIDENT DENTAL GEL | 3 | |
| prevident dental solution | 1 | |
| PREVIDENT KIDS | 3 | |
| sf | 1 | |
| sf 5000 plus | 1 | |
| sodium fluoride 5000 dry mouth | 1 | |
| sodium fluoride 5000 plus | 1 | |
| sodium fluoride-pot nitrate | 1 | |
| SOLUVITA | 3 | Covered in full age 16 and under* |
| MOUTH AND THROAT - ANTIFUNGALS - DRUGS FOR THE MOUTH AND THROAT | | |
| clotrimazole mucous membrane | 1 | |
| nystatin oral suspension | 1 | |
| MOUTH AND THROAT - ANTISEPTICS - DRUGS FOR THE MOUTH AND THROAT | | |
| chlorhexidine gluconate mucous membrane | 1 | |
| paroex oral rinse | 1 | |
| PERIDEX | 3 | |
| periogard | 1 | |
| MOUTH AND THROAT - GLUCOCORTICOIDS - DRUGS FOR THE MOUTH AND THROAT | | |
| kourzeq | 1 | |
| oralone | 1 | |
| triamcinolone acetonide dental | 1 | |
| MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES - DRUGS FOR THE MOUTH AND THROAT | | |
| lidocaine hcl mucous membrane solution | 1 | |
| lidocaine viscous | 1 | |
| MOUTH AND THROAT - SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT | | |
| cevimeline | 1 | |
| EVOXAC | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| pilocarpine hcl oral | 1 | |
| SALAGEN (PILOCARPINE) | 3 | |
| PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS - DRUGS FOR THE MOUTH AND THROAT | | |
| doxycycline hyclate oral tablet 20 mg | 1 | |
| THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA-ANTICHOLINERGIC - DRUGS FOR THE MOUTH AND THROAT | | |
| CUVPOSA | 3 | PA; QL |
| glycopyrrolate oral solution | 1 | PA; QL |
| MULTIPLE SCLEROSIS AGENTS - DRUGS FOR THE NERVOUS SYSTEM | | |
| LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY - DRUGS FOR MULTIPLE SCLEROSIS | | |
| TYSABRI | 3 | PA; QL; MS; S |
| MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY - DRUGS FOR MULTIPLE SCLEROSIS | | |
| KESIMPTA PEN | 2 | QL; MS; S |
| OCREVUS ZUNOVO | 3 | S |
| MULTIPLE SCLEROSIS AGENT - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 2 | QL; MS; S |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 2 | QL; MS; S |
| BETASERON SUBCUTANEOUS KIT | 3 | QL; MS; S |
| PLEGRIDY | 2 | QL; MS; S |
| REBIF (WITH ALBUMIN) | 2 | QL; MS; S |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 2 | QL; MS; S |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 2 | MS; S |
| REBIF TITRATION PACK | 2 | MS; S |
| MULTIPLE SCLEROSIS AGENT - OTHERS - DRUGS FOR MULTIPLE SCLEROSIS | | |
| BAFIERTAM | 3 | ST; QL; MS; S |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 3 | QL; MS; S |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 2 | QL; MS; S |
| dimethyl fumarate | 1 | QL; MS; S |
| glatiramer | 1 | QL; MS; S |
| glatopa | 1 | QL; MS; S |
| TECFIDERA | 3 | QL; MS; S |
| VUMERITY | 3 | ST; QL; MS; S |
| MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER - DRUGS FOR MULTIPLE SCLEROSIS | | |
| AMPYRA | 3 | QL; MS; S |
| dalfampridine | 1 | QL; MS; S |
| MULTIPLE SCLEROSIS AGENT - PURINE NUCLEOSIDE ANALOGS - DRUGS FOR MULTIPLE SCLEROSIS | | |
| MAVENCLAD (10 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (4 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (5 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (6 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (7 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (8 TABLET PACK) | 3 | PA; QL; MS; S |
| MAVENCLAD (9 TABLET PACK) | 3 | PA; QL; MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS - DRUGS FOR MULTIPLE SCLEROSIS | | |
| AUBAGIO | 3 | QL; MS; S |
| teriflunomide | 1 | QL; MS; S |
| MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR - DRUGS FOR MULTIPLE SCLEROSIS | | |
| fingolimod | 1 | QL; MS; S |
| GILENYA ORAL CAPSULE 0.25 MG | 2 | QL; S |
| GILENYA ORAL CAPSULE 0.5 MG | 2 | QL; MS; S |
| MAYZENT | 2 | QL; MS; S |
| MAYZENT STARTER(FOR 1MG MAINT) | 2 | QL; MS; S |
| MAYZENT STARTER(FOR 2MG MAINT) | 2 | QL; MS; S |
| PONVORY | 3 | ST; QL; MS; S |
| PONVORY 14-DAY STARTER PACK | 3 | ST; QL; MS; S |
| TASCENSO ODT | 3 | PA; QL; MS; S |
| ZEPOSIA | 2 | PA; QL; MS; S |
| ZEPOSIA STARTER KIT (28-DAY) | 2 | PA; QL; MS; S |
| ZEPOSIA STARTER PACK (7-DAY) | 2 | PA; QL; MS; S |
| OPHTHALMIC AGENTS | | |
| OPHTHALMIC ANTIPARASITICS | | |
| XDEMVI | 3 | PA; QL; S |
| OPHTHALMIC AGENTS - DRUGS FOR THE EYE | | |
| ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS - DRUGS FOR THE EYE | | |
| MIEBO (PF) | 3 | PA; QL |
| MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA | | |
| PHOSPHOLINE IODIDE | 3 | PA; S |
| MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA | | |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % | 1 | |
| OPHTHALMIC - ADRENERGIC RECEPTOR AGONIST - DRUGS FOR THE EYE | | |
| UPNEEQ (PF) | 3 | QL |
| OPHTHALMIC - ADRENERGIC-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS - DRUGS FOR GLAUCOMA | | |
| SIMBRINZA | 3 | QL |
| OPHTHALMIC - AGENTS FOR PRESBYOPIA - DRUGS FOR THE EYE | | |
| VUITY | 3 | QL |
| OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| MAXITROL | 3 | |
| neomycin-bacitracin-poly-hc | 1 | |
| neomycin-polymyxin b-dexameth | 1 | |
| neomycin-polymyxin-hc ophthalmic (eye) | 1 | |
| neo-polycin hc | 1 | |
| sulfacetamide-prednisolone | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 3 | |
| TOBRADEX ST | 3 | |
| tobramycin-dexamethasone | 1 | |
| ZYLET | 3 | |
| OPHTHALMIC - ANTICHOLINERGICS - DRUGS FOR THE EYE | | |
| atropine ophthalmic (eye) drops 1 % | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| atropine ophthalmic (eye) ointment | 1 | |
| ATROPINE SULFATE (PF) | 3 | ST; QL |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %, 2 % | 3 | |
| cyclopentolate ophthalmic (eye) drops 1 % | 1 | |
| tropicamide | 1 | |
| OPHTHALMIC - ANTIHISTAMINES - DRUGS FOR ITCHY EYE | | |
| azelastine ophthalmic (eye) | 1 | |
| bepotastine besilate | 1 | |
| BEPREVE | 3 | |
| epinastine | 1 | |
| ZERVIAE | 3 | ST |
| OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS - ANTI- INFECTIVE/ANTI-INFLAMMATORIES | | |
| ALREX | 3 | |
| CLOBETASOL OPHTHALMIC (EYE) | 3 | |
| dexamethasone sodium phosphate ophthalmic (eye) | 1 | |
| difluprednate | 1 | |
| DUREZOL | 3 | |
| EYSUVIS | 3 | QL |
| FLAREX | 3 | |
| fluorometholone | 1 | |
| FML FORTE | 3 | |
| FML LIQUIFILM | 3 | |
| INVELTYS | 3 | |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL | 3 | |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION | 3 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT | 2 | |
| LOTEMAX SM | 2 | |
| loteprednol etabonate | 1 | |
| MAXIDEX | 3 | |
| PRED FORTE | 3 | |
| PRED MILD | 3 | |
| prednisolone acetate | 1 | |
| prednisolone sodium phosphate ophthalmic (eye) | 1 | |
| OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS - ANTI- INFECTIVE/ANTI-INFLAMMATORIES | | |
| CEQUA | 3 | QL |
| cyclosporine ophthalmic (eye) | 1 | QL |
| RESTASIS | 3 | ST; QL |
| RESTASIS MULTIDOSE | 3 | ST; QL |
| VERKAZIA | 3 | PA; QL |
| VEVYE | 3 | PA; QL |
| OPHTHALMIC - ANTI-INFLAMMATORY, LFA-1 ANTAGONISTS - ANTI- INFECTIVE/ANTI-INFLAMMATORIES | | |
| XIIDRA | 2 | QL |
| OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS - ANTI- INFECTIVE/ANTI-INFLAMMATORIES | | |
| ACULAR | 3 | |
| ACULAR LS | 3 | |
| ACUVAIL (PF) | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| bromfenac ophthalmic (eye) drops 0.07 %, 0.075 % | 1 | QL |
| bromfenac ophthalmic (eye) drops 0.09 % | 1 | |
| BROMSITE | 3 | QL |
| diclofenac sodium ophthalmic (eye) | 1 | |
| flurbiprofen sodium | 1 | |
| ILEVRO | 3 | |
| ketorolac ophthalmic (eye) | 1 | |
| NEVANAC | 3 | |
| PROLENSA | 3 | QL |
| OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS - DRUGS FOR GLAUCOMA | | |
| brimonidine-timolol | 1 | QL |
| COMBIGAN | 3 | QL |
| OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS - DRUGS FOR GLAUCOMA | | |
| COSOPT | 3 | |
| COSOPT (PF) | 3 | QL |
| dorzolamide-timolol | 1 | |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette | 1 | QL |
| OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA | | |
| AZOPT | 3 | |
| brinzolamide | 1 | |
| dorzolamide | 1 | |
| OPHTHALMIC - CYSTINE DEPLETING AGENTS - DRUGS FOR THE EYE | | |
| CYSTADROPS | 3 | PA; QL; S |
| CYSTARAN | 3 | PA; QL; S |
| OPHTHALMIC - DECONGESTANTS - DRUGS FOR ITCHY EYE | | |
| phenylephrine hcl ophthalmic (eye) | 1 | |
| OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF) - DRUGS FOR THE EYE | | |
| OXERVATE | 3 | PA; QL; MS; S |
| OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS - DRUGS FOR GLAUCOMA | | |
| betaxolol ophthalmic (eye) | 1 | |
| BETIMOL | 3 | |
| BETOPTIC S | 3 | |
| carteolol | 1 | |
| ISTALOL | 3 | |
| levobunolol ophthalmic (eye) drops 0.5 % | 1 | |
| timolol maleate (pf) | 1 | |
| timolol maleate ophthalmic (eye) | 1 | |
| TIMOPTIC OCUDOSE (PF) | 3 | |
| OPHTHALMIC - LOCAL ANESTHETIC ESTERS - DRUGS FOR THE EYE | | |
| ALCAINE | 3 | |
| proparacaine | 1 | |
| OPHTHALMIC - LOCAL ANESTHETIC, AMIDES - DRUGS FOR THE EYE | | |
| AKTEN (PF) | 3 | |
| OPHTHALMIC - MAST CELL STABILIZERS - DRUGS FOR ITCHY EYE | | |
| ALOCRIL | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ALOMIDE | 3 | |
| cromolyn ophthalmic (eye) | 1 | |
| OPHTHALMIC - RHO KINASE INHIBITOR AND PROSTAGLANDIN ANALOG COMBINATION - DRUGS FOR GLAUCOMA | | |
| ROCKLATAN | 2 | ST; QL |
| OPHTHALMIC ANTIBACTERIAL MIXTURES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| bacitracin-polymyxin b | 1 | |
| neomycin-bacitracin-polymyxin | 1 | |
| neomycin-polymyxin-gramicidin | 1 | |
| neo-polycin | 1 | |
| polycin | 1 | |
| polymyxin b sulf-trimethoprim | 1 | |
| OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| gentamicin ophthalmic (eye) drops | 1 | |
| tobramycin ophthalmic (eye) | 1 | |
| TOBEX OPHTHALMIC (EYE) OINTMENT | 3 | |
| OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| bacitracin ophthalmic (eye) | 1 | |
| OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| BESIVANCE | 3 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT | 3 | |
| ciprofloxacin hcl ophthalmic (eye) | 1 | |
| gatifloxacin | 1 | |
| levofloxacin ophthalmic (eye) drops 1.5 % | 1 | |
| moxifloxacin ophthalmic (eye) | 1 | QL |
| OCUFLOX | 3 | |
| ofloxacin ophthalmic (eye) | 1 | |
| VIGAMOX | 3 | QL |
| OPHTHALMIC ANTIBIOTIC - MACROLIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| AZASITE | 3 | |
| erythromycin ophthalmic (eye) | 1 | |
| OPHTHALMIC ANTIBIOTIC - SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| sulfacetamide sodium ophthalmic (eye) | 1 | |
| OPHTHALMIC ANTIFUNGALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| NATACYN | 3 | |
| OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE - DRUGS FOR THE EYE | | |
| NATACYN | 3 | |
| OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| trifluridine | 1 | |
| ZIRGAN | 3 | |
| OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA | | |
| ALPHAGAN P | 3 | |
| apraclonidine | 1 | |
| brimonidine ophthalmic (eye) | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE | 3 | |
| OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS - DRUGS FOR GLAUCOMA | | |
| bimatoprost ophthalmic (eye) | 1 | |
| IYUZEH (PF) | 3 | ST; QL |
| latanoprost | 1 | QL |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 | |
| tafluprost (pf) | 1 | ST; QL |
| TRAVATAN Z | 3 | |
| travoprost | 1 | |
| VYZULTA | 3 | ST |
| XALATAN | 3 | QL |
| XELPROS | 3 | ST; QL |
| ZIOPTAN (PF) | 3 | ST; QL |
| OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS - DRUGS FOR GLAUCOMA | | |
| RHOPRESSA | 2 | ST; QL |
| OTIC (EAR) - DRUGS FOR THE EAR | | |
| OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| CIPRO HC | 3 | |
| ciprofloxacin-dexamethasone | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE | 3 | QL |
| CORTISPORIN-TC | 3 | |
| neomycin-polymyxin-hc otic (ear) | 1 | |
| OTOVEL | 3 | QL |
| OTIC (EAR) - ANTI-INFECTIVES OTHER - ANTIBIOTICS | | |
| acetic acid otic (ear) | 1 | |
| OTIC (EAR) - FLUOROQUINOLONES - ANTIBIOTICS | | |
| CETRAXAL | 3 | QL |
| ciprofloxacin hcl otic (ear) | 1 | QL |
| ofloxacin otic (ear) | 1 | |
| OTIC (EAR) - GLUCOCORTICOIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES | | |
| DERMOTIC OIL | 3 | |
| flac otic oil | 1 | |
| fluocinolone acetonide oil | 1 | |
| hydrocortisone-acetic acid | 1 | |
| RESPIRATORY THERAPY AGENTS | | |
| ASTHMA/COPD - PHOSPHODIESTERASE-3 AND -4 (PDE3 AND PDE4) INHIBITORS | | |
| OHTUVAYRE | 3 | PA; QL; S |
| RESPIRATORY THERAPY AGENTS - DRUGS FOR THE LUNGS | | |
| 1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| promethazine vc | 1 | |
| promethazine-phenylephrine | 1 | |
| 2ND GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| CLARINEX-D 12 HOUR | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTIHISTAMINE - 1ST GENERATION - ALKYLAMINES - DRUGS FOR ALLERGIES | | |
| RYCLORA | 3 | QL |
| ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES - DRUGS FOR ALLERGIES | | |
| carbinoxamine maleate oral liquid | 1 | |
| CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR | 3 | QL |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| carbinoxamine maleate oral tablet 6 mg | 1 | PA; QL |
| clemastine oral syrup | 1 | PA; QL |
| clemastine oral tablet | 1 | |
| diphenhydramine hcl oral elixir | 1 | |
| KARBINAL ER | 3 | QL |
| RYVENT | 3 | PA; QL |
| ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES - DRUGS FOR ALLERGIES | | |
| promethazine oral | 1 | |
| promethazine rectal suppository 12.5 mg, 25 mg | 1 | |
| promethegan | 1 | |
| ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES | | |
| cyproheptadine | 1 | |
| ANTIHISTAMINES - 1ST GENERATION - DRUGS FOR ALLERGIES | | |
| carbinoxamine maleate oral liquid | 1 | |
| CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR | 3 | QL |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| carbinoxamine maleate oral tablet 6 mg | 1 | PA; QL |
| clemastine oral syrup | 1 | PA; QL |
| clemastine oral tablet | 1 | |
| cyproheptadine | 1 | |
| diphenhydramine hcl oral elixir | 1 | |
| KARBINAL ER | 3 | QL |
| promethazine oral | 1 | |
| promethazine rectal suppository 12.5 mg, 25 mg | 1 | |
| promethegan | 1 | |
| RYCLORA | 3 | QL |
| RYVENT | 3 | PA; QL |
| ANTIHISTAMINES - 2ND GENERATION - DRUGS FOR ALLERGIES | | |
| cetirizine oral solution 1 mg/ml | 1 | |
| CLARINEX ORAL TABLET | 3 | |
| desloratadine | 1 | |
| levocetirizine | 1 | |
| ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES - DRUGS FOR ALLERGIES | | |
| cetirizine oral solution 1 mg/ml | 1 | |
| levocetirizine | 1 | |
| ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES | | |
| CLARINEX ORAL TABLET | 3 | |
| desloratadine | 1 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| ANTITUSSIVES - NON-OPIOID - DRUGS FOR ALLERGIES | | |
| benzonatate | 1 | |
| ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS - DRUGS FOR ASTHMA/COPD | | |
| zileuton | 1 | QL |
| ZYFLO | 3 | QL |
| ASTHMA THERAPY - ALPHA/BETA ADRENERGIC AGENTS - DRUGS FOR ASTHMA/COPD | | |
| EPINEPHRINE (BULK) | 3 | |
| epinephrine injection syringe 0.1 mg/ml | 1 | |
| ASTHMA THERAPY - IMMUNOGLOBULIN E (IGE) INHIBITORS, MAB - DRUGS FOR ASTHMA/COPD | | |
| XOLAIR | 3 | PA; QL; MS; S |
| ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOID)S - DRUGS FOR ASTHMA/COPD | | |
| ALVESCO | 3 | ST; QL |
| ARNUITY ELLIPTA | 2 | QL |
| ASMANEX HFA | 2 | QL |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2 | QL |
| budesonide inhalation | 1 | QL |
| FLUTICASONE PROPIONATE INHALATION | 2 | QL |
| PULMICORT | 3 | QL |
| PULMICORT FLEXHALER | 3 | ST; QL |
| QVAR REDHALER | 2 | QL |
| ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB - DRUGS FOR ASTHMA/COPD | | |
| DUPIXENT PEN | 2 | PA; QL; MS; S |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 2 | PA; QL; MS; S |
| ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) INHIBITORS, MAB - DRUGS FOR ASTHMA/COPD | | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 2 | PA; QL; MS; S |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; QL; MS; S |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 2 | PA; QL; S |
| ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB - DRUGS FOR ASTHMA/COPD | | |
| FASENRA PEN | 2 | PA; QL; MS; S |
| ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD | | |
| ACCOLATE | 3 | |
| montelukast | 1 | QL |
| SINGULAIR | 3 | QL |
| zafirlukast | 1 | |
| ASTHMA THERAPY - MAST CELL STABILIZERS - DRUGS FOR ASTHMA/COPD | | |
| cromolyn inhalation | 1 | |
| ASTHMA THERAPY - THYMIC STROMAL LYMPHOPOIETIN INHIBITOR, MAB - DRUGS FOR ASTHMA/COPD | | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL; MS; S |
| ASTHMA THERAPY - XANTHINES - DRUGS FOR ASTHMA/COPD | | |
| ELIXOPHYLLIN | 3 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| THEO-24 | 3 | |
| theophylline oral elixir | 1 | |
| theophylline oral solution | 1 | |
| theophylline oral tablet extended release 12 hr | 1 | |
| theophylline oral tablet extended release 24 hr | 1 | |
| ASTHMA/COPD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD | | |
| DALIRESP | 3 | QL |
| roflumilast | 1 | QL |
| ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING - DRUGS FOR ASTHMA/COPD | | |
| INCRUSE ELLIPTA | 2 | QL |
| SPIRIVA RESPIMAT | 2 | |
| SPIRIVA WITH HANDIHALER | 2 | |
| tiotropium bromide | 1 | QL |
| TUDORZA PRESSAIR | 3 | ST; QL |
| YUPELRI | 3 | ST; QL |
| ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING - DRUGS FOR ASTHMA/COPD | | |
| ATROVENT HFA | 2 | |
| ipratropium bromide inhalation | 1 | |
| ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING - DRUGS FOR ASTHMA/COPD | | |
| STRIVERDI RESPIMAT | 2 | QL |
| ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING - DRUGS FOR ASTHMA/COPD | | |
| arformoterol | 1 | QL |
| BROVANA | 3 | QL |
| formoterol fumarate | 1 | QL |
| formoterol fumarate-nebulizer | 3 | |
| PERFORMIST | 3 | QL |
| SEREVENT DISKUS | 2 | |
| ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING - DRUGS FOR ASTHMA/COPD | | |
| ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN) | 3 | QL |
| albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation | 1 | QL |
| albuterol sulfate inhalation solution for nebulization | 1 | |
| levalbuterol hcl | 1 | |
| LEVALBUTEROL TARTRATE | 2 | QL |
| PROAIR RESPICLICK | 3 | QL |
| VENTOLIN HFA | 3 | QL |
| XOPENEX HFA | 3 | QL |
| ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS - DRUGS FOR ASTHMA/COPD | | |
| albuterol sulfate oral | 1 | |
| terbutaline | 1 | |
| ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD | | |
| ANORO ELLIPTA | 2 | QL |
| BEVESPI AEROSPHERE | 2 | QL |
| COMBIVENT RESPIMAT | 2 | QL |

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| Product Description | Tier | Limits/Restrictions/Notes |
|---|------|---------------------------|
| DUAKLIR PRESSAIR | 3 | ST; QL |
| ipratropium-albuterol | 1 | |
| STIOLTO RESPIMAT | 2 | QL |
| ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS - DRUGS FOR ASTHMA/COPD | | |
| ADVAIR DISKUS | 3 | QL |
| ADVAIR HFA | 2 | QL |
| AIRDUO RESPICLICK | 3 | ST; QL |
| AIRSUPRA | 3 | PA; QL |
| BREO ELLIPTA | 2 | QL |
| breyna | 1 | QL |
| budesonide-formoterol | 1 | QL |
| DULERA | 2 | QL |
| FLUTICASONE FUROATE-VILANTEROL | 3 | PA; QL |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED | 2 | QL |
| fluticasone propion-salmeterol inhalation blister with device | 1 | QL |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER | 3 | ST; QL |
| SYMBICORT | 2 | QL |
| wixela inhub | 1 | QL |
| ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB, - DRUGS FOR CYSTIC FIBROSIS | | |
| BREZTRI AEROSPHERE INHALER | 2 | QL |
| TRELEGY ELLIPTA | 2 | QL |
| CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES - DRUGS FOR CYSTIC FIBROSIS | | |
| BETHKIS | 3 | QL; MS; S |
| KITABIS PAK | 3 | MS; S |
| TOBI | 3 | MS; S |
| TOBI PODHALER | 3 | QL; MS; S |
| tobramycin in 0.225 % nacl | 1 | MS; S |
| tobramycin inhalation | 1 | QL; MS; S |
| TOBRAMYCIN WITH NEBULIZER | 3 | MS; S |
| CYSTIC FIBROSIS - INHALED MONOBACTAMS - DRUGS FOR CYSTIC FIBROSIS | | |
| CAYSTON | 3 | MS; S |
| CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR - DRUGS FOR CYSTIC FIBROSIS | | |
| KALYDECO | 3 | PA; QL; MS; S |
| CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB - DRUGS FOR CYSTIC FIBROSIS | | |
| ORKAMBI | 3 | PA; QL; MS; S |
| SYMDEKO | 3 | PA; QL; MS; S |
| TRIKAFTA | 3 | PA; QL; MS; S |
| LUNG SURFACTANTS - DRUGS FOR THE LUNGS | | |
| CUROSURF | 3 | |
| MUCOLYTICS - DRUGS FOR THE LUNGS | | |
| acetylcysteine | 1 | |
| PULMOZYME | 3 | MS; S |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| NASAL ANTICHOLINERGICS - ALLERGY | | |
| ipratropium bromide nasal | 1 | |
| NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS - ALLERGY | | |
| azelastine-fluticasone | 1 | PA; QL |
| DYMISTA | 3 | PA; QL |
| RYALTRIS | 3 | PA; QL |
| NASAL ANTIHISTAMINES - ALLERGY | | |
| azelastine nasal spray,non-aerosol 137 mcg (0.1 %) | 1 | |
| azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) | 1 | QL |
| olopatadine nasal | 1 | QL |
| NASAL CORTICOSTEROIDS - ALLERGY | | |
| flunisolide | 1 | QL |
| fluticasone propionate nasal | 1 | |
| mometasone nasal | 1 | |
| OMNARIS | 3 | QL |
| QNASL | 2 | QL |
| XHANCE | 3 | QL |
| ZETONNA | 3 | QL |
| NASAL PREPARATIONS - NICOTINIC RECEPTOR PARTIAL AGONIST - DRUGS FOR THE NOSE | | |
| TYRVAYA | 3 | QL |
| NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| bromfed dm | 1 | |
| brompheniramine-pseudoeph-dm | 1 | |
| NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| promethazine-dm | 1 | |
| OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| hydrocodone-chlorpheniramine | 1 | QL |
| promethazine-codeine | 1 | |
| TUXARIN ER | 3 | |
| OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| HYCODAN | 3 | ST |
| HYCODAN (WITH HOMATROPINE) | 3 | |
| hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml | 1 | |
| hydrocodone-homatropine oral tablet | 1 | |
| hydromet | 1 | |
| OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS - DRUGS FOR COUGH AND COLD | | |
| codeine-guaifenesin oral liquid 10-100 mg/5 ml | 1 | |
| CODITUSSIN AC | 3 | |
| g tussin ac | 1 | |
| guaifenesin-codeine 100-10 mg/5 ml cup | 3 | |
| GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP | 3 | |
| GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP | 3 | |
| guaifenesin-codeine 200-20 mg/10 ml cup (otc) | 3 | |
| GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP | 3 | |
| PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY - DRUGS FOR THE LUNGS | | |
| ESBRIET | 3 | PA; QL; MS; S |
| pirfenidone oral capsule | 1 | PA; QL; MS; S |
| pirfenidone oral tablet 267 mg, 801 mg | 1 | PA; QL; MS; S |
| PIRFENIDONE ORAL TABLET 534 MG | 3 | PA; QL; S |
| PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS - DRUGS FOR THE LUNGS | | |
| OFEV | 2 | PA; QL; MS; S |
| VAGINAL PRODUCTS - DRUGS FOR WOMEN | | |
| VAGINAL ANTIBACTERIAL - LINCOSAMIDES - DRUGS FOR INFECTIONS | | |
| CLEOCIN VAGINAL | 3 | |
| clindamycin phosphate vaginal | 1 | |
| CLINDESSE | 3 | |
| XACIATO | 3 | |
| VAGINAL ANTIFUNGAL - IMIDAZOLES - DRUGS FOR INFECTIONS | | |
| GYNAZOLE-1 | 3 | |
| miconazole-3 vaginal suppository | 1 | |
| VAGINAL ANTIFUNGAL - TRIAZOLES - DRUGS FOR INFECTIONS | | |
| terconazole | 1 | |
| VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES - DRUGS FOR INFECTIONS | | |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram) | 1 | |
| NUVESSA | 3 | QL |
| vandazole | 1 | |
| VAGINAL ANTISEPTIC MIXTURES - DRUGS FOR INFECTIONS | | |
| FEM PH | 3 | |
| RELAGARD | 3 | |
| VAGINAL ESTROGENS - DRUGS FOR WOMEN | | |
| ESTRACE VAGINAL | 3 | |
| estradiol vaginal | 1 | |
| ESTRING | 3 | ST |
| FEMRING | 3 | |
| PREMARIN VAGINAL | 2 | |
| VAGIFEM | 3 | |
| yuvaferm | 1 | |
| VAGINAL PROGESTINS - DRUGS FOR WOMEN | | |
| CRINONE VAGINAL GEL 4 % | 3 | |
| WEIGHT LOSS/GAIN AGENTS | | |
| ANTI-OBESITY - DUAL GIP AND GLP-1 RECEPTOR AGONISTS | | |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL |
| WEIGHT LOSS/GAIN AGENTS - DRUGS FOR EATING DISORDERS | | |
| ANOREXIANT COMBINATIONS - DRUGS FOR EATING DISORDERS | | |
| QSYMIA | 3 | PA; QL |
| ANOREXIANTS - DRUGS FOR EATING DISORDERS | | |
| ADIPEX-P ORAL TABLET | 3 | |
| benzphetamine | 1 | |
| diethylpropion | 1 | |
| LOMAIRA | 3 | |

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| Product Description | Tier | Limits/Restrictions/Notes |
|--|------|---------------------------|
| phendimetrazine tartrate | 1 | |
| phentermine | 1 | |
| ANTI-OBESITY - FAT ABSORPTION DECREASING AGENTS - DRUGS FOR EATING DISORDERS | | |
| ORLISTAT | 3 | PA; QL |
| XENICAL | 3 | PA; QL |
| ANTI-OBESITY - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS - DRUGS FOR EATING DISORDERS | | |
| SAXENDA | 3 | PA; QL |
| WEGOVY | 3 | PA; QL |
| ANTI-OBESITY - MELANOCORTIN 4 (MC4) RECEPTOR AGONIST - DRUGS FOR EATING DISORDERS | | |
| IMCIVREE | 3 | PA; QL; S |
| ANTI-OBESITY-OPIOID ANTAG/NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBIT - DRUGS FOR EATING DISORDERS | | |
| CONTRACE | 3 | PA; QL |
| APPETITE STIMULANTS - CANNABINOIDS - DRUGS FOR EATING DISORDERS | | |
| dronabinol | 1 | |
| MARINOL | 3 | |
| SYNDROS | 3 | PA |
| APPETITE STIMULANTS - PROGESTIN HORMONE TYPE - DRUGS FOR EATING DISORDERS | | |
| megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) | 1 | |

*For benefits that include Patient Protection and Affordable Care Act (PPACA) coverage. For all other benefits, the listed tier applies.

Index

| | | | | | |
|--|---------------|-------------------------------------|-----------------|-------------------------------------|----------|
| 1ST TIER UNIFINE PENTIPS..... | 140, 152 | ACULAR LS..... | 182 | AFTERA..... | 70 |
| 1ST TIER UNIFINE PENTIPS PLUS..... | 140, 152 | ACUVAIL (PF)..... | 182 | AGAMATRIX AMP GLUC MONITOR SYS..... | 131, 153 |
| 2-IN-1 LANCET DEVICE..... | 130, 152 | acyclovir..... | 23, 76 | AGAMATRIX AMP TEST STRIPS..... | 127, 153 |
| 2TEK CONTROL (HIGH-NORMAL)..... | 130, 152 | ACZONE..... | 71 | AGAMATRIX CONTROL HIGH..... | 131, 153 |
| 2TEK GLUCOSE/BLOOD PRESSURE..... | 129, 130, 152 | ADACEL(TDAP ADOLESN/ADULT)(PF)..... | 34 | AGAMATRIX CONTROL NORM-HI..... | 131, 153 |
| 5-HYDROXYTRYPTOPHAN (5-HTP)..... | 5 | ADALIMUMAB-AACF..... | 8, 10, 114, 115 | AGAMREE..... | 104 |
| abacavir..... | 20 | ADALIMUMAB-AACF(CF) PEN CROHNS..... | 9, 10, 115 | AGRYLIN..... | 122 |
| abacavir-lamivudine..... | 20 | ADALIMUMAB-AACF(CF) PEN PS-UV..... | 9, 10, 115 | AIMOVIQ AUTOINJECTOR..... | 60 |
| ABILIFY..... | 55, 58 | ADALIMUMAB-AATY..... | 9, 10, 115 | AIMSCO LATEX CONDOM..... | 144, 153 |
| ABILIFY ASIMTUFIIL..... | 54 | ADALIMUMAB-ADAZ (SANDOZ)..... | 9, 10, 115 | AIRDUO RESPICLICK..... | 189 |
| ABILIFY MAINTENA..... | 54 | adalimumab-adbm..... | 9, 10, 115 | AIRSUPRA..... | 189 |
| ABILIFY MYCITE MAINTENANCE KIT..... | 54, 58 | ADALIMUMAB-ADBM..... | 9, 10, 115 | AIRZONE PEAK FLOW METER..... | 149, 153 |
| ABILIFY MYCITE STARTER KIT..... | 55, 58 | ADALIMUMAB-ADBM(CF) PEN CROHNS..... | 9, 10, 115 | AJOVY AUTOINJECTOR..... | 60 |
| abiraterone..... | 26, 27 | ADALIMUMAB-ADBM(CF) PEN PS-UV..... | 9, 10, 115 | AJOVY SYRINGE..... | 60 |
| ABRILADA(CF)..... | 8, 10, 114 | ADALIMUMAB-FKJP..... | 9, 10, 115 | AKEEGA..... | 26 |
| ABRILADA(CF) PEN..... | 8, 10, 114 | adapalene..... | 72 | AKLIEF..... | 72 |
| ABRYSVO (PF)..... | 32 | ADAPALENE..... | 72 | AKTEN (PF)..... | 183 |
| ABSORICA..... | 71 | adapalene-benzoyl peroxide..... | 72 | AKYZEO (NETUPITANT)..... | 110 |
| ABSORICA LD..... | 71 | ADBRY..... | 73 | ala-cort..... | 77 |
| acamprosate..... | 63 | ADCIRCA..... | 45 | ALA-SCALP..... | 77 |
| ACANYA..... | 72 | ADDERALL..... | 55, 58, 62 | albendazole..... | 17 |
| acarbose..... | 100 | ADDERALL XR..... | 55, 58 | ALBUTEROL SULFATE..... | 188 |
| ACCOLATE..... | 187 | ADDYI..... | 59 | albuterol sulfate..... | 188 |
| ACCRUFER..... | 88 | adefovir..... | 22 | ALCAINE..... | 183 |
| ACCU-CHEK AVIVA CONTROL SOLN..... | 130, 152 | ADEMPAS..... | 45 | alclometasone..... | 77 |
| ACCU-CHEK AVIVA PLUS TEST STRP..... | 126, 152 | ADIPEX-P..... | 191 | ALCOH-GLOVE..... | 32, 130 |
| ACCU-CHEK FASTCLIX LANCET DRUM..... | 130, 152 | ADJUSTABLE LANCING DEVICE..... | 130, 153 | alcohol pads..... | 32 |
| ACCU-CHEK FASTCLIX LANCING DEV..... | 130, 152 | ADLARITY..... | 65 | ALCOHOL PREP PADS..... | 32 |
| ACCU-CHEK GUIDE GLUCOSE METER..... | 130, 152 | ADMELOG SOLOSTAR U-100 INSULIN..... | 107 | ALCOHOL SWABS..... | 32 |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL..... | 130, 152 | ADMELOG U-100 INSULIN LISPRO..... | 107 | alcohol swabs..... | 32 |
| ACCU-CHEK GUIDE ME GLUCOSE MTR..... | 130, 152 | adrenalin..... | 42, 43 | ALCOHOL WIPES..... | 32 |
| ACCU-CHEK GUIDE TEST STRIPS..... | 126, 152 | adthyza..... | 109 | ALCOH-WIPE..... | 32, 130 |
| ACCU-CHEK SAFE-T-PRO..... | 130, 152 | ADTHYZA..... | 109 | ALDACTONE..... | 36, 43 |
| ACCU-CHEK SAFE-T-PRO PLUS..... | 130, 152 | adult aspirin regimen..... | 14, 123 | ALECENSA..... | 27 |
| ACCU-CHEK SMARTVIEW CONTRL SOL..... | 130, 152 | ADVAIR DISKUS..... | 189 | alendronate..... | 103 |
| ACCU-CHEK SMARTVIEW TEST STRIP..... | 126, 152 | ADVAIR HFA..... | 189 | ALFAMINO INFANT..... | 85 |
| ACCU-CHEK SOFT DEV LANCETS..... | 130, 153 | ADVANCED GLUC METER TEST STRIP..... | 126, 153 | ALFAMINO JUNIOR..... | 91 |
| ACCU-CHEK SOFTCLIX LANCETS..... | 130, 153 | ADVANCED GLUCOSE METER..... | 130, 153 | ALFERON N..... | 79 |
| ACCPRIIL..... | 36 | ADVANCED LANCING DEVICE..... | 130, 153 | alfuzosin..... | 118 |
| ACCURETIC..... | 35 | ADVANCED TRAVEL LANCETS..... | 130, 153 | ALINIA..... | 19 |
| accutane..... | 71 | ADVANTAGE WITH IRON..... | 85 | aliskiren..... | 45 |
| ACCU-TREND GLUCOSE CONTROL..... | 130, 153 | ADVANTAGE WITH IRON NON-GMO..... | 85 | ALKALINE BATTERIES..... | 131, 153 |
| ACCU-TREND GLUCOSE TEST STRIPS..... | 126, 153 | ADVOCATE LANCET..... | 130, 153 | ALKERAN..... | 26 |
| ACE AEROSOL CLOUD ENHANCER..... | 149, 153 | ADVOCATE LANCING DEVICE..... | 130, 153 | ALKINDI SPRINKLE..... | 104 |
| acebutolol..... | 41 | ADVOCATE PEN NEEDLE..... | 140, 153 | ALLERGIST TRAY 1/2 ML 27GX3/8"..... | 145, 153 |
| ACERFLEX..... | 90 | ADVOCATE REDI-CODE PLUS..... | 126, 130, 153 | ALLERGIST TRAY INTRADERMAL BEV..... | 145, 153 |
| ACETADOTE..... | 15 | ADVOCATE REDI-CODE PLUS CTRL L..... | 131, 153 | ALLERGY SYRINGE..... | 145, 153 |
| acetaminophen-caff-dihydrocod 320.5-30-16 mg.... | 7 | ADVOCATE REDI-CODE+ CTRL HIGH..... | 131, 153 | allopurinol..... | 120 |
| acetaminophen-codeine..... | 7 | ADVOCATE SYRINGES..... | 140, 153 | ALLOPURINOL..... | 120 |
| acetazolamide..... | 43 | ADYPHREN..... | 42 | almotriptan malate..... | 60 |
| acetic acid..... | 185 | ADZENYS XR-ODT..... | 55, 58 | ALOCRIIL..... | 183 |
| acetylcysteine..... | 15, 189 | AEMCOLO..... | 24 | ALOGLIPTIN..... | 101 |
| ACIPHEX..... | 111 | AEROCHAMBER MECHANICAL VENT..... | 149, 153 | ALOGLIPTIN-METFORMIN..... | 102 |
| acitretin..... | 75 | AEROCHAMBER MINI..... | 149, 153 | ALOGLIPTIN-PIOGLITAZONE..... | 102 |
| ACTEMRA..... | 11 | AEROCHAMBER MV..... | 149, 153 | ALOMIDE..... | 184 |
| ACTEMRA ACTPEN..... | 11 | AEROCHAMBER PLUS FLOW-VU..... | 149, 153 | alosetron..... | 113, 116 |
| ACTHAR..... | 99 | AEROCHAMBER PLUS FLOW-VU,L MSK..... | 149, 153 | ALPHAGAN P..... | 184 |
| ACTHAR SELFJECT..... | 99 | AEROCHAMBER PLUS FLOW-VU,M MSK..... | 149, 153 | alprazolam..... | 46, 56 |
| ACTHIB (PF)..... | 34 | AEROCHAMBER PLUS FLOW-VU,S MSK..... | 149, 153 | alprazolam intensol..... | 46, 56 |
| ACTICARNITINE SF..... | 82 | AEROCHAMBER PLUS Z STAT LG MSK..... | 149, 153 | ALREX..... | 182 |
| ACTICLATE..... | 25 | AEROCHAMBER PLUS Z STAT MD MSK..... | 149, 153 | ALTABAX..... | 74 |
| ACTI-LANCE LANCETS..... | 130, 153 | AEROCHAMBER PLUS Z STAT SM MSK..... | 149, 153 | ALTACE..... | 36 |
| ACTIMMUNE..... | 18 | AEROCHAMBER Z-STAT PLUS-FLW SG..... | 149, 153 | altavera (28)..... | 66 |
| ACTIVE Q..... | 5 | AEROGEAR ACTION ASTHMA KIT..... | 149, 153 | ALTERNATE SITE LANCET..... | 131, 153 |
| ACTIVELLA..... | 103 | AEROTRACH PLUS..... | 149, 153 | ALTERNATE SITE LANCING DEVICE..... | 131, 153 |
| ACTIVESSENTIALS..... | 83 | AEROVENT PLUS..... | 149, 153 | ALTOPREV..... | 39 |
| ACTIVESSENTIALS FOR WOMEN..... | 83 | AFINITOR..... | 29 | ALTRENO..... | 72 |
| ACTIVESSENTIALS-CALCIUM..... | 83 | AFINITOR DISPERZ..... | 29 | ALUNBRIG..... | 27 |
| ACTIVESSENTIALS-ONCOPLEX-D3..... | 83 | afirmelle..... | 66 | ALVAIZ..... | 123 |
| ACTONEL..... | 103 | AFLURIA TRIV 2024-2025..... | 34 | ALVESCO..... | 187 |
| ACTOPLUS MET..... | 102 | AFLURIA TRIV 2024-2025 (PF)..... | 34 | alvimopan..... | 16 |
| ACTOS..... | 107 | AFREZZA..... | 106 | alyacen 1/35 (28)..... | 66 |
| ACULAR..... | 182 | after pill..... | 70 | alyacen 7/7/7 (28)..... | 69 |

| | | | | | |
|---------------------------------|------------|--------------------------------|----------|----------------------------------|----------|
| alyq | 45 | ARAVA | 12 | aurovela 1.5/30 (21) | 66 |
| amantadine hcl | 52 | ARAZLO | 72 | aurovela 1/20 (21) | 66 |
| AMBIEN | 63 | ARCALYST | 8 | aurovela 24 fe | 66 |
| AMBIEN CR | 63 | AREXVY (PF) | 32 | aurovela fe 1.5/30 (28) | 66 |
| ambrisentan | 45 | arformoterol | 188 | aurovela fe 1-20 (28) | 66 |
| amcinonide | 77 | ARGUMENT AT | 5 | AURYXIA | 88, 118 |
| AMELUZ | 79 | ARGINAID | 83 | AUSTEDO | 61 |
| amethia | 65 | ARGININE (L-ARGININE) | 82 | AUSTEDO XR | 61 |
| amethyst (28) | 66 | ARICEPT | 65 | AUSTEDO XR TITRATION KT(WK1-4) | 61 |
| AMICAR | 122 | ARIKAYCE | 16 | AUTOJECT 2 INJECTION DEVICE | 140, 154 |
| amiloride | 44 | ARIMIDEX | 28 | AUTO-LANCET MINI | 131, 154 |
| amiloride-hydrochlorothiazide | 44 | aripiprazole | 55, 58 | AUTOLET IMPRESSION LANC DEV | 131, 154 |
| aminocaproic acid | 122 | ARISTADA | 55 | AUTOLET LANCING DEVICE | 131, 154 |
| amiodarone | 38 | ARISTADA INITIO | 55 | AUTOPEN 1 TO 21 UNITS | 140, 154 |
| AMITIZA | 113, 116 | ARIXTRA | 122 | AUTOPEN 2 TO 42 UNITS | 140, 154 |
| amitriptyline | 51 | armodafinil | 62 | AUTOSOFT 30 | 151, 154 |
| amitriptyline-chlordiazepoxide | 51, 56 | ARMOUR THYROID | 109 | AUTOSOFT 90 | 151, 154 |
| AMJEVITA(CF) | 9, 10, 115 | ARNUIY ELLIPTA | 187 | AUTOSOFT XC INFUSION SET 23" | 152, 154 |
| AMJEVITA(CF) AUTOINJECTOR | 9, 10, 115 | AROMASIN | 28 | AUTOSOFT XC INFUSION SET 32" | 152, 154 |
| amlodipine | 42 | ARTHROTEC 50 | 12 | AUTOSOFT XC INFUSION SET 43" | 152, 154 |
| amlodipine-atorvastatin | 40 | ARTHROTEC 75 | 12 | AUVELITY | 50 |
| amlodipine-benazepril | 35 | ascomp with codeine | 7 | AUVI-Q | 42 |
| amlodipine-olmesartan | 36 | asenapine maleate | 53, 58 | AVALIDE | 37 |
| amlodipine-valsartan | 36 | ashlyna | 65 | AVAPRO | 37 |
| amlodipine-valsartan-hcthiiazid | 37 | ASMANEX HFA | 187 | aviane | 66 |
| amnesteem | 71 | ASMANEX TWISTHALER | 187 | avidoxy | 25 |
| amoxapine | 51 | ASPIRIN | 14, 123 | AVITENE | 122 |
| amoxicil-clarithromy-lansopraz | 113 | aspirin | 14, 123 | AVODART | 118 |
| amoxicillin | 16 | ASPIRIN CHILDRENS | 14, 123 | AVONEX | 180 |
| amoxicillin-pot clavulanate | 16 | aspirin-dipyridamole | 122 | ayuna | 66 |
| amphetamine sulfate | 55, 59, 62 | ASPIRIN-OMEPRAZOLE | 123 | AYVAKIT | 30 |
| amphotericin b | 17 | ASPRUZYO SPRINKLE | 38 | AZASAN | 11, 124 |
| AMPHOTERICIN B (BULK) | 17, 64 | ASSURE 4 CONTROL SOLUTION | 131, 154 | AZASITE | 184 |
| ampicillin | 16 | ASSURE 4 STRIPS | 127, 154 | azathioprine | 11, 124 |
| AMPYRA | 180 | ASSURE DOSE NORMAL CONTROL | 131, 154 | azelaic acid | 71, 79 |
| AMRIX | 125 | ASSURE DOSE NORM-HI CONTROL | 131, 154 | azelastine | 182, 190 |
| AMZEEQ | 71 | ASSURE ID DUO PRO SFTY PEN NDL | 140, 154 | azelastine-fluticasone | 190 |
| ANACAINE | 80 | ASSURE ID PEN NEEDLE | 140, 154 | AZELEX | 71, 79 |
| ANAFRANIL | 51 | ASSURE ID PRO PEN NEEDLE | 140, 154 | AZILECT | 52 |
| anagrelide | 123 | ASSURE LANCE | 131, 154 | azithromycin | 23 |
| ANA-LEX KIT | 15 | ASSURE LANCE PLUS | 131, 154 | AZOPT | 183 |
| ANALPRAM-HC | 15, 78 | ASSURE PLATINUM GLUCOSE METER | 131, 154 | AZOR | 36 |
| ANAPROX DS | 13 | ASSURE PLATINUM TEST STRIP | 127, 154 | AZSTARVY | 55 |
| ANASPAZ | 112, 119 | ASSURE PRISM CONTROL 1-2 SOLN | 131, 154 | AZULFIDINE | 12, 114 |
| ANASTIA | 80 | ASSURE PRISM MULTI METER | 131, 154 | AZULFIDINE EN-TABS | 12, 114 |
| anastrozole | 27 | ASSURE PRISM MULTI STRIP | 127, 154 | azurette (28) | 65 |
| ANCOBON | 17 | ASTAGRAF XL | 124 | B COMPLEX 1 (WITH FOLIC ACID) | 82 |
| ANDROGEL | 100 | ASTHMA CHECK METER | 149, 154 | B COMPLEX-VITAMIN C-FOLIC ACID | 82 |
| ANGELIQ | 103 | ASTHMAPACK CHILDREN'S | 149, 154 | BABY'S ONLY ORG LACTORELIEF | 83 |
| ANGINOX | 5 | ATACAND | 37 | BABY'S ONLY ORGANIC DAIRY | 83 |
| ANNOVERA | 70 | ATACAND HCT | 37 | BABY'S ONLY ORGANIC DAIRY WHEY | 83 |
| ANORO ELLIPTA | 188 | atazanavir | 24 | BABY'S ONLY ORGANIC SOY | 83 |
| ANTIVERT | 110 | ATELVIA | 103 | bacitracin | 184 |
| ANUSOL-HC | 15, 77 | atenolol | 40 | bacitracin-polymyxin b | 184 |
| APETIBEX | 83 | atenolol-chlorthalidone | 42 | BACLOFEN | 125 |
| APEXICON E | 77 | ATIVAN | 46, 56 | baclufen | 125 |
| APIDRA SOLOSTAR U-100 INSULIN | 107 | atomoxetine | 56 | BACTRIM | 17 |
| APIDRA U-100 INSULIN | 107 | ATORVALIQ | 39 | BACTRIM DS | 17 |
| APLENZIN | 51 | atorvastatin | 39 | BAFIERTAM | 180 |
| APOKYN | 52 | atovaquone | 19 | BALANCE B-50 (WITH FOLIC ACID) | 82 |
| apomorphine | 53 | atovaquone-proguanil | 18 | BALANCED B-100 | 82 |
| apraclonidine | 184 | ATP IGNITE WORKOUT | 5 | bal-care dha | 97 |
| aprepitant | 110 | ATRALIN | 72 | BAL-CARE DHA ESSENTIAL | 97 |
| apri | 66 | ATRIPLA | 20 | BALCOLTRA | 66 |
| APRISO | 114 | atropine | 181, 182 | balsalazide | 114 |
| APTENSIO XR | 55 | ATROPINE SULFATE (PF) | 182 | BALVERSA | 28 |
| APTIOM | 48 | ATROVENT HFA | 188 | balziva (28) | 66 |
| APTIVUS | 24 | AUBAGIO | 181 | BANZEL | 49 |
| AQINJECT PEN NEEDLE | 140, 153 | aubra | 66 | BAQSIMI | 99 |
| AQNEURSA | 177 | aubra eq | 66 | BARACLUDE | 22 |
| AQUA LANCE LANCING DEVICE | 131, 153 | AUGMENTIN | 16 | BASAGLAR KWIKPEN U-100 INSULIN | 106 |
| ARAKODA | 18 | AUGMENTIN ES-600 | 16 | BASAGLAR TEMPO PEN(U-100)INSULIN | 106 |
| aranelle (28) | 69 | AUGMENTIN XR | 17 | BAXDELA | 22 |
| ARANESP (IN POLYSORBATE) | 121 | AUGTYRO | 30 | bayer low dose aspirin | 14, 123 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|----------|--------------------------------------|-------------|
| BCAD 1 | 85, 90, 91 | BEPREVE | 182 | BREATHERITE SPACER-MASK,CHILD | 150, 156 |
| BCAD 2 | 90 | BERINERT | 121 | BREATHERITE SPACER-MASK,INFANT | 150, 156 |
| B-COMPLEX WITH VITAMIN C | 82 | BESIVANCE | 184 | BREATHERITE SPACER-MASK,S.CHLD | 150, 156 |
| BD ALCOHOL SWABS | 32 | BESREMI | 29 | BREATHERITE VALVED MDI CHAMBER | 150, 156 |
| BD ALLERGY SYRINGE | 145, 154 | betaine | 178 | BREATHERITE VALVED MDI SPACER | 150, 156 |
| BD AUTOSHIELD DUO PEN NEEDLE | 140, 154 | betamethasone dipropionate | 77 | BREEZE 2 CONTROL SOLUTION, LOW | 131, 156 |
| BD BLUNT PLASTIC CANNULA | 145, 154 | betamethasone valerate | 77 | BREEZE 2 CONTROL SOLUTION, NML | 131, 156 |
| BD BULK SYRINGE SLIP TIP | 145, 154 | betamethasone, augmented | 77 | BREEZE 2 CONTROL SOLUTION,HIGH | 131, 156 |
| BD ECLIPSE | 145, 154 | BETAPACE | 38, 41 | BREO ELLIPTA | 189 |
| BD ECLIPSE LUER-LOK | 140, 145, 154 | BETAPACE AF | 38, 41 | BREXAFEMME | 17 |
| BD FILTER NEEDLE 5-MICRON NOKO | 145, 154 | BETASERON | 180 | breyana | 189 |
| BD FILTER NEEDLE-5 MICRON | 145, 154 | betaxolol | 40, 183 | BREZTRI AEROSPHERE | 189 |
| BD INSULIN SYRINGE (HALF UNIT) | 140, 154 | bethanechol chloride | 120 | brIELlyn | 66 |
| BD INSULIN SYRINGE U-500 | 140, 154 | BETHKIS | 189 | BRIGHT BEGINNINGS SOY | 83 |
| BD INSULIN SYRINGE ULTRA-FINE | 140, 154 | BETIMOL | 183 | BRILINTA | 122 |
| BD INTEGRA NEEDLE | 145, 154 | BETOPTIC S | 183 | brimonidine | 79, 184 |
| BD INTEGRA SYRINGE | 145, 154 | BEVESPI AEROSPHERE | 188 | brimonidine-timolol | 183 |
| BD INTERLINK BLUNT PLASTIC CAN | 145, 154 | bexarotene | 31, 75 | brinzolamide | 183 |
| BD INTERLINK SYRINGE | 145, 154 | BEXSERO | 34 | BRIVIACT | 49 |
| BD INTRADERMAL BEVEL NEEDLES | 145, 154 | BEYAZ | 66 | BRIXADI | 63 |
| BD LO-DOSE MICRO-FINE IV | 140, 154 | BEYFORTUS | 33 | bromfed dm | 190 |
| BD LUER-LOK BULK SYRINGE | 145, 154 | bicalutamide | 27 | bromfenac | 183 |
| BD LUER-LOK SYRINGE | 145, 155 | BIDIL | 45 | bromocriptine | 52 |
| BD LUER-LOK TIP CONTROL SYRING | 145, 155 | BIGFOOT UNITY | 131, 155 | brompheniramine-pseudoeph-dm | 190 |
| BD MICROTAINER LANCET | 131, 155 | BIJUVA | 103 | BROMSITE | 183 |
| BD NANO 2ND GEN PEN NEEDLE | 140, 155 | BIKTARVY | 20 | BROVANA | 188 |
| BD NOKOR ADMIX NEEDLE | 145, 155 | BILTRICIDE | 17 | BRUKINSA | 28, 30 |
| BD PRECISIONGLIDE | 145, 155 | bimatoprost | 185 | BRYHALI | 76, 77 |
| BD PRECISIONGLIDE NON-STERILE | 145, 155 | BIMZELX | 73 | budesonide | 114, 187 |
| BD Q-SYTE MDV ADAPTER | 149, 155 | BIMZELX AUTOINJECTOR | 73 | budesonide-formoterol | 189 |
| BD Q-SYTE SPLIT-SEPT DEVICE | 149, 155 | BINOSTO | 103 | BULLSEY MINI SAFETY LANCETS | 131, 156 |
| BD QUINCKE SPINAL NEEDLE | 145, 155 | BIONIME RIGHTEST GM300 SYSTEM | 131, 155 | bumetanide | 43 |
| BD REGULAR BEVEL NEEDLES | 145, 155 | BIONIME RIGHTEST TEST STRIPS | 127, 155 | BUPHENYL | 178 |
| BD SAFETYGLIDE ALLERGIST TRAY | 145, 155 | BIOTEL CARE BGM-4 METER | 131, 155 | buprenorphine | 8 |
| BD SAFETYGLIDE INSULIN SYRINGE | 140, 155 | BISACODYL | 117 | buprenorphine hcl | 63 |
| BD SAFETYGLIDE NEEDLE | 145, 155 | bismuth subcit k-metronidz-tcn | 113 | buprenorphine-naloxone | 63 |
| BD SAFETYGLIDE SHIELDING REG | 145, 155 | bisoprolol fumarate | 40 | bupropion hcl | 51 |
| BD SAFETYGLIDE SYRINGE | 140, 145, 155 | bisoprolol-hydrochlorothiazide | 42 | BUPROPION HCL | 51 |
| BD SAFETYGLIDE TB REG BEVEL | 145, 155 | blisovi 24 fe | 66 | bupropion hcl (smoking deter) | 63 |
| BD SLIP TIP SYRINGE | 145, 155 | blisovi fe 1.5/30 (28) | 66 | bupirone | 46 |
| B-D SLIP TIP SYRINGE | 146, 155 | blisovi fe 1/20 (28) | 66 | butalbital-acetaminop-caf-cod | 7 |
| BD SPECIALTY USE NEEDLES | 146, 155 | BLOOD GLUCOSE CONTRL HI,NORMAL | 131, 155 | butalbital-acetaminophen | 8 |
| BD SYRINGE | 146, 155 | BLOOD GLUCOSE CONTROL, NORMAL | 131, 156 | butalbital-acetaminophen-caff | 8 |
| BD SYRINGE CATH TIP NONSTERILE | 146, 155 | BLOOD GLUCOSE MONITORING | 131, 156 | butalbital-aspirin-caffeine | 14 |
| BD SYRINGE CATHETER TIP | 146, 155 | BLOOD GLUCOSE TEST | 127, 156 | butorphanol | 8 |
| BD SYRINGE LUER-LOK NONSTERILE | 146, 155 | BLOOD-GLUCOSE METER | 131, 156 | BUTRANS | 8 |
| BD SYRINGE LUER-LOK STERILE | 146, 155 | BLUES AWAY POSTPARTUM SUPPORT | 5 | BUTTERFLY TOUCH LANCET | 131, 156 |
| BD SYRINGE SLIP TIP NONSTERILE | 146, 155 | BLULINK BG SYSTEM REFILL | 131, 156 | BYDUREON BCISE | 101 |
| BD SYRINGE-DUAL CANNULA | 146, 155 | BLULINK DIABETIC TEST BUNDLE | 131, 156 | BYETTA | 101 |
| BD TUBERCULIN SLIP-TIP | 146, 155 | BLULINK GLUCOSE MONITOR SYSTEM | 131, 156 | BYLVAY | 124 |
| BD TUBERCULIN SYRINGE | 146, 155 | BLULINK GLUCOSE TEST STRIP | 127, 156 | BYSTOLIC | 41 |
| BD ULTRA-FINE MICRO PEN NEEDLE | 140, 155 | BLUNT NEEDLE, DISPOSABLE | 146, 156 | cabergoline | 108 |
| BD ULTRA-FINE MINI PEN NEEDLE | 140, 155 | BONJESTA | 110 | CABLIVI | 120 |
| BD ULTRA-FINE NANO PEN NEEDLE | 140, 155 | BOOST | 83 | CABOMETYX | 29 |
| BD ULTRA-FINE ORIG PEN NEEDLE | 140, 155 | BOOST BREEZE NUTRITIONAL | 83 | CABTREO | 72 |
| BD ULTRA-FINE SHORT PEN NEEDLE | 140, 155 | BOOST GLUCOSE CONTROL | 91 | CADUET | 40 |
| BD VEO INSULIN SYR (HALF UNIT) | 140, 155 | BOOST HIGH PROTEIN | 83 | caffeine citrate | 59 |
| BD VEO INSULIN SYRINGE UF | 140, 155 | boost high protein | 83 | CALCILO XD | 85 |
| BELBUCA | 8 | BOOST KID ESSENTIALS | 83 | calcipotriene | 76 |
| belladonna alkaloids-opium | 113 | BOOST KID ESSENTIALS W-FIBER | 83 | CALCIPOTRIENE | 76 |
| BELSOMRA | 63 | BOOST MAX | 91 | calcipotriene-betamethasone | 73 |
| benazepril | 36 | BOOST PLUS | 83 | calcitonin (salmon) | 103 |
| benazepril-hydrochlorothiazide | 35 | BOOST VHC | 83 | calcitriol | 76, 98, 177 |
| BENECALORIE | 83 | BOOST WOMEN | 83 | calcium acetate(phosphat bind) | 118 |
| BENEPROTEIN | 95 | BOOSTRIX TDAP | 34 | CALQUENCE (ACALABRUTINIB MAL) | 28, 30 |
| BENICAR | 37 | bosentan | 45 | CAMBIA | 13, 14, 60 |
| BENICAR HCT | 37 | BOSULIF | 30 | camila | 68 |
| BENLYSTA | 12 | BRAFTOVI | 28 | camrese | 65 |
| BENZAMYCIN | 72 | BRAINSUSTAIN | 5 | camrese lo | 65 |
| BENZNIDAZOLE | 19 | BRAINSUSTAIN FOR KIDS | 5 | CAMZYOS | 42 |
| benzonatate | 187 | BREAKFAST ESSENTIALS | 83 | CANASA | 114 |
| benzphetamine | 191 | BREATHERITE MDI SPACER | 149, 156 | candesartan | 37 |
| benztropine | 52 | BREATHERITE SPACER-MASK, NEO | 149, 156 | candesartan-hydrochlorothiazid | 37 |
| bepotastine besilate | 182 | BREATHERITE SPACER-MASK,ADULT | 150, 156 | capecitabine | 27 |

| | | | | | |
|-------------------------------------|----------|------------------------------------|--------------|-------------------------------------|---------------|
| CAPEX..... | 77 | cefepodoxime..... | 21 | CITRANATAL B-CALM (FE GLUC)..... | 97 |
| CAPLYTA..... | 53 | cefprozil..... | 21 | CITRANATAL MEDLEY..... | 88 |
| CAPRELSA..... | 30 | cefuroxime axetil..... | 21 | CITRATE OF MAGNESIA..... | 116 |
| captopril..... | 36 | CELEBREX..... | 12 | CITROMA..... | 116 |
| captopril-hydrochlorothiazide..... | 36 | celecoxib..... | 12 | CITRULLINE 1000..... | 82 |
| CARAC..... | 75 | CELEXA..... | 50 | claravis..... | 71 |
| CARAFATE..... | 117 | CELLCEPT..... | 11, 124 | CLARINEX..... | 186 |
| CARBAGLU..... | 178 | CELONTIN..... | 49 | CLARINEX-D 12 HOUR..... | 185 |
| carbamazepine..... | 48, 57 | CENTANY..... | 74 | clarithromycin..... | 23 |
| CARBATROL..... | 48, 57 | cephalexin..... | 21 | CLASSIC PRENATAL..... | 97 |
| carbidopa..... | 52 | CEQUA..... | 182 | CLEARLAX..... | 116 |
| carbidopa-levodopa..... | 52 | CEQR SIMPLICITY..... | 151, 157 | clemapine..... | 186 |
| carbidopa-levodopa-entacapone..... | 52 | CEQR SIMPLICITY INSERTER..... | 132, 157 | CLENPIQ..... | 117 |
| carbinoxamine maleate..... | 186 | CERDELGA..... | 178 | CLEOCIN..... | 191 |
| CARBINOXAMINE MALEATE..... | 186 | cetirizine..... | 186 | CLEOCIN HCL..... | 23 |
| CARDIZEM..... | 41 | CETRAXAL..... | 185 | CLEOCIN PEDIATRIC..... | 23 |
| CARDIZEM CD..... | 41 | cetorelix..... | 107 | CLEOCIN T..... | 71 |
| CARDIZEM LA..... | 41 | CETROTIDE..... | 108 | CLEVER CHEK BLOOD GLUCOSE..... | 132, 157 |
| CARDURA..... | 44 | cevimeline..... | 179 | CLEVER CHEK BLOOD GLUCOSE SYST..... | 132, 157 |
| CARDURA XL..... | 44 | charlotte 24 fe..... | 66 | CLEVER CHEK LANCETS..... | 132, 157 |
| CAREFINE PEN NEEDLE..... | 140, 156 | chateal (28)..... | 66 | CLEVER CHOICE BLOOD GLUC SYS..... | 132, 157 |
| CAREONE LANCING DEVICE..... | 131, 156 | chateal eq (28)..... | 66 | CLEVER CHOICE CHAMBER-LRG MASK..... | 150, 157 |
| CAREONE ULTRA THIN LANCET..... | 131, 156 | CHEK-STIX CONTROL..... | 81, 151, 157 | CLEVER CHOICE CHAMBER-MED MASK..... | 150, 157 |
| CAREPOINT LUER LOCK SYRINGE..... | 146, 156 | CHEMET..... | 16 | CLEVER CHOICE CHAMBER-SM MASK..... | 150, 157 |
| CAREPOINT LUER LOCK SYR-NEEDLE..... | 146, 156 | CHEMSTRIP 10 MD..... | 81, 157 | CLEVER CHOICE GLUCOSE MONITOR..... | 132, 157 |
| CAREPOINT LUER SLIP SYRINGE..... | 146, 156 | CHEMSTRIP 10/SG..... | 81, 157 | CLEVER CHOICE LEVEL 1 CONTROL..... | 132, 157 |
| CAREPOINT LUER SLIP SYRING-NDL..... | 146, 156 | CHEMSTRIP 2 GP..... | 81, 157 | CLEVER CHOICE LEVEL 2 CONTROL..... | 132, 157 |
| CAREPOINT PRECISION NEEDLE..... | 146, 156 | CHEMSTRIP 50B..... | 81, 157 | CLEVER CHOICE LEVEL 3 CONTROL..... | 132, 157 |
| CAREPOINT SAFETY LL SYR-NEEDLE..... | 146, 156 | CHEMSTRIP 7..... | 81, 157 | CLEVER CHOICE MICRO..... | 132, 157 |
| CARESENS CONTROL A AND B..... | 131, 156 | CHEMSTRIP 9..... | 81, 157 | CLEVER CHOICE MICRO TEST STRIP..... | 127, 157 |
| CARESENS LANCETS..... | 131, 156 | CHEMSTRIP BG LOG BOOK..... | 132, 157 | CLEVER CHOICE PEAK FLOW METER..... | 149, 157 |
| CARESENS N..... | 131, 156 | CHENODAL..... | 111 | CLEVER CHOICE PRO..... | 127, 132, 157 |
| CARESENS N FELIZ BT GLUC METER..... | 131, 156 | CHICKEN-PEAS-CARROTS..... | 91 | CLEVER CHOICE TALK GLUCOSE SYS..... | 132, 157 |
| CARESENS N FELIZ GLUCOSE METER..... | 131, 156 | CHICKEN-PEAS-CARROTS PED PLUS..... | 91 | CLEVER CHOICE TALK TEST..... | 127, 157 |
| CARESENS N TEST STRIPS..... | 127, 156 | CHICKEN-PEAS-CARROTS PLUS..... | 91 | CLEVER CHOICE TEST STRIPS..... | 127, 157 |
| CARESENS N VOICE..... | 131, 156 | CHILDREN'S ASPIRIN..... | 14, 123 | CLEVER CHOICE VOICE PLUS TEST..... | 127, 157 |
| CARETOUCH ALCOHOL PREP PAD..... | 32 | CHILDREN'S DIARESQ..... | 5 | CLICKFINE PEN NEEDLE..... | 141, 157 |
| CARETOUCH CONTROL SOLN L2-L3..... | 131, 156 | chlordiazepoxide hcl..... | 46, 56 | CLIMARA..... | 104 |
| CARETOUCH GLUCOSE MONITORING..... | 131, 156 | chlordiazepoxide-clidinium..... | 56, 113 | CLIMARA PRO..... | 104 |
| CARETOUCH HYPODERMIC NEEDLE..... | 146, 156 | chlorhexidine gluconate..... | 179 | clindacin..... | 71 |
| CARETOUCH INSULIN SYRINGE..... | 140, 156 | chloroquine phosphate..... | 18 | clindacin etz..... | 71 |
| CARETOUCH LANCING DEVICE..... | 131, 156 | chlorpromazine..... | 54 | clindacin p..... | 71 |
| CARETOUCH LUER LOCK SYRINGE..... | 146, 156 | chlorthalidone..... | 44 | CLINDAGEL..... | 71 |
| CARETOUCH LUER LOCK SYR-NEEDLE..... | 146, 156 | chlorzoxazone..... | 126 | clindamycin hcl..... | 23 |
| CARETOUCH LUER SLIP SYRINGE..... | 146, 156 | CHOLBAM..... | 110 | clindamycin pediatric..... | 23 |
| CARETOUCH PEN NEEDLE..... | 140, 156 | cholestyramine (with sugar)..... | 38 | clindamycin phosphate..... | 71, 191 |
| CARETOUCH SAFETY LANCETS..... | 131, 156 | cholestyramine light..... | 38 | clindamycin-benzoyl peroxide..... | 72 |
| CARETOUCH TEST STRIP..... | 127, 156 | CHOLEXMAX..... | 90 | clindamycin-tretinoin..... | 72 |
| CARETOUCH TWIST LANCET..... | 131, 157 | CHOLEXTRA T-F..... | 90 | CLINDESSE..... | 191 |
| carglumic acid..... | 178 | CHORIONIC GONADOTROPIN, HUMAN..... | 106 | clinpro 5000..... | 179 |
| carisoprodol..... | 126 | CHOSEN LANCET..... | 132, 157 | clobazam..... | 46, 56 |
| carisoprodol-aspirin..... | 125 | CHOSEN LANCING DEVICE..... | 132, 157 | clobetasol..... | 77 |
| carisoprodol-aspirin-codeine..... | 126 | CHOSEN SAFETY LANCET..... | 132, 157 | CLOBETASOL..... | 182 |
| CARNITOR..... | 177 | CIALIS..... | 81, 118 | clobetasol-emollient..... | 77 |
| CARNITOR (SUGAR-FREE)..... | 177 | CIBINQO..... | 73 | CLOBEX..... | 77 |
| CAROSPIR..... | 36, 43 | ciclodan..... | 74 | clocortolone pivalate..... | 77 |
| carteolol..... | 183 | ciclopirox..... | 74 | clodan..... | 77 |
| cartia xt..... | 41 | cilostazol..... | 122 | clomid..... | 104 |
| CARTIA XT..... | 41 | CILOXAN..... | 184 | clomiphene citrate..... | 104 |
| carvedilol..... | 36 | CIMDUO..... | 20 | clomipramine..... | 51 |
| carvedilol phosphate..... | 36 | cimetidine..... | 111 | clonazepam..... | 46, 56 |
| CASODEX..... | 27 | cimetidine hcl..... | 111 | clonidine..... | 43 |
| CATAPRES-TTS-1..... | 43 | CIMZIA..... | 9, 10, 115 | clonidine hcl..... | 43, 55 |
| CATAPRES-TTS-2..... | 43 | CIMZIA STARTER KIT..... | 9, 10, 115 | CLONIDINE HCL..... | 43 |
| CATAPRES-TTS-3..... | 43 | cinacalcet..... | 103 | clopidogrel..... | 123 |
| CAVERJECT..... | 81 | CINRYZE..... | 121 | clorazepate dipotassium..... | 46, 56 |
| CAVERJECT IMPULSE..... | 81 | CIPRO..... | 22 | clotrimazole..... | 179 |
| CAYA CONTOURED..... | 130, 157 | CIPRO HC..... | 185 | clotrimazole-betamethasone..... | 75 |
| CAYSTON..... | 189 | ciprofloxacin..... | 22 | clozapine..... | 53 |
| caziant (28)..... | 69 | ciprofloxacin hcl..... | 22, 184, 185 | CLOZARIL..... | 53 |
| cefaclor..... | 21 | ciprofloxacin-dexamethasone..... | 185 | c-nate dha..... | 97 |
| cefadroxil..... | 21 | CIPROFLOXACIN-FLUOCINOLONE..... | 185 | COAGUCHEK LANCETS..... | 132, 157 |
| cefdinir..... | 21 | CITALOPRAM..... | 50 | COARTEM..... | 18 |
| cefixime..... | 21 | citalopram..... | 50 | COBENFY..... | 45 |

| | | | | | |
|-------------------------------------|----------|------------------------------------|--------------|-------------------------------------|------------|
| COBENFY STARTER PACK..... | 46 | CONTOUR NEXT METER..... | 132, 158 | CYTOLLINE..... | 82 |
| codeine sulfate..... | 5 | CONTOUR NEXT ONE METER..... | 132, 158 | CYTOMEL..... | 109 |
| codeine-butalbital-asa-caff..... | 7 | CONTOUR NEXT TEST STRIPS..... | 127, 158 | CYTO-Q MAX..... | 5 |
| codeine-guaifenesin..... | 190 | CONTOUR PLUS BLUE METER..... | 132, 158 | CYTO-Q T-F..... | 5 |
| CODEINE-GUAIFENESIN..... | 190, 191 | CONTOUR PLUS TEST STRIP..... | 127, 158 | CYTOTEC..... | 112 |
| CODITUSSIN AC..... | 190 | CONTOUR TEST STRIPS..... | 127, 158 | CYTOTINE..... | 83 |
| COLAZAL..... | 114 | CONTRAVE..... | 192 | CYTOTINE MAX..... | 83 |
| colchicine..... | 120 | CONZIP..... | 5 | dabigatran etexilate..... | 123 |
| COLCRYS..... | 120 | COPAXONE..... | 180 | dalfampridine..... | 180 |
| colesevelam..... | 38 | COPIKTRA..... | 30 | DALIRESP..... | 188 |
| COLESTID..... | 39 | CORDRAN..... | 77 | danazol..... | 105 |
| colestipol..... | 39 | CORDRAN TAPE LARGE ROLL..... | 77 | DANTRIUM..... | 126 |
| COLOR LANCETS..... | 132, 157 | COREG..... | 36 | dantrolene..... | 126 |
| COMBIGAN..... | 183 | COREG CR..... | 36 | DAPAGLIFLOZ PROPANED-METFORMIN..... | 101 |
| COMBIPATCH..... | 104 | CORLANOR..... | 44 | DAPAGLIFLOZIN PROPANEDIOL..... | 101 |
| COMBISTIX REAGENT..... | 81, 157 | CORTEF..... | 105 | dapsone..... | 18, 71 |
| COMBIVENT RESPIMAT..... | 188 | CORTENEMA..... | 114 | DAPTACEL (DTAP PEDIATRIC) (PF)..... | 34 |
| COMETRIQ..... | 29 | CORTIFOAM..... | 114 | DARAPRIM..... | 18 |
| COMFORT EZ INSULIN SYRINGE..... | 141, 157 | cortisone..... | 105 | darifenacin..... | 119 |
| COMFORT EZ LANCETS..... | 132, 157 | CORTISPORIN-TC..... | 185 | DARTISLA..... | 112 |
| COMFORT EZ PEN NEEDLES..... | 141, 157 | CORTROPHIN GEL..... | 99 | darunavir..... | 24 |
| COMFORT EZ PRO SAFETY PEN NDL..... | 141, 157 | COSENTYX..... | 73 | dasatinib..... | 30 |
| COMFORT TOUCH PEN NEEDLE..... | 141, 157 | COSENTYX (2 SYRINGES)..... | 73 | dasetta 1/35 (28)..... | 66 |
| COMFORT TOUCH PLUS SAFETY LANC..... | 132, 157 | COSENTYX PEN..... | 73 | dasetta 7/7/7 (28)..... | 69 |
| COMFORT TOUCH ULT THIN LANCETS..... | 132, 158 | COSENTYX PEN (2 PENS)..... | 73 | DAURISMO..... | 28 |
| COMFORTSEAL LARGE MASK..... | 150, 158 | COSENTYX UNOREADY PEN..... | 73 | DAVOL IRRIGATION SYRINGE..... | 146, 158 |
| COMFORTSEAL MEDIUM MASK..... | 150, 158 | COSOPT..... | 183 | DAVOL PISTON IRRIGATION..... | 146, 158 |
| COMFORTSEAL SMALL MASK..... | 150, 158 | COSOPT (PF)..... | 183 | DAYBUE..... | 65 |
| COMIRNATY 2024-25 (12Y UP)(PF)..... | 34 | COTELIC..... | 29 | DAYPRO..... | 13 |
| COMPACT SPACE CHAMBER..... | 150, 158 | COTEMPLA XR-ODT..... | 55 | daysee..... | 66 |
| COMPACT SPACE CHAMBER-LRG MASK..... | 150, 158 | covaryx..... | 103 | DAYTRANA..... | 55 |
| COMPACT SPACE CHAMBER-MED MASK..... | 150, 158 | covaryx h.s..... | 103 | DAYVIGO..... | 63 |
| COMPACT SPACE CHAMBER-SM MASK..... | 150, 158 | COXANTO..... | 13 | DDAVP..... | 100 |
| COMPAZINE..... | 54, 110 | COZAAR..... | 37 | deblitane..... | 68 |
| compazine..... | 110 | CREON..... | 111 | DECUB-AMINE..... | 95 |
| COMPLEAT..... | 91 | CRESEMBA..... | 18 | deferasirox..... | 15 |
| COMPLEAT 1.5..... | 91 | CRESTOR..... | 39 | deferiprone..... | 15 |
| COMPLEAT ORGANIC BLEND CHICKEN..... | 91 | CREXONT..... | 52 | deflazacort..... | 105 |
| COMPLEAT ORGANIC BLENDS PLANT..... | 91 | CRINONE..... | 104, 191 | DELESTROGEN..... | 104 |
| COMPLEAT PED ORG BLEND CHICKEN..... | 91 | cromolyn..... | 29, 184, 187 | DELSTRIGO..... | 20 |
| COMPLEAT PED ORG BLENDS PLANT..... | 91 | CROTAN..... | 80 | DELZICOL..... | 114 |
| COMPLEAT PED STANDARD 1.4..... | 91 | cryselle (28)..... | 66 | demeclocycline..... | 25 |
| COMPLEAT PEDIATRIC..... | 83 | CUPRIMINE..... | 12, 15 | DEM SER..... | 45 |
| COMPLEAT PEDIATRIC PEPTIDE 1.5..... | 91 | curae..... | 70 | DENAVIR..... | 76 |
| COMPLEAT PEDIATRIC REDUCED CAL..... | 83 | CURITY ALCOHOL SWABS..... | 32 | denta 5000 plus..... | 179 |
| COMPLEAT PEDIATRIC STANDARD 1..... | 83 | CUROSURF..... | 189 | denta 5000 plus sensitive..... | 179 |
| COMPLEAT PEPTIDE..... | 91 | CUVPOSA..... | 180 | dentagel..... | 179 |
| COMPLEAT PEPTIDE 1.5..... | 91 | CUVRIOR..... | 15 | DEPAKOTE..... | 47, 57 |
| COMPLEAT STANDARD 1.4..... | 91 | cyancobalamin (vitamin b-12)..... | 98 | DEPAKOTE ER..... | 47, 57, 59 |
| COMPLERA..... | 20 | CYCLINEX-1..... | 85, 96 | DEPAKOTE SPRINKLES..... | 47, 57 |
| COMPLETE AMINO ACID MIX..... | 82 | CYCLINEX-2..... | 96 | DEPEN TITRATABS..... | 12, 15 |
| complete natal dha..... | 97 | cyclobenzaprine..... | 126 | DEPO-ESTRADIOL..... | 104 |
| COMPLEX ESSENTIAL..... | 90 | CYCLOGYL..... | 182 | DEPO-MEDROL..... | 105 |
| COMPLEX JUNIOR MSD..... | 90 | cyclopentolate..... | 182 | DEPO-TESTOSTERONE..... | 100 |
| COMPLEX MSUD AMINO ACID BLEND..... | 90 | cyclophosphamide..... | 11, 26 | DERMA-SMOOTH/FS BODY OIL..... | 77 |
| compro..... | 110 | CYCLOPHOSPHAMIDE..... | 11, 26 | DERMA-SMOOTH/FS SCALP OIL..... | 77 |
| CONCEPT DHA..... | 88 | cycloserine..... | 21 | DERMOTIC OIL..... | 185 |
| CONCEPT OB..... | 88 | cyclosporine..... | 11, 124, 182 | DESCOVY..... | 20 |
| CONCERTA..... | 55 | cyclosporine modified..... | 11, 124 | desipramine..... | 51 |
| CONDYLOX..... | 79 | CYLTEZO(CF)..... | 9, 10, 115 | desloratadine..... | 186 |
| CONJUPRI..... | 42 | CYLTEZO(CF) PEN..... | 9, 10, 115 | desmopressin..... | 100 |
| CONSENSI..... | 41 | CYLTEZO(CF) PEN CROHN'S-UC-HS..... | 9, 10, 115 | desog-e.estradiol/e.estradiol..... | 66 |
| constulose..... | 116 | CYLTEZO(CF) PEN PSORIASIS-UV..... | 9, 10, 115 | desonide..... | 77 |
| CONTOUR CONTROL SOLUTION, HIGH..... | 132, 158 | CYMBALTA..... | 50, 59 | desoximetasone..... | 77 |
| CONTOUR CONTROL SOLUTION, LOW..... | 132, 158 | cyproheptadine..... | 186 | DESOXYN..... | 55, 59 |
| CONTOUR CONTROL SOLUTION, NML..... | 132, 158 | cyred..... | 66 | DESVENLAFAXINE..... | 51 |
| CONTOUR METER..... | 132, 158 | cyred eq..... | 66 | desvenlafaxine succinate..... | 51 |
| CONTOUR NEXT EZ METER..... | 132, 158 | CYSTADANE..... | 178 | DETROL..... | 120 |
| CONTOUR NEXT GEN METER..... | 132, 158 | CYSTADROPS..... | 183 | DETROL LA..... | 120 |
| CONTOUR NEXT GLUCOSE METER..... | 132, 158 | CYSTAGON..... | 117 | DEX4 GLUCOSE..... | 99 |
| CONTOUR NEXT LEV 1 CONTROL SOL..... | 132, 158 | CYSTARAN..... | 183 | dex4 glucose..... | 99 |
| CONTOUR NEXT LEV 2 CONTROL SOL..... | 132, 158 | cytarabine (pf)..... | 27 | dex4 glucose bits..... | 99 |
| CONTOUR NEXT LINK..... | 132, 158 | CYTO CARN..... | 82 | dex4 glucose pouch pack..... | 99 |
| CONTOUR NEXT LINK 2.4..... | 132, 158 | CYTO RALA..... | 89 | dex4 glucose quick dissolve..... | 99 |

| | | | | | |
|--------------------------------|-----------------|--------------------------------|--------------|---------------------------------|---------------|
| dexamethasone | 105 | DIVIGEL | 104 | EASIVENT HOLDING CHAMBER | 150, 159 |
| DEXAMETHASONE INTENSOL | 105 | D-MANNOSE | 5 | EASIVENT MASK LARGE | 150, 159 |
| dexamethasone sodium phosphate | 182 | dodex | 98 | EASIVENT MASK MEDIUM | 150, 159 |
| DEXCOM G6 RECEIVER | 132, 158 | dofetilide | 38 | EASIVENT MASK SMALL | 150, 159 |
| DEXCOM G6 SENSOR | 132, 158 | DOJOLVI | 90 | EASY COMFORT ALCOHOL PAD | 32 |
| DEXCOM G6 TRANSMITTER | 132, 158 | dolishale | 66 | EASY COMFORT INSULIN SYRINGE | 141, 159 |
| DEXCOM G7 RECEIVER | 132, 158 | DOLOBID | 14 | EASY COMFORT LANCETS | 132, 159 |
| DEXCOM G7 SENSOR | 132, 158 | donepezil | 65 | EASY COMFORT PEN NEEDLES | 141, 159 |
| DEXEDRINE SPANSULE | 55, 59, 62 | DOPTelet (10 TAB PACK) | 123 | EASY COMFORT SAFETY PEN NEEDLE | 141, 159 |
| DEXILANT | 111 | DOPTelet (15 TAB PACK) | 123 | EASY GLIDE CATHETER TIP SYRING | 146, 159 |
| dexlansoprazole | 111 | DOPTelet (30 TAB PACK) | 123 | EASY GLIDE INSULIN SYRINGE | 141, 159 |
| dexmethylphenidate | 55 | DORAL | 56, 62 | EASY GLIDE LUER LOCK SYRINGE | 146, 159 |
| dextroamphetamine sulfate | 55, 59, 62 | DORYX | 25 | EASY GLIDE LUER SLIP TB SYRINGE | 146, 159 |
| dextroamphetamine-amphetamine | 55, 58, 62 | DORYX MPC | 25 | EASY GLIDE PEN NEEDLE | 141, 159 |
| DEXTROSE | 99 | dorzolamide | 183 | EASY MINI EJECT LANCING DEVICE | 132, 159 |
| DHIVY | 52 | dorzolamide-timolol | 183 | EASY PLUS II BLOOD GLUCOSE MET | 133, 159 |
| DIABETISOURCE AC | 91 | dorzolamide-timolol (pf) | 183 | EASY PLUS II HIGH CONTROL | 133, 159 |
| DIACOMIT | 49 | dotti | 104 | EASY PLUS II LOW CONTROL | 133, 159 |
| DIAGNOSTIC THICK-IT | 64 | DOVATO | 19 | EASY PLUS II TEST | 127, 159 |
| DIAGNOSTIC THICK-IT #2 | 64 | DOVER BULB SYRINGE | 146, 158 | EASY STEP | 127, 159 |
| DIALYVITE 800 | 82 | doxazosin | 44 | EASY STEP BLOOD GLUCOSE METER | 133, 159 |
| DIARESQ | 5 | doxepin | 51, 63, 80 | EASY STEP HIGH CONTROL SOLN | 133, 159 |
| DIASIX | 151, 158 | doxercalciferol | 177 | EASY STEP LOW CONTROL SOLUTION | 133, 159 |
| DIATRUE CONTROL SOLN NORMAL | 132, 158 | doxycycline hyclate | 25, 180 | EASY STEP NORMAL CONTROL SOLN | 133, 159 |
| DIATRUE CONTROL SOLUTION HIGH | 132, 158 | DOXYCYCLINE HYCLATE | 25 | EASY TALK BLOOD GLUCOSE METER | 133, 159 |
| DIATRUE CONTROL SOLUTION LOW | 132, 158 | doxycycline monohydrate | 25, 79 | EASY TALK GLUCOSE TEST | 127, 159 |
| DIATRUE PLUS BLOOD GLUCOSE MET | 132, 158 | doxylamine-pyridoxine (vit b6) | 110 | EASY TALK HIGH CONTROL | 133, 159 |
| DIATRUE PLUS TEST STRIP | 127, 158 | DRITHOCREME HP | 76 | EASY TALK LOW CONTROL | 133, 159 |
| diazepam | 46, 56 | DRIZALMA SPRINKLE | 51, 59 | EASY TALK PLUS II HIGH CONTROL | 133, 159 |
| diazepam intensol | 46, 56 | dronabinol | 58, 110, 192 | EASY TALK PLUS II LOW CONTROL | 133, 159 |
| diazoxide | 99 | DROPLET GENTEEL LANCING DEVICE | 132, 158 | EASY TALK PLUS II TEST STRIP | 127, 159 |
| DIBENZYLINE | 44 | DROPLET INSULIN SYR(HALF UNIT) | 141, 158 | EASY TOUCH | 141, 146, 159 |
| dichlorphenamide | 43, 125 | DROPLET INSULIN SYRINGE | 141, 158 | EASY TOUCH ALCOHOL PREP PADS | 32 |
| DICLEGIS | 110 | DROPLET LANCETS | 132, 158 | EASY TOUCH BLU CTRL SOLN-L1,L3 | 133, 159 |
| DICLOFENAC EPOLAMINE | 79 | DROPLET LANCING DEVICE | 132, 158 | EASY TOUCH BLULINK GLUC SYST | 133, 159 |
| diclofenac potassium | 13, 14, 60 | DROPLET MICRON PEN NEEDLE | 141, 158 | EASY TOUCH BLULINK TEST STRIP | 127, 159 |
| diclofenac sodium | 13, 75, 79, 183 | DROPLET PEN NEEDLE | 141, 158 | EASY TOUCH FLILOCK INSULIN | 141, 159 |
| DICLOFENAC SUBMICRONIZED | 13 | DROPSAFE ALCOHOL PREP PADS | 32 | EASY TOUCH FLILOCK NEEDLE | 146, 159 |
| diclofenac-misoprostol | 12 | DROPSAFE INSULIN SYRINGE | 141, 158 | EASY TOUCH FLILOCK SYRINGE | 146, 159 |
| dicloxacillin | 24 | DROPSAFE PEN NEEDLE | 141, 158 | EASY TOUCH FLURINGE | 146, 159 |
| dicyclomine | 113 | DROPSAFE SICURA SAFETY NEEDLE | 146, 159 | EASY TOUCH FLURINGE FLILOCK | 146, 159 |
| diethylpropion | 191 | drospirenone-e.estradiol-lm.fa | 66 | EASY TOUCH FLURINGE SHEATHLOCK | 146, 159 |
| DIFFERIN | 72 | drospirenone-ethinyl estradiol | 66 | EASY TOUCH GLUCOSE MONITOR | 133, 159 |
| DIFICID | 23 | DROXIA | 123 | EASY TOUCH HIGH-LOW CONTROL | 133, 159 |
| DIFLORASONE | 77 | droxidopa | 43 | EASY TOUCH HYPODERMIC NEEDLE | 146, 159 |
| diflorasone | 77 | DRY EYE OMEGA BENEFITS | 83 | EASY TOUCH INSULIN SAFETY SYR | 141, 159 |
| DIFLUCAN | 18 | DRYSOL | 75 | EASY TOUCH INSULIN SYRINGE | 141, 160 |
| diflunisal | 14 | DRYSOL DAB-O-MATIC | 75 | EASY TOUCH LANCETS | 133, 160 |
| difluprednate | 182 | DSUVIA | 5 | EASY TOUCH LANCING DEVICE | 133, 160 |
| digoxin | 43 | DUAKLIR PRESSAIR | 189 | EASY TOUCH LUER LOCK INSULIN | 141, 160 |
| dihydroergotamine | 60 | DUAVEE | 103 | EASY TOUCH LUER LOCK SYRINGE | 146, 160 |
| DIHYDROERGOTAMINE | 60 | DUET DHA WITH OMEGA-3 | 97 | EASY TOUCH PEN NEEDLE | 141, 160 |
| DILANTIN | 47 | DUETACT | 102 | EASY TOUCH SAFETY LANCETS | 133, 160 |
| DILANTIN EXTENDED | 47 | DUEXIS | 12 | EASY TOUCH SAFETY PEN NEEDLE | 141, 160 |
| DILANTIN INFATABS | 47 | DULCOLAX (MAGNESIUM HYDROXIDE) | 116 | EASY TOUCH SHEATHLOCK INSULIN | 141, 160 |
| DILANTIN-125 | 48 | DULERA | 189 | EASY TOUCH SHEATHLOCK SYRG-NDL | 146, 160 |
| DILAUDID | 5 | duloxetine | 51, 59 | EASY TOUCH SHEATHLOCK SYRINGE | 146, 160 |
| diltiazem hcl | 41, 42 | DUOBRII | 73 | EASY TOUCH TEST STRIP | 127, 160 |
| dilt-xr | 42 | DUOCAL | 83 | EASY TOUCH TUBERCULIN FLILOCK | 146, 160 |
| dimethyl fumarate | 180 | DUPIXENT PEN | 73, 187 | EASY TOUCH TUBERCULIN SHEATHLK | 146, 160 |
| DIOVAN | 37 | DUPIXENT SYRINGE | 73, 187 | EASY TOUCH TWIST LANCETS | 133, 160 |
| DIOVAN HCT | 37 | DUREX AVANTI BARE REAL FEEL | 144, 159 | EASY TOUCH UNI-SLIP | 141, 146, 160 |
| DIPENTUM | 114 | DUREZOL | 182 | EASY TRAK BLOOD GLUCOSE METER | 133, 160 |
| diphenhydramine hcl | 186 | dutasteride | 118 | EASY TRAK GLUCOSE TEST | 127, 160 |
| diphenoxylate-atropine | 109 | dutasteride-tamsulosin | 117 | EASY TRAK HIGH CONTROL | 133, 160 |
| DIPROLENE (AUGMENTED) | 77 | DUVYZAT | 125 | EASY TRAK II BLOOD GLUCOSE MTR | 133, 160 |
| dipyridamole | 123 | DYANAVEL XR | 55, 58, 59 | EASY TRAK II CTRL SOLN-NORMAL | 133, 160 |
| DISALCID | 14 | DYMISTA | 190 | EASY TRAK II TEST STRIP | 127, 160 |
| diskets | 5 | DY-O-DERM | 64 | EASY TRAK LOW CONTROL | 133, 160 |
| disopyramide phosphate | 38 | DYRENIUM | 44 | EASY TWIST AND CAP LANCETS | 133, 160 |
| DISPOSABLE POWER | 149, 158 | E.E.S. 400 | 23 | EASYGLUCO METER | 133, 160 |
| disulfiram | 63 | E.E.S. GRANULES | 23 | EASYGLUCO MONITORING SYSTEM | 133, 160 |
| DIURIL | 44 | EAA SUPPLEMENT | 93 | EASYGLUCO TEST | 127, 160 |
| divalproex | 47, 57, 59 | EAA UCD | 96 | EASYMAX | 127, 160 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|-------------|-------------------------------------|-------------|
| EASYMAX 15 LEVEL 2 | 133, 160 | EMBRACE PRO GLUCOSE METER | 134, 161 | ENSURE COMPACT | 84 |
| EASYMAX 15 TEST STRIPS | 127, 160 | EMBRACE PRO TEST STRIPS | 127, 161 | ENSURE COMPLETE | 84 |
| EASYMAX NG | 133, 160 | EMBRACE SAFETY LANCET | 134, 161 | ENSURE ENLIVE | 84 |
| EASYMAX NORMAL CONTROL | 133, 160 | EMBRACE TALK BLOOD GLUCOSE SYS | 134, 161 | ENSURE HARVEST | 84 |
| EASYMAX T1 | 133, 160 | EMBRACE TALK CONTROL-HIGH (L2) | 134, 161 | ENSURE HIGH PROTEIN | 84, 95 |
| EASYMAX V SPEAKING GLUCOSE SYS | 133, 160 | EMBRACE TALK CONTROL-LOW (L1) | 134, 161 | ENSURE MAX PROTEIN | 84 |
| EASYPOINT NEEDLE | 146, 160 | EMBRACE TALK GLUCOSE MONITOR | 134, 161 | ENSURE MUSCLE HEALTH | 84 |
| EASY-TOUCH BLOOD GLUCOSE METER | 133, 160 | EMBRACE TALK TEST STRIPS | 127, 161 | ENSURE ORIGINAL | 84 |
| EBGLYSS PEN | 73 | EMBRACE WAVE GLUCOSE TEST STRP | 127, 161 | ENSURE ORIGINAL WITH FIBER | 84 |
| ECLIPSE NEEDLE | 146, 160 | EMBRACE WAVE PLUS GLUCOSE MTR | 134, 161 | ENSURE PLANT-BASED PROTEIN | 91 |
| ECLIPSE SYRINGE | 146, 160 | EMEND | 110 | ENSURE PLUS | 84 |
| EC-NAPROSYN | 13 | EMFLAZA | 105 | ENSURE PLUS HIGH PROTEIN | 84 |
| ec-naproxen | 13 | EMGALITY PEN | 60 | ENSURE PLUS WITH FIBER | 84 |
| econazole | 74 | EMGALITY SYRINGE | 46, 60 | ENSURE PRE-SURGERY | 89 |
| econtra ez | 70 | EMPAVELI | 120, 123 | ENSURE PUDDING | 84 |
| econtra one-step | 70 | EMSAM | 50 | ENSURE SURGERY | 91 |
| ecotrin low strength | 14, 123 | emtricitabine | 20 | ENSURE SURGERY PERIOP BUNDLE | 91 |
| ECOZA | 74 | emtricitabine-tenofovir (tdf) | 20 | entacapone | 52 |
| EDARBI | 37 | EMTRIVA | 20 | ENTADFI | 117 |
| EDARBYCLOR | 37 | EMVERM | 17 | entecavir | 22 |
| EDECIN | 44 | emzahn | 68 | ENTERADE ADVANCED ONCOLOGY | 5 |
| EDEX | 81 | enalapril maleate | 36 | ENTRESTO | 37 |
| EDLUAR | 63 | enalapril-hydrochlorothiazide | 36 | ENTRESTO SPRINKLE | 37 |
| ed-spaz | 112, 119 | ENBREL | 8, 10 | ENTYVIO PEN | 114 |
| EDURANT | 19 | ENBREL MINI | 8, 10 | ENU NUTRITION SHAKE | 91 |
| eemt | 103 | ENBREL SURECLICK | 8, 10 | ENU PRO3 PLUS | 91 |
| eemt hs | 103 | ENCALA | 91 | enulose | 111 |
| efavirenz | 19 | ENDARI | 82, 90, 123 | ENVARUS XR | 124 |
| efavirenz-emtricitabin-tenofov | 20 | ENDO AVITENE | 122 | EO28 SPLASH | 84, 91 |
| efavirenz-lamivu-tenofov disop | 21 | endocet | 7 | EOHILIA | 105 |
| EFFER-K | 88 | ENDOMETRIN | 104 | EPANED | 36 |
| effer-k | 88 | ENFAGROW NEUROPRO TODDLR NOGMO | 83 | EPCLUSA | 22 |
| EFFEXOR XR | 51 | ENFAGROW PREMIUM TODDLER | 83 | EPIDIOLEX | 47 |
| EFFIENT | 123 | ENFAGROW TODDLER NEXT STEP | 83 | EPIDUO FORTE | 72 |
| EFUDEX | 75 | ENFAGROW TODDLER NON-GMO | 83 | EPIFOAM | 78 |
| EGG-PRO | 83 | ENFAGROW TODLR GENTLEASE NOGMO | 83 | epinastine | 182 |
| EGRIFTA SV | 105 | ENFAGROW TODLR NXT STP NON-GMO | 83 | epinephrine | 42, 43, 187 |
| ELECARE INFANT FORMULA | 85 | ENFAMIL 24 | 85 | EPINEPHRINE (BULK) | 42, 64, 187 |
| ELECARE JR | 91 | ENFAMIL A.R. | 85 | EPINEPHRINESNAP-V | 42 |
| ELEMENT COMPACT GLUCOSE METER | 133, 160 | ENFAMIL DHA-ARA SUPPLEMENT | 83 | EPIPEN | 42 |
| ELEMENT COMPACT HIGH CONTROL | 133, 160 | ENFAMIL ENSPIRE GENTLEASE | 85 | EPIPEN 2-PAK | 42 |
| ELEMENT COMPACT NORMAL CONTROL | 133, 160 | ENFAMIL ENSPIRE INFANT FORMULA | 85 | EPIPEN JR | 42 |
| ELEMENT COMPACT TEST STRIPS | 127, 160 | ENFAMIL ENSPIRE OPTIMUM NONGMO | 85 | EPIPEN JR 2-PAK | 43 |
| ELEMENT COMPACT V GLUCOSE MTR | 133, 160 | ENFAMIL GENTLEASE | 85 | epitol | 48, 57 |
| ELEMENT HIGH CONTROL | 133, 160 | ENFAMIL GLUCOSE | 89 | EPIVIR | 20 |
| ELEMENT LOW CONTROL | 133, 160 | ENFAMIL HUMAN MILK FORTIFIER | 85 | eplerenone | 36, 43 |
| ELEMENT NORMAL CONTROL | 133, 160 | ENFAMIL INFANT | 85 | EPOGEN | 121 |
| ELEMENT PLUS BLOOD GLUCOSE KIT | 133, 161 | ENFAMIL NEURO ENFACARE NON-GMO | 85 | EPRONTIA | 48 |
| ELEMENT TEST STRIPS | 127, 161 | ENFAMIL NEURO GENTLEASE NONGMO | 85 | eprosartan | 37 |
| ELEPSIA XR | 49 | ENFAMIL NEURO SENSITIVE NONGMO | 85 | EPSOLAY | 79 |
| ELESTRIN | 104 | ENFAMIL NEUROPRO NON-GMO | 85 | EQUACARE JR | 91 |
| eletriptan | 60 | ENFAMIL PREMATURE 20 | 85 | EQUETRO | 48, 57 |
| ELIDEL | 76 | ENFAMIL PREMATURE 24 | 85 | ergocalciferol (vitamin d2) | 98 |
| ELIMITE | 80 | ENFAMIL PREMATURE 30 | 85 | ergoloid | 65 |
| elinest | 66 | ENFAMIL PROSOBEE | 85 | ERGOMAR | 60 |
| ELIQUIS | 121 | ENFAMIL PROSOBEE LIPIL | 85 | ergotamine-caffeine | 60 |
| ELIQUIS DVT-PE TREAT 30D START | 121 | ENFAMIL REGULINE | 85 | ERIVEDGE | 28 |
| ELITE-OB | 88 | ENFAPORT | 85, 89 | ERLEADA | 27 |
| ELIXOPHYLLIN | 187 | ENGERIX-B (PF) | 33 | erlotinib | 26 |
| ELLA | 70 | ENGERIX-B PEDIATRIC (PF) | 33 | ERMEZA | 109 |
| ELMIRON | 117 | enilloring | 70 | errin | 68 |
| eluryng | 70 | enoxaparin | 122 | ERTACZO | 74 |
| ELYXYB | 60 | enpresse | 69 | ery pads | 71 |
| EMBRACE BLOOD GLUCOSE SYSTEM | 127, 133, 161 | enskyce | 66 | ERYGEL | 71 |
| EMBRACE EVO BLOOD GLUCOSE KIT | 133, 161 | ENSPRYNG | 124 | ERYPED 200 | 23 |
| EMBRACE EVO GLUCOSE MONITOR | 133, 161 | ENSTILAR | 73 | ERYPED 400 | 23 |
| EMBRACE EVO LEVEL 1 | 133, 161 | ENSURE | 83 | ery-tab | 23 |
| EMBRACE EVO TEST STRIPS | 127, 161 | ENSURE ACTIVE HEART HEALTH | 83 | erythrocin (as stearate) | 23 |
| EMBRACE GLUCOSE CONTROL HIGH | 133, 161 | ENSURE ACTIVE HIGH PROTEIN | 83 | erythromycin | 23, 184 |
| EMBRACE GLUCOSE CONTROL LOW | 133, 161 | ENSURE ACTIVE LIGHT | 83 | erythromycin ethylsuccinate | 23 |
| EMBRACE LANCETS | 133, 161 | ENSURE ACTIVE MUSCLE HEALTH | 83 | erythromycin with ethanol | 71 |
| EMBRACE LANCING DEVICE | 134, 161 | ENSURE ACTIVE PROTEIN-MUSCLE | 83 | erythromycin-benzoyl peroxide | 72 |
| EMBRACE PEN NEEDLE | 141, 161 | ENSURE CLEAR | 84 | ESBRIET | 191 |
| EMBRACE PRO | 134, 161 | ENSURE CLEAR THERAPEUTIC | 91 | escitalopram oxalate | 50 |

| | | | | | |
|-------------------------------------|---------------|-------------------------------------|----------|--|---------------|
| ESGIC..... | 8 | famciclovir..... | 23 | FLUCELVAX TRIV 2024-2025..... | 34 |
| esomeprazole magnesium..... | 111 | famotidine..... | 111 | FLUCELVAX TRIV 2024-2025 (PF)..... | 34 |
| ESSENTIAL AMINO ACID MIX..... | 96 | FANAPT..... | 53 | fluconazole..... | 18 |
| ESSENTIAL CARE JR..... | 91 | FANTASY CONDOM..... | 144, 162 | flucytosine..... | 17 |
| estarylla..... | 66 | FARESTON..... | 31 | fludrocortisone..... | 108 |
| estazolam..... | 56, 62 | FARXIGA..... | 102 | FLULAVAL TRIV 2024-2025 (PF)..... | 34 |
| ESTRACE..... | 104, 191 | FASENRA PEN..... | 187 | FLUMADINE..... | 23 |
| estradiol..... | 104, 191 | FC2 FEMALE CONDOM..... | 130, 162 | FLUMIST TRIVALENT 2024-2025..... | 33, 34 |
| estradiol valerate..... | 104 | febuxostat..... | 120 | flunisolide..... | 190 |
| estradiol-norethindrone acet..... | 104 | felbamate..... | 47 | fluocinolone..... | 77 |
| ESTRING..... | 191 | FELBATOL..... | 47 | fluocinolone acetonide oil..... | 185 |
| ESTROGEL..... | 104 | felodipine..... | 42 | fluocinolone and shower cap..... | 77 |
| estrogens-methyltestosterone..... | 103 | FEM PH..... | 191 | fluocinonide..... | 77 |
| eszopiclone..... | 63 | FEMARA..... | 28 | fluocinonide-e..... | 77 |
| ethacrynic acid..... | 44 | FEMCAP..... | 130, 162 | fluoride (sodium)..... | 179 |
| ethambutol..... | 21 | FEMLYV..... | 67 | fluorometholone..... | 182 |
| ethosuximide..... | 49 | FEMRING..... | 191 | FLUOROPLEX..... | 75 |
| ethynodiol diac-eth estradiol..... | 66 | fenofibrate..... | 39 | FLUOROURACIL..... | 75 |
| etodolac..... | 14 | fenofibrate micronized..... | 39 | fluorouracil..... | 75 |
| etonogestrel-ethinyl estradiol..... | 70 | FENOFIBRATE MICRONIZED..... | 39 | fluoxetine..... | 50 |
| etoposide..... | 28 | fenofibrate nanocrystallized..... | 39 | fluphenazine decanoate..... | 54 |
| etravirine..... | 19 | fenofibric acid..... | 39 | fluphenazine hcl..... | 54 |
| EUCRISA..... | 74 | fenofibric acid (choline)..... | 39 | flurandrenolide..... | 77 |
| EURAX..... | 80 | FENOGLIDE..... | 39 | flurazepam..... | 56, 62 |
| euthyrox..... | 109 | FENOPROFEN..... | 13 | flurbiprofen..... | 13 |
| EVAMIST..... | 104 | fenoprofen..... | 13 | flurbiprofen sodium..... | 183 |
| EVEKEO..... | 55, 59, 62 | fentanyl citrate..... | 6 | FLUTICASONE FURATE-VILANTEROL..... | 189 |
| EVENCARE G2..... | 127, 134, 161 | FENTANYL CITRATE..... | 6 | fluticasone propionate..... | 77, 190 |
| EVENCARE G3 CONTROL..... | 134, 161 | fentanyl patch..... | 5 | FLUTICASONE PROPIONATE..... | 187 |
| EVENCARE G3 GLUCOSE METER..... | 134, 161 | FERRIPROX..... | 15 | FLUTICASONE PROPIONATE-SALMETEROL..... | 189 |
| EVENCARE G3 TEST..... | 127, 161 | FERRIPROX (2 TIMES A DAY)..... | 15 | fluticasone propion-salmeterol..... | 189 |
| EVENCARE MINI GLUCOSE TEST STR..... | 127, 161 | fesoterodine..... | 120 | fluvastatin..... | 39 |
| EVENCARE MINI MONITOR SYSTEM..... | 134, 161 | FETZIMA..... | 51 | fluvoxamine..... | 50 |
| EVENCARE PROVIEW TEST STRIP..... | 127, 161 | FEXMID..... | 126 | FLUZONE HIGH-DOSE TRIV 24-25..... | 34 |
| everolimus (antineoplastic)..... | 29 | FIASP FLEXTOUCH U-100 INSULIN..... | 107 | FLUZONE TRIV 2024-2025..... | 35 |
| everolimus (immunosuppressive)..... | 124 | FIASP PENFILL U-100 INSULIN..... | 107 | FLUZONE TRIV 2024-2025 (PF)..... | 35 |
| EVICEL..... | 122 | FIASP PUMPCART..... | 107 | FML FORTE..... | 182 |
| EVISTA..... | 108 | FIASP U-100 INSULIN..... | 107 | FML LIQUIFILM..... | 182 |
| EVOCLIN..... | 71 | FIBERSOURCE HN..... | 91 | FOCALIN..... | 55 |
| EVOLUTION BLOOD GLUCOSE METER..... | 134, 161 | FIBRICOR..... | 39 | FOCALIN XR..... | 55 |
| EVOLUTION NORMAL CONTROL..... | 134, 161 | FILSPARI..... | 35 | folic acid..... | 98 |
| EVOLUTION TEST STRIPS..... | 127, 161 | FILSUVEZ..... | 80 | FOLIC ACID..... | 99 |
| EVOTAZ..... | 20, 24 | FILTER NEEDLES..... | 147, 162 | folivane-ob..... | 88 |
| EVOXAC..... | 179 | FINACEA..... | 71, 79 | FOLLISTIM AQ..... | 104 |
| EVRYSDI..... | 126 | finasteride..... | 118 | fondaparinux..... | 122 |
| EXCEL SYRINGE..... | 146, 161 | FINGERSTIX LANCETS..... | 134, 162 | FORA 6 CONNECT GLUCOSE STRIP..... | 127, 162 |
| EXEL HYPODERMIC NEEDLES..... | 147, 161 | ingolimod..... | 181 | FORA 6 CONNECT MULTIFUNCTN MTR..... | 129, 162 |
| EXEL INSULIN..... | 141, 161 | FINTEPLA..... | 49 | FORA 6CONN-GTEL-TN'G ADV STRIP..... | 127, 162 |
| EXEL SYRINGE..... | 147, 161 | finzala..... | 67 | FORA D10..... | 129, 134, 162 |
| EXELDERM..... | 74 | FIORICET..... | 8 | FORA D15 GLUCOSE-BP MONITOR..... | 129, 134, 162 |
| EXELON PATCH..... | 65 | FIORICET WITH CODEINE..... | 7 | FORA D15G STRIPS..... | 127, 162 |
| exemestane..... | 28 | FIRAZYR..... | 41 | FORA D20..... | 127, 134, 162 |
| EXFORGE..... | 36 | FIRDAPSE..... | 125 | FORA D40D GLUCOSE-BP MONITOR..... | 129, 134, 162 |
| EXFORGE HCT..... | 37 | FIRVANQ..... | 22 | FORA D40G GLUCOSE-BP MONITOR..... | 129, 134, 162 |
| EXJADE..... | 15 | flac otic oil..... | 185 | FORA D40-G31 TEST STRIPS..... | 127, 162 |
| EXTENDED RESERVOIR..... | 141, 161 | FLAGYL..... | 19 | FORA G20..... | 127, 134, 162 |
| EXTINA..... | 74 | FLAREX..... | 182 | FORA G30A..... | 134, 162 |
| EYSUVIS..... | 182 | flavoxate..... | 120 | FORA G30-PREMIUM V10 TEST STRP..... | 128, 162 |
| E-Z JECT LANCETS..... | 134, 161 | flecainide..... | 38 | FORA GD50 BLOOD GLUCOSE SYSTEM..... | 134, 162 |
| E-Z JECT THIN LANCETS..... | 134, 161 | FLECTOR..... | 79 | FORA GD50 TEST STRIPS..... | 128, 162 |
| EZ SMART LANCETS..... | 134, 161 | FLEQSUVY..... | 126 | FORA GTEL GLUCOSE TEST STRIP..... | 128, 162 |
| EZ SMART PLUS SYSTEM..... | 134, 161 | FLEXICHAMBER..... | 150, 162 | FORA GTEL KETONE TEST STRIP..... | 80, 162 |
| EZ SMART PLUS TEST..... | 127, 161 | FLEXICHAMBER-LG CHILD MASK..... | 150, 162 | FORA GTEL MULTI-FUNCTN MONITOR..... | 129, 162 |
| EZ SMART SYSTEM..... | 134, 162 | FLEXICHAMBER-SM ADULT MASK..... | 150, 162 | FORA HIGH CONTROL..... | 134, 162 |
| EZ SMART TEST..... | 127, 162 | FLEXICHAMBER-SM CHILD MASK..... | 150, 162 | FORA KETONE CONTROL SOLN-L1..... | 80, 162 |
| EZALLOR SPRINKLE..... | 39 | FLOLIPID..... | 39 | FORA LANCING DEVICE..... | 134, 162 |
| ezetimibe..... | 40 | FLOMAX..... | 118 | FORA LOW CONTROL..... | 134, 162 |
| EZETIMIBE-ROSUVASTATIN..... | 40 | FLORIVA..... | 96 | FORA NORMAL CONTROL..... | 134, 162 |
| ezetimibe-simvastatin..... | 40 | FLORIVA (FLUORIDE-VITAMIN D3)..... | 96, 179 | FORA PREMIUM V10 GLUCOSE METER..... | 134, 162 |
| FABHALTA..... | 120 | FLORIVA PLUS..... | 96 | FORA TEST N'GO VOICE METER..... | 134, 162 |
| FABIOR..... | 72 | FLOW-EZE VENTED NEEDLE..... | 147, 162 | FORA TEST STRIP..... | 128, 162 |
| FABRAZYME..... | 177 | FLUAD TRIV 2024-25(65Y UP)(PF)..... | 34 | FORA TN'G ADV MOBILE MULTI MTR..... | 129, 162 |
| FACTIVE..... | 22 | FLUARIX TRIV 2024-2025 (PF)..... | 34 | FORA TN'G ADVAN PRO TEST STRIP..... | 128, 162 |
| falmina (28)..... | 67 | FLUBLOK TRIV 2024-2025 (PF)..... | 34 | FORA TN'G ADVANCE MULTI-FN MTR..... | 129, 162 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|-------------|--------------------------------------|---------------|
| FORA TN'G ADVANCE PRO MONITOR | 129, 162 | gabapentin | 47, 62 | GLUCERNA THERAPEUTIC NUTRITION | 91 |
| FORA TN'G VOICE METER | 134, 162 | GALAFOLD | 178 | gluco burst | 99 |
| FORA TN'G VOICE TEST STRIPS | 128, 162 | galantamine | 65 | GLUCO BURST DIABETIC DRINK | 91 |
| FORA V10 | 128, 134, 162 | GALLIFREY | 108 | GLUCO NAVII GLUCOSE MONITOR | 135, 163 |
| FORA V10-V12-D10-D20 STRIPS | 128, 162 | GALZIN | 15 | GLUCO NAVII TEST STRIP | 128, 163 |
| FORA V10-V12-D10-D20 STRP-LNCT | 134, 163 | GAMMAGARD | 33 | GLUCO SHOT | 99 |
| FORA V12 BLOOD GLUCOSE SYSTEM | 134, 163 | GAMMAGARD S-D (IGA < 1 MCG/ML) | 33 | GLUCOCARD 01 HI-NORMAL CONTROL | 135, 163 |
| FORA V12 GLUCOSE | 128, 163 | GAMUNEX-C | 33 | GLUCOCARD 01 METER | 135, 163 |
| FORA V20 | 128, 134, 163 | ganirelix | 108 | GLUCOCARD 01 NORMAL CONTROL | 135, 164 |
| FORA V30A | 128, 134, 163 | GARDASIL 9 (PF) | 34 | GLUCOCARD 01 SENSOR PLUS | 128, 164 |
| FORACARE GD20 | 128, 163 | GASTROCROM | 29 | GLUCOCARD EXPRESSION | 128, 135, 164 |
| FORACARE GD20 GLUCOSE METER | 134, 163 | gatifloxacin | 184 | GLUCOCARD SHINE | 135, 164 |
| FORACARE GD40 TEST STRIPS | 128, 163 | GATTEX 30-VIAL | 117 | GLUCOCARD SHINE CONNEX METER | 135, 164 |
| FORACARE GD40A GLUCOSE METER | 134, 163 | GATTEX ONE-VIAL | 117 | GLUCOCARD SHINE EXPRESS METER | 135, 164 |
| FORACARE GD40B GLUCOSE METER | 134, 163 | GAVILAX | 116 | GLUCOCARD SHINE METER | 135, 164 |
| FORACARE GDH HIGH CONTROL | 134, 163 | gavilyte-c | 116 | GLUCOCARD SHINE METER KIT | 135, 164 |
| FORACARE GDH LOW CONTROL | 134, 163 | gavilyte-g | 116 | GLUCOCARD SHINE TEST STRIPS | 128, 164 |
| FORACARE GDH NORMAL CONTROL | 134, 163 | gavilyte-n | 116 | GLUCOCARD SHINE XL METER | 135, 164 |
| FORACARE LANCETS | 134, 163 | GAVRETO | 31 | GLUCOCARD VITAL | 135, 164 |
| FORFIVO XL | 51 | GE100 BLOOD GLUCOSE SYSTEM | 135, 163 | GLUCOCARD VITAL SENSOR | 128, 164 |
| formoterol fumarate | 188 | GE100 BLOOD GLUCOSE TEST STRIP | 128, 163 | GLUCOCARD VITAL TEST STRIPS | 128, 164 |
| formoterol fumarate-nebulizer | 188 | GE100 CONTROL SOLUTION NORMAL | 135, 163 | GLUCOCOM AUTOLINK | 135, 164 |
| FORTEO | 103 | GE333 BLOOD GLUCOSE SYSTEM | 135, 163 | GLUCOCOM BLOOD GLUCOSE | 135, 164 |
| FORTINI INFANT | 85 | GE333 BLOOD GLUCOSE TEST STRIP | 128, 163 | GLUCOCOM CONTROL HIGH | 135, 164 |
| FOSAMAX | 103 | gefitinib | 26 | GLUCOCOM CONTROL NORMAL | 135, 164 |
| FOSAMAX PLUS D | 103 | GELFOAM | 122 | GLUCOCOM GLUCOSE | 128, 164 |
| fosamprenavir | 24 | GELMIX | 64 | GLUCOCOM LANCETS | 135, 164 |
| fosfomycin tromethamine | 17, 119 | gemfibrozil | 39 | GLUCOSE | 99 |
| fosinopril | 36 | gemmily | 67 | glucose | 99 |
| fosinopril-hydrochlorothiazide | 36 | GEMTESA | 117 | glucose bits | 99 |
| FOSRENOL | 118 | generlac | 111 | GLUCOSE CONTROL | 135, 164 |
| FOTIVDA | 30 | gengraf | 11, 124 | glucose gel | 99 |
| FOUNDATION ESSENTIALS | 84 | GENOTROPIN | 105 | GLUCOSE KETONE CONTROL SOLN | 135, 164 |
| FRAGMIN | 122 | GENOTROPIN MINIQUICK | 105 | GLUCOSE SUPPORT 1.2 CAL | 91 |
| FREESTYLE CONTROL | 134, 163 | GENSTRIP TEST STRIP | 128, 163 | GLUCOTROL XL | 102 |
| FREESTYLE FLASH SYSTEM | 135, 163 | gentamicin | 16, 74, 184 | GLUMETZA | 107 |
| FREESTYLE FREEDOM | 135, 163 | GENTEEL VACUUM LANCING DEVICE | 135, 163 | GLUTALOEMINE | 84 |
| FREESTYLE FREEDOM LITE | 135, 163 | GENTLE INFANT FORMULA | 85 | GLUTAMINE | 82, 117 |
| FREESTYLE INSULINX | 128, 135, 163 | GENTLE LAXATIVE (BISACODYL) | 117 | glutamine (sickle cell) | 82, 90, 123 |
| FREESTYLE INSULINX TEST STRIPS | 128, 163 | GENTLE LAXATIVE (MAG HYDROX) | 116 | GLUTARADE AMINO ACID BLEND | 89 |
| FREESTYLE LANCETS | 135, 163 | GENTLELAX | 116 | GLUTARADE GA-1 | 89 |
| FREESTYLE LIBRE 14 DAY READER | 135, 163 | GENVOYA | 20 | GLUTARADE JUNIOR | 89 |
| FREESTYLE LIBRE 14 DAY SENSOR | 135, 163 | GEODON | 53, 58 | GLUTAREX-1 | 86, 89, 91 |
| FREESTYLE LIBRE 2 READER | 135, 163 | GERBER EXTENSIVE HA | 85 | GLUTAREX-2 | 89, 92 |
| FREESTYLE LIBRE 2 SENSOR | 135, 163 | GERBER GOOD START GENTLE NOGMO | 85 | GLUTASOLVE | 82 |
| FREESTYLE LIBRE 3 READER | 135, 163 | GERBER GOOD START GENTLEPRO | 85 | GLUTOSE-15 | 99 |
| FREESTYLE LIBRE 3 SENSOR | 135, 163 | GERBER GOOD START SOY | 85 | GLUTOSE-45 | 99 |
| FREESTYLE LITE METER | 135, 163 | GERBER GOOD START SOY NO-GMO | 86 | GLUTOSE-5 | 99 |
| FREESTYLE LITE STRIPS | 128, 163 | GERBER GOOD STR SOOTHPRO NOGMO | 86 | glyburide | 102 |
| FREESTYLE PRECISION | 141, 163 | GERBER GS GNTLPR NOGMO(B.LACT) | 86 | glyburide micronized | 102 |
| FREESTYLE PRECISION NEO METER | 135, 163 | GI BALANCE | 5 | glyburide-metformin | 102 |
| FREESTYLE PRECISION NEO STRIPS | 128, 163 | GI PROTECT | 95 | GLYCAT | 112 |
| FREESTYLE SYSTEM KIT | 135, 163 | GILENYA | 181 | GLYCINE | 82 |
| FREESTYLE TEST | 128, 163 | GILOTREF | 26 | glycopyrrolate | 112, 180 |
| FREESTYLE UNISTIK 2 | 135, 163 | GIMOTI | 112 | GLYCOSADE | 89 |
| FROVA | 60 | glatiramer | 180 | glydo | 80 |
| frovatriptan | 60 | glatopa | 180 | GLYTACTIN 20PE BETTERMILK LITE | 93 |
| FRUITIVITS | 91 | GLEEVEC | 30 | GLYTACTIN BETTERMILK 15-15 | 93 |
| FRUZAQLA | 30 | GLEOSTINE | 26 | GLYTACTIN BETTERMILK 5-5 | 93 |
| FULL SPECTRUM B-VITAMIN C | 82 | glimepiride | 102 | GLYTACTIN BUILD 10-10 | 93 |
| FULPHILA | 121 | GLIMEPIRIDE | 102 | GLYTACTIN BUILD 20-20 | 93 |
| FURADANTIN | 17, 119 | glipizide | 102 | GLYTACTIN BURST 10-10 | 93 |
| FUROSCIX | 44 | GLIPIZIDE | 102 | GLYTACTIN BURST 20-20 | 93 |
| furosemide | 44 | glipizide-metformin | 102 | GLYTACTIN RESTORE 10 PE | 93 |
| FUZEON | 19 | GLOPERBA | 120 | GLYTACTIN RESTORE 10 PE LITE | 93 |
| fyavolv | 104 | GLUCAGON (HCL) EMERGENCY KIT | 99 | GLYTACTIN RESTORE 5 PE | 93 |
| FYCOMPA | 46 | glucagon emergency kit (human) | 99 | GLYTACTIN RTD 10 PE | 93 |
| FYLNETRA | 121 | GLUCERNA 1 CAL | 91 | GLYTACTIN RTD 15 PE | 93 |
| fyremadel | 108 | GLUCERNA 1.2 CAL | 91 | GLYTACTIN RTD LITE 15 | 93 |
| g tussin ac | 190 | GLUCERNA 1.5 CAL | 91 | GLYTACTIN SWIRL 15 PE | 93 |
| GA EXPRESS 15 | 89 | GLUCERNA ADVANCE | 91 | GLYTACTIN SWIRL 15-15 | 93 |
| GA GEL | 89 | GLUCERNA HUNGER SMART | 91 | GLYXAMBI | 101 |
| GA POWDER | 89 | GLUCERNA SHAKE | 91 | GM100 | 128, 135, 164 |
| GA-1 ANAMIX EARLY YEARS | 85, 89 | GLUCERNA SNACK SHAKE | 91 | GOCOVRI | 53 |

| | | | | | |
|--------------------------------------|------------|--|------------------|--------------------------------------|------------|
| GOJJI BLOOD GLUCOSE TEST STRIP | 128, 164 | her style | 70 | HYSINGLA ER | 6 |
| GOJJI GLUCOSE CNTRL SOL-NORMAL | 135, 164 | HETLIOZ | 59 | HYZAAR | 37 |
| GOJJI KETONE CONTROL SOLN-L1 | 81, 164 | HETLIOZ LQ | 59 | I5 | 95 |
| GOJJI LANCET-GLUCOSE TEST STRP | 135, 164 | HI-CAL | 84 | ibandronate | 103 |
| GOJJI LANCETS | 135, 164 | HIGH-PROTEIN NUTRITIONAL SHAKE | 84 | IBRANCE | 28 |
| GOJJI LANCING DEVICE | 135, 164 | HIZENTRA | 33 | IBSRELA | 113 |
| GOJJI MULTI-FUNCTIONAL METER | 129, 164 | HOMACTIN AA PLUS 15 PE | 90 | ibu | 13 |
| GOLYTELY | 116 | HOMACTIN AA PLUS 20 PE | 90 | ibuprofen | 13 |
| GONAL-F | 104 | HOMINEX-1 | 86, 90 | ibuprofen-famotidine | 12 |
| GONAL-F RFF | 104 | HOMINEX-2 | 90 | icatibant | 41 |
| GONAL-F RFF REDI-JECT | 104 | HORIZANT | 61 | iclevia | 67 |
| GONITRO | 37 | huber safety needles (disp.) | 147, 164 | ICLUSIG | 29 |
| GOOD START DR BROWN GENTLE PRO | 86 | HULIO(CF) | 9, 10, 115 | icosapent ethyl | 40 |
| GOOD START DR BROWN SOOTHE PRO | 86 | HULIO(CF) PEN | 9, 10, 115 | IDACIO(CF) | 9, 11, 115 |
| GOOD START DR BROWN SOY-EASE | 86 | HUMALOG JUNIOR KWIKPEN U-100 | 107 | IDACIO(CF) PEN | 9, 11, 115 |
| G-PREPROTEIN | 95 | HUMALOG KWIKPEN INSULIN | 107 | IDACIO(CF) PEN CROHN-UC STARTR | 9, 11, 115 |
| GRALISE | 62 | HUMALOG MIX 50-50 KWIKPEN | 106 | IDACIO(CF) PEN PSORIASIS START | 9, 11, 115 |
| granisetron hcl | 110 | HUMALOG MIX 75-25 KWIKPEN | 106 | IDHIFA | 30 |
| GRANIX | 121 | HUMALOG MIX 75-25(U-100)INSULN | 106 | IG 26 DF | 5 |
| GRASTEK | 32 | HUMALOG TEMPO PEN(U-100)INSULN | 107 | IG 26 PLUS DF | 84 |
| GRIPE WATER (GINGER, FENNEL) | 5 | HUMALOG U-100 INSULIN | 107 | IGG 2000 CWP | 95 |
| griseofulvin microsize | 18 | HUMATIN | 16 | IGG PURE | 95 |
| griseofulvin ultramicrosize | 18 | HUMATROPE | 105 | IHEALTH GLUCOSE TEST STRIP | 128, 164 |
| guanfacine | 43, 55 | HUMIRA | 9, 10, 115 | ILET INFUSION KIT-INSET 23" | 152, 164 |
| GVOKE | 99 | HUMIRA PEN (ABBVIE) | 9, 10, 115 | ILET INFUSION KIT-INSET 32" | 152, 164 |
| GVOKE HYPOPEN 1-PACK | 99 | HUMIRA(CF) (ABBVIE) | 9, 10, 115 | ILET INFUSION-CONTACT DTCH 23" | 152, 164 |
| GVOKE HYPOPEN 2-PACK | 99 | HUMIRA(CF) PEN (ABBVIE) | 9, 10, 115 | ILEVRO | 183 |
| GVOKE PFS 1-PACK SYRINGE | 99 | HUMIRA(CF) PEN CROHNS-UC-HS (ABBVIE) | 9, 10, 115 | imatinib | 30 |
| GVOKE PFS 2-PACK SYRINGE | 99 | HUMIRA(CF) PEN PEDIATRIC UC (ABBVIE) | 9, 10, 115 | IMBRUVICA | 28, 30 |
| GYNAZOLE-1 | 191 | HUMIRA(CF) PEN PSOR-UV-ADOL HS (ABBVIE) | 9, 10, 115 | IMCIVREE | 192 |
| HADLIMA | 9, 10, 115 | HUMULIN 70/30 U-100 INSULIN | 106 | imipramine hcl | 52 |
| HADLIMA PUSHTOUCH | 9, 10, 115 | HUMULIN 70/30 U-100 KWIKPEN | 106 | imipramine pamoate | 52 |
| HADLIMA(CF) | 9, 10, 115 | HUMULIN N NPH INSULIN KWIKPEN | 106 | imiquimod | 78 |
| HADLIMA(CF) PUSHTOUCH | 9, 10, 115 | HUMULIN N NPH U-100 INSULIN | 106 | IMITREX | 60 |
| HAEGARDA | 121 | HUMULIN R REGULAR U-100 INSULN | 106 | IMITREX STATDOSE PEN | 60 |
| hailey | 67 | HUMULIN R U-500 (CONC) INSULIN | 106 | IMITREX STATDOSE REFILL | 60 |
| hailey 24 fe | 67 | HUMULIN R U-500 (CONC) KWIKPEN | 106 | IMMULIFE | 95 |
| hailey fe 1.5/30 (28) | 67 | HYCAMTIN | 31 | IMPACT ADVANCED RECOVERY | 92 |
| hailey fe 1/20 (28) | 67 | HYCODAN | 190 | IMPACT PEPTIDE 1.5 CAL | 92 |
| halcinonide | 77 | HYCODAN (WITH HOMATROPINE) | 190 | IMPAVIDO | 19 |
| HALCION | 56, 62 | hydralazine | 43 | IMPOYZ | 76, 78 |
| HALDOL DECANOATE | 53 | HYDREA | 27 | IMURAN | 11, 124 |
| halobetasol propionate | 76, 77 | hydrochlorothiazide | 44 | IMVEXXY MAINTENANCE PACK | 108 |
| haloette | 70 | hydrocodone bitartrate | 6 | IMVEXXY STARTER PACK | 108 |
| HALOG | 78 | hydrocodone-acetaminophen | 7 | INBRIJA | 52 |
| haloperidol | 53 | hydrocodone-chlorpheniramine | 190 | incassia | 69 |
| haloperidol decanoate | 53 | hydrocodone-homatropine | 190 | IN-CHECK NASAL WITH MASK | 149, 164 |
| haloperidol lactate | 53 | hydrocodone-ibuprofen | 7 | IN-CHECK ORAL FLOW METER | 149, 165 |
| HARMONY GLUCOSE TEST STRIP | 128, 164 | hydrocortisone | 15, 78, 105, 114 | INCONTROL ALCOHOL PADS | 32 |
| HARVONI | 22 | hydrocortisone butyrate | 78 | INCONTROL LANCING DEVICE | 135, 165 |
| HAVRIX (PF) | 33 | hydrocortisone sod succinate | 105 | INCONTROL PEN NEEDLE | 141, 165 |
| HCU ANAMIX EARLY YEARS | 86, 90 | hydrocortisone valerate | 78 | INCONTROL SUPER THIN LANCETS | 136, 165 |
| HCU ANAMIX NEXT | 90 | hydrocortisone-acetic acid | 185 | INCONTROL ULTRA THIN LANCETS | 136, 165 |
| HCU COOLER | 90 | hydromet | 190 | INCRELEX | 107 |
| HCU EXPRESS15 PLUS | 90 | hydromorphone | 6 | INCRUSE ELLIPTA | 188 |
| HCU EXPRESS20 PLUS | 90 | hydroxychloroquine | 11, 18 | indapamide | 44 |
| HCU GEL POWDER | 90 | hydroxyurea | 27 | INDERAL LA | 41 |
| HCU LOPHLEX | 90 | hydroxyzine hcl | 46 | INDERAL XL | 41 |
| HCU MAXAMUM | 90 | hydroxyzine pamoate | 46 | INDOCIN | 14 |
| HCY 1 POWDER | 86, 90 | HYFTOR | 79 | indomethacin | 14 |
| HCY 2 | 90 | hyoscyamine sulfate | 112, 119 | INFANRIX (DTAP) (PF) | 34 |
| HEALTHPRO GLUCOSE MONITOR | 135, 164 | hyosyne | 112, 119 | INFANT FORMULA WITH IRON | 86 |
| HEALTHPRO HIGH-LOW CONTROL | 135, 164 | HYPERSAL | 64 | INFINITY CONTROL SOLUTION HIGH | 136, 165 |
| HEALTHPRO TEST STRIPS | 128, 164 | HYPODERMIC NEEDLES | 147, 164 | INFINITY CONTROL SOLUTION LOW | 136, 165 |
| HEALTHWISE INSULIN SYRINGE | 141, 164 | HYPOLANCE AST LANCING | 135, 164 | INFINITY CONTROL SOLUTION NORM | 136, 165 |
| HEALTHWISE PEN NEEDLE | 141, 164 | HYRIMOZ PEN CROHN'S-UC STARTER (SANDOZ) | 9, 10, 115 | INFINITY METER KIT | 136, 165 |
| heather | 68 | HYRIMOZ PEN PSORIASIS STARTER (SANDOZ) | 9, 10, 115 | INFINITY STARTER KIT | 136, 165 |
| HEMA-COMBISTIX | 81, 164 | HYRIMOZ(CF) (SANDOZ) | 9, 10, 115 | INFINITY TEST STRIPS | 128, 165 |
| HEMADY | 105 | HYRIMOZ(CF) PEDI CROHN STARTER (SANDOZ) | 9, 10, 115 | INGREZZA | 61 |
| HEMANGEOL | 41 | HYRIMOZ(CF) PEN CROHN STARTER (SANDOZ) | 9, 10, 115 | INGREZZA INITIATION PK(TARDIV) | 61 |
| HEMLIBRA | 122 | HYRIMOZ(CF) PEN PSORIASIS STARTER (SANDOZ) | 9, 10, 115 | INGREZZA SPRINKLE | 61 |
| hemmorex-hc | 15 | HYRIMOZ(CF) PEN (SANDOZ) | 9, 10, 115 | INJECT EASE LANCETS | 136, 165 |
| hep flush-10 (pf) | 122 | HYRIMOZ(CF) PEN (SANDOZ) | 9, 10, 115 | INJECT-EASE | 147, 165 |
| HEPLISAV-B (PF) | 33 | | | INLYTA | 30 |

| | | | | | |
|--------------------------------|----------|-------------------------------|----------|--------------------------------|----------|
| INNOPRAN XL | 41 | ISTURISA | 99 | ketodan | 75 |
| INOSITOL | 84 | itraconazole | 18 | KETO-DIASTIX | 151, 165 |
| INPEFA | 99 | IV ADMINISTRATION SET | 144, 165 | KETONE CARE | 151, 165 |
| INPEN (FOR HUMALOG) BLUE | 141, 165 | IVA ANAMIX EARLY YEARS | 86, 89 | KETONE URINE TEST | 151, 165 |
| INPEN (FOR HUMALOG) GREY | 141, 165 | IVA ANAMIX NEXT | 86, 89 | KETONEX-1 | 86, 90 |
| INPEN (FOR HUMALOG) PINK | 141, 165 | IVA MAXAMUM | 89 | KETONEX-2 | 90 |
| INPEN (NOVOLOG OR FIASP) BLUE | 141, 165 | ivabradine | 44 | ketoprofen | 13 |
| INPEN (NOVOLOG OR FIASP) GREY | 141, 165 | I-VALEX-1 | 86, 89 | ketorolac | 13, 183 |
| INPEN (NOVOLOG OR FIASP) PINK | 141, 165 | I-VALEX-2 | 89 | KETOSTIX | 151, 165 |
| INQOVI | 31 | ivermectin | 17, 79 | KETOVIE | 89 |
| INREBIC | 29 | IWILFIN | 26 | KETOVIE 3:1 | 89 |
| INSPRA | 36, 43 | IYUZEH (PF) | 185 | KETOVIE PEPTIDE 4:1 | 89 |
| INSTACLEAN | 64 | JADENU | 15 | KETOVIE PLANT-BASED 4:1 | 89 |
| INSTA-GLUCOSE (WITH DEXTRIN) | 99 | JADENU SPRINKLE | 15 | KETOVOLVE | 89 |
| INSTANT FOOD THICKENER | 64 | jaimiess | 66 | KEVEYIS | 125 |
| INSUL-CAP | 136, 165 | JAKAFI | 29 | KEVZARA | 12 |
| INSUL-EZE | 136, 165 | jantoven | 121 | K-FLO | 90 |
| INSULIN ASP PRT-INSULIN ASPART | 106 | JANUMET | 102 | KIMONO MICROTHIN AQUA LUBE CON | 144, 165 |
| INSULIN ASPART U-100 | 107 | JANUMET XR | 102 | KIMONO MICROTHIN CONDOMS | 144, 165 |
| INSULIN DEGLUDEC | 106 | JANUVIA | 101 | KIMONO MICROTHIN LARGE CONDOMS | 144, 165 |
| INSULIN GLARGINE U-300 CONC | 106 | JARDIANCE | 102 | KIMONO TEXTURED CONDOMS | 144, 165 |
| INSULIN GLARGINE-YFGN | 106 | jasmiel (28) | 67 | KIMONO THIN LUBRICATED CONDOMS | 144, 166 |
| INSULIN LISPRO | 107 | JATENZO | 100 | KINDERSPROUT PLANT PROTEIN | 84 |
| INSULIN LISPRO PROTAMIN-LISPRO | 106 | javygtor | 178 | KINERET | 11 |
| INSULIN SYR/NDL U100 HALF MARK | 141, 165 | JAYPIRCA | 28, 30 | KINRIX (PF) | 34 |
| INSULIN SYRINGE | 142, 165 | JAZZ WIRELESS 2 METER KIT | 136, 165 | kionex (with sorbitol) | 87 |
| INSULIN SYRINGE MICROFINE | 141, 165 | jencycla | 69 | kiprofen | 13 |
| INSULIN SYRINGE-NEEDLE U-100 | 142, 165 | JENTADUETO | 102 | KISQALI | 28 |
| insulin syringe-needle u-100 | 142, 165 | JENTADUETO XR | 102 | KITABIS PAK | 189 |
| INSUPEN PEN NEEDLE | 142, 165 | JEVITY 1 CAL | 84 | KLARON | 71 |
| INTEGRA PRECISIONGLIDE NEEDLE | 147, 165 | JEVITY 1.2 CAL | 84 | klayesta | 74 |
| INTEGRA SYRINGE | 147, 165 | JEVITY 1.5 CAL | 84 | KLISYRI | 75 |
| INTELENCE | 19 | jinteli | 104 | KLONOPIN | 46, 56 |
| INTERLINK SYRINGE AND CANNULA | 147, 165 | JOENJA | 178 | klor-con | 88 |
| INTRAROSA | 108 | jolessa | 67 | klor-con 10 | 88 |
| INTUNIV ER | 55 | JORNAY PM | 55 | klor-con 8 | 88 |
| INVACARE LANCETS | 136, 165 | joyeaux | 67 | klor-con m10 | 88 |
| INVEGA | 53 | JUBLIA | 75 | klor-con m15 | 88 |
| INVEGA HAFYERA | 53 | juleber | 67 | klor-con m20 | 88 |
| INVEGA SUSTENNA | 53 | JULUCA | 19 | klor-con/ef | 88 |
| INVEGA TRINZA | 53 | junel 1.5/30 (21) | 67 | KLOXXADO | 16 |
| INVELTYS | 182 | junel 1/20 (21) | 67 | KOBEE | 82 |
| INVOKAMET | 101 | junel fe 1.5/30 (28) | 67 | KONVOMEPE | 112 |
| INVOKAMET XR | 101 | junel fe 1/20 (28) | 67 | KORLYM | 101 |
| INVOKANA | 102 | junel fe 24 | 67 | KOSELUGO | 29 |
| IOPIDINE | 185 | JUVEN | 95 | KOSHER PRENATAL PLUS IRON | 97 |
| IPOL | 35 | JUVEN (WITH COLLAGEN) | 95 | kourzeq | 179 |
| ipratropium bromide | 188, 190 | JUXTAPID | 40 | K-PAX | 88 |
| ipratropium-albuterol | 189 | JYLAMVO | 11, 27 | K-PAX IMMUNE BOOSTER | 84 |
| IQIRVO | 124 | JYNARQUE | 118 | K-PHOS NO 2 | 118 |
| irbesartan | 37 | kaitlib fe | 67 | K-PHOS ORIGINAL | 118 |
| irbesartan-hydrochlorothiazide | 37 | KALE-QUINOA-BERRIES PEDS PLUS | 92 | KRAZATI | 29 |
| IRESSA | 26 | KALE-QUINOA-BERRIES PLUS | 92 | KRINTAFEL | 18 |
| ISENTRESS | 19 | KALE-QUINOA-BERRIES VEGAN | 92 | KRISTALOSE | 116 |
| ISENTRESS HD | 19 | KALETRA | 20 | K-TAB | 88 |
| isibloom | 67 | kalliga | 67 | kurvelo (28) | 67 |
| ISOLEUCINE 1000 | 82, 90 | KALYDECO | 189 | KUVAN | 178 |
| ISOLEUCINE AMINO ACID SUPPLMNT | 82, 90 | KAPSPARGO SPRINKLE | 41 | KYLEENA | 65 |
| ISOMIL ADVANCE | 86 | KARBINAL ER | 186 | KYZATREX | 100 |
| ISOMIL DF | 86 | kariva (28) | 66 | l norgest/e.estradiol-e.estrad | 66, 69 |
| ISOMIL/IRON | 86 | KATERZIA | 42 | labetalol | 36 |
| isoniazid | 21 | KAZANO | 102 | LABSTIX REAGENT | 81, 166 |
| ISOPROPYL ALCOHOL | 32, 64 | kelnor 1/35 (28) | 67 | lacosamide | 47 |
| isopropyl alcohol | 64 | kelnor 1/50 (28) | 67 | lactulose | 111, 116 |
| ISORDIL | 37 | KENALOG | 78 | LAGEVRIO (EUA) | 25 |
| ISORDIL TITRADOSE | 37 | KEPPRA | 49 | LAMICTAL | 48 |
| isosorbide dinitrate | 37 | KEPPRA XR | 49 | LAMICTAL ODT | 48, 57 |
| isosorbide mononitrate | 37 | KERENDIA | 36 | LAMICTAL ODT STARTER (BLUE) | 48, 57 |
| isosorbide-hydralazine | 45 | KESIMPTA PEN | 180 | LAMICTAL ODT STARTER (GREEN) | 48, 57 |
| ISOSOURCE 1.5 CAL | 84 | KETOCAL 2.5:1 | 89 | LAMICTAL ODT STARTER (ORANGE) | 48, 57 |
| ISOSOURCE HN | 84 | KETOCAL 3:1 | 89 | LAMICTAL STARTER (BLUE) KIT | 48, 57 |
| isotretinoin | 71 | KETOCAL 4:1 | 89 | LAMICTAL STARTER (GREEN) KIT | 48, 57 |
| isradipine | 42 | KETOCAL 4:1 (MILK-SOY) | 89 | LAMICTAL STARTER (ORANGE) KIT | 48, 57 |
| ISTALOL | 183 | ketoconazole | 17, 75 | LAMICTAL XR | 48 |

| | | | | | |
|-------------------------------------|----------|-------------------------------------|-------------|-------------------------------------|---------------|
| LAMICTAL XR STARTER (BLUE)..... | 49 | LEVSIN..... | 112, 119 | lorazepam..... | 46, 57 |
| LAMICTAL XR STARTER (GREEN)..... | 49 | LEVSIN/SL..... | 112, 119 | lorazepam intensol..... | 46, 56 |
| LAMICTAL XR STARTER (ORANGE)..... | 49 | LEXAPRO..... | 50 | LORBRENA..... | 27 |
| lamivudine..... | 20, 22 | LIALDA..... | 114 | LOREEV XR..... | 46, 57 |
| lamivudine-zidovudine..... | 20 | LIBERVANT..... | 46, 56 | loryna (28)..... | 67 |
| lamotrigine..... | 49, 57 | LIBRAX (WITH CLIDINIUM)..... | 56, 113 | LORZONE..... | 126 |
| LAMPIT..... | 18 | LICART..... | 79 | losartan..... | 37 |
| LANAFLEX..... | 93 | lidocaine..... | 14, 80 | losartan-hydrochlorothiazide..... | 37 |
| LANCETS..... | 136, 166 | lidocaine (pf)..... | 14, 38 | LOTEMAX..... | 182 |
| LANCETS, SUPER THIN..... | 136, 166 | lidocaine hcl..... | 14, 80, 179 | LOTEMAX SM..... | 182 |
| LANCETS, THIN..... | 136, 166 | lidocaine hcl-hydrocortison ac..... | 15 | LOTENSIN..... | 36 |
| LANCETS, ULTRA THIN..... | 136, 166 | lidocaine viscous..... | 179 | LOTENSIN HCT..... | 36 |
| LANCING DEVICE..... | 136, 166 | lidocaine-prilocaine..... | 79 | loteprednol etabonate..... | 182 |
| LANCING DEVICE WITH LANCETS..... | 136, 166 | lidocan iii..... | 80 | LOTREL..... | 35 |
| LANCING SYSTEM..... | 136, 166 | lidocan iv..... | 80 | LOTRONEX..... | 113, 116 |
| LANOXIN..... | 43 | lidocan v..... | 80 | lovastatin..... | 39 |
| LANREOTIDE..... | 108 | LIDODERM..... | 80 | LOVAZA..... | 40 |
| lanreotide..... | 108 | lido-k..... | 80 | LOVENOX..... | 122 |
| lansoprazole..... | 111 | lidopin..... | 80 | low-ogestrel (28)..... | 67 |
| lanthanum..... | 118 | LIDOPIN..... | 80 | loxapine succinate..... | 54 |
| LANTUS SOLOSTAR U-100 INSULIN..... | 106 | LIFEMS NALOXONE..... | 16 | lo-zumandimine (28)..... | 67 |
| LANTUS U-100 INSULIN..... | 106 | LIFESHIELD BLUNT CANNULA..... | 147, 166 | LPS NEUTRAL FLAVOR..... | 95 |
| LANZO LANCING DEVICE..... | 136, 166 | linezolid..... | 24 | lubiprostone..... | 113, 116 |
| lapatinib..... | 26 | LINZESS..... | 111, 113 | LUCEMYRA..... | 63 |
| larin 1.5/30 (21)..... | 67 | liothyronine..... | 109 | ludent fluoride..... | 179 |
| larin 1/20 (21)..... | 67 | LIPISTART..... | 92 | LUER LOCK SYRINGE..... | 147, 166 |
| larin 24 fe..... | 67 | LIPITOR..... | 39 | LUER SLIP TIP SYRINGE TRAY..... | 147, 166 |
| larin fe 1.5/30 (28)..... | 67 | LIPOFEN..... | 39 | LUER-LOK TIP..... | 147, 166 |
| larin fe 1/20 (28)..... | 67 | LIQREV..... | 45 | LULICONAZOLE..... | 75 |
| LASIX..... | 44 | LIQSORB..... | 5 | LUMAKRAS..... | 29 |
| latanoprost..... | 185 | LIQUACEL..... | 95 | LUMIGAN..... | 185 |
| LATUDA..... | 53 | LIQUID PROTEIN FORTIFIER..... | 95 | LUMRYZ..... | 61 |
| LAXATIVE (BISACODYL)..... | 117 | LIRAGLUTIDE..... | 101 | LUMRYZ STARTER PACK..... | 61 |
| LAXATIVE PEG 3350..... | 116 | lisdexamfetamine..... | 55 | LUNESTA..... | 63 |
| layolis fe..... | 67 | lisinopril..... | 36 | LUPKYNIS..... | 124 |
| LAZCLUZE..... | 26 | lisinopril-hydrochlorothiazide..... | 36 | lurasidone..... | 53 |
| L-CYSTINE..... | 82 | LITE TOUCH-MEDIUM MASK..... | 150, 166 | lutra (28)..... | 67 |
| LEDIPASVIR-SOFOSBUVIR..... | 22 | LITEAIRE MDI CHAMBER..... | 150, 166 | LUZU..... | 75 |
| leena 28..... | 69 | LITETOUCH-LARGE MASK..... | 150, 166 | LYBALVI..... | 54, 55, 58 |
| leflunomide..... | 12 | LITETOUCH-SMALL MASK..... | 150, 166 | lyleq..... | 69 |
| lenalidomide..... | 31 | LITFULO..... | 71 | lylana..... | 104 |
| LENVIMA..... | 30 | lithium carbonate..... | 58 | LYNPARZA..... | 30 |
| LESCOL XL..... | 39 | lithium citrate..... | 58 | LYRICA..... | 47, 59 |
| lessina..... | 67 | LITHOBID..... | 58 | LYRICA CR..... | 59, 62 |
| LETAIRIS..... | 45 | LITHOSTAT..... | 118 | LYSODREN..... | 27 |
| letrozole..... | 28 | LITTLE REMEDIES GRIPE WATER..... | 5 | LYTGObI..... | 28 |
| LEUCINE..... | 82 | LIVALO..... | 39 | LYUMJEV KWIKPEN U-100 INSULIN..... | 107 |
| leucovorin calcium..... | 31 | LIVDELZI..... | 124 | LYUMJEV KWIKPEN U-200 INSULIN..... | 107 |
| LEUKERAN..... | 26 | LIVMARLI..... | 124 | LYUMJEV TEMPO PEN(U-100)INSULN..... | 107 |
| LEUKINE..... | 121 | LIVTENCITY..... | 21 | LYUMJEV U-100 INSULIN..... | 107 |
| leuprolide..... | 29 | LMD POWDER..... | 89 | LYVISPAH..... | 126 |
| levabuterol hcl..... | 188 | LO LOESTRIN FE..... | 66 | lyza..... | 69 |
| LEVAlBUTEROL TARTRATE..... | 188 | LOCOID..... | 78 | MACROBID..... | 17, 119 |
| LEVAMLODIPINE..... | 42 | LOCOID LIPOCREAM..... | 78 | mafenide acetate..... | 76 |
| LEVBID..... | 112, 119 | LODINE..... | 14 | MAGELLAN INSULIN SAFETY SYRNG..... | 142, 166 |
| LEVEMIR U-100 INSULIN..... | 106 | LODOCO..... | 5 | MAGELLAN SAFETY SYRINGE..... | 147, 166 |
| levetiracetam..... | 49 | LODOSYN..... | 52 | MAGELLAN SYRINGE..... | 142, 147, 166 |
| levobunolol..... | 183 | LOESTRIN 1.5/30 (21)..... | 67 | MAGELLAN TUBERCULIN SAFETY SYR..... | 147, 166 |
| LEVOcARNITINE..... | 82 | LOESTRIN 1/20 (21)..... | 67 | MAGNESIUM CITRATE..... | 116 |
| levocarnitine..... | 82, 177 | LOESTRIN FE 1.5/30 (28-DAY)..... | 67 | MAGNESIUM HYDROXIDE..... | 116 |
| levocarnitine (with sugar)..... | 177 | LOESTRIN FE 1/20 (28-DAY)..... | 67 | MALARONE..... | 18 |
| levocetirizine..... | 186 | lofena..... | 13 | MALARONE PEDIATRIC..... | 18 |
| levofloxacin..... | 22, 184 | lofedine..... | 63 | malathion..... | 80 |
| levonest (28)..... | 69 | lojaimiess..... | 66 | MANNXTRA..... | 5 |
| levonorgest-eth.estradiol-iron..... | 67 | LOKELMA..... | 87 | maraviroc..... | 19 |
| levonorgestrel..... | 70 | LOMAIRA..... | 191 | MARINOL..... | 58, 110, 192 |
| levonorgestrel-ethinyl estrad..... | 67 | LOMOTIL..... | 109 | marlissa (28)..... | 67 |
| levonorg-eth estrad triphasic..... | 69 | LONSURF..... | 27 | MARNATAL-F..... | 97 |
| levora-28..... | 67 | loperamide..... | 109 | MARPLAN..... | 50 |
| levorphanol tartrate..... | 6 | LOPHLEX..... | 93 | MATULANE..... | 26 |
| levo-t..... | 109 | LOPID..... | 39 | matzim la..... | 42 |
| LEVOTHYROXINE..... | 109 | lopinavir-ritonavir..... | 20 | MAVENCLAD (10 TABLET PACK)..... | 180 |
| levothyroxine..... | 109 | LOPRESSOR..... | 41 | MAVENCLAD (4 TABLET PACK)..... | 180 |
| levoxyl..... | 109 | LOPROX (AS OLAMINE)..... | 74 | MAVENCLAD (5 TABLET PACK)..... | 180 |

| | | | | | |
|-------------------------------------|----------|--------------------------------------|---------------|-------------------------------------|---------------|
| MAVENCLAD (6 TABLET PACK)..... | 180 | methotrexate sodium..... | 11, 27 | MINIMED SILHOUETTE 43"..... | 152, 167 |
| MAVENCLAD (7 TABLET PACK)..... | 180 | methotrexate sodium (pf)..... | 11, 27 | MINIMED SURE T 18"..... | 152, 167 |
| MAVENCLAD (8 TABLET PACK)..... | 180 | methoxsalen..... | 75 | MINIMED SURE T 23"..... | 152, 167 |
| MAVENCLAD (9 TABLET PACK)..... | 180 | methscopolamine..... | 112 | MINIMED SURE T 32"..... | 152, 167 |
| MAVYRET..... | 22 | methsuximide..... | 49 | MINIVELLE..... | 104 |
| MAXALT..... | 60 | methyl dopa..... | 43 | minocycline..... | 12, 25, 71 |
| MAXALT-MLT..... | 60 | methyl dopa-hydrochlorothiazide..... | 43 | MINOCYCLINE..... | 25, 71 |
| MAXICOMFORT II PEN NEEDLE..... | 142, 166 | methylergonovine..... | 108 | minoxidil..... | 43 |
| MAXICOMFORT INSULIN SYRINGE..... | 142, 166 | METHYLIN..... | 55, 62 | mirabegron..... | 117 |
| MAXI-COMFORT INSULIN SYRINGE..... | 142, 166 | methylphenidate..... | 56 | MIRCERA..... | 121 |
| MAXICOMFORT SAFETY PEN NEEDLE..... | 142, 166 | methylphenidate hcl..... | 56, 62 | MIRENA..... | 65 |
| MAXIDEX..... | 182 | METHYLPHENIDATE HCL..... | 56 | mirtazapine..... | 50 |
| MAXITROL..... | 181 | methylprednisolone..... | 105 | misoprostol..... | 112 |
| MAYZENT..... | 181 | methylprednisolone acetate..... | 105 | MITIGARE..... | 120 |
| MAYZENT STARTER(FOR 1MG MAINT)..... | 181 | methyltestosterone..... | 100 | MMA-PA ANAMIX EARLY YEARS..... | 86, 94 |
| MAYZENT STARTER(FOR 2MG MAINT)..... | 181 | metoclopramide hcl..... | 112 | MMA-PA ANAMIX NEXT..... | 86, 94 |
| meclizine..... | 110 | metolazone..... | 44 | MMA-PA COOLER15..... | 94 |
| MECLIZINE..... | 110 | metoprolol succinate..... | 41 | MMA-PA EXPRESS15..... | 94 |
| MECLOFENAMATE..... | 13 | metoprolol ta-hydrochlorothiaz..... | 42 | MMA-PA GEL..... | 94 |
| MEDIHONEY (HONEY)..... | 80 | metoprolol tartrate..... | 41 | MMA-PA MAXAMUM..... | 95 |
| MEDISENSE..... | 136, 166 | METROCREAM..... | 79 | M-M-R II (PF)..... | 33, 35 |
| MEDISENSE GLUCOSE KETONE..... | 136, 166 | METROGEL..... | 79 | m-natal plus..... | 97 |
| MEDISENSE MID CONTROL..... | 136, 166 | metronidazole..... | 19, 79, 191 | MOBILE LANCETS..... | 136, 167 |
| MEDISENSE THIN LANCETS..... | 136, 166 | metyrosine..... | 45 | modafinil..... | 62 |
| MEDLANCE PLUS LANCETS..... | 136, 166 | mexiletine..... | 38 | MODERNA COVID 24-25(6M-11Y)PF..... | 34 |
| MEDLANCE PLUS SPECIAL BLADE..... | 136, 166 | MIACALCIN..... | 103 | moexipril..... | 36 |
| MEDPOINT NORMAL CONTROL..... | 136, 166 | mibelas 24 fe..... | 67 | molindone..... | 54 |
| MEDROL..... | 105 | MICARDIS..... | 37 | mometasone..... | 78, 190 |
| MEDROL (PAK)..... | 105 | MICARDIS HCT..... | 37 | mondoxyn nl..... | 25 |
| medroxyprogesterone..... | 65, 108 | MICONAZOLE NITRATE-ZINC OX-PET..... | 75 | MONODOX..... | 25 |
| MEDTRONIC EXT INFUSION SET 23"..... | 152, 166 | miconazole-3..... | 191 | MONOGEN..... | 84, 92 |
| MEDTRONIC EXT INFUSION SET 32"..... | 152, 166 | MICRO BLOOD GLUCOSE..... | 128, 166 | MONOJECT 140CC PISTON SYRINGE..... | 147, 167 |
| mefenamic acid..... | 13 | MICRO THIN LANCETS..... | 136, 166 | MONOJECT 3CC SYR 25GX1"..... | 147, 167 |
| mefloquine..... | 18 | MICROCHAMBER..... | 150, 166 | MONOJECT BLOOD COLLECTION..... | 126, 167 |
| megestrol..... | 30, 192 | MICROCYN..... | 32, 80 | MONOJECT BLUNT CANNULAS..... | 147, 167 |
| MEKINIST..... | 29 | MICRODOT BLOOD GLUCOSE SYSTEM .. | 128, 136, 166 | MONOJECT CONTROL SYRINGE LUER..... | 147, 167 |
| MEKTOVI..... | 29 | MICRODOT HIGH-LOW CONTROL..... | 136, 166 | MONOJECT DISPOSABLE SYRINGE..... | 147, 167 |
| MELOXICAM..... | 13 | MICRODOT NORMAL CONTROL..... | 136, 166 | MONOJECT ECCENTRIC NON-STERILE..... | 147, 167 |
| meloxicam..... | 13 | MICRODOT XTRA BLOOD GLUCOSE..... | 128, 166 | MONOJECT ENFIT STERILE SYRINGE..... | 130, 167 |
| meloxicam submicronized..... | 13 | microgestin 1.5/30 (21)..... | 67 | MONOJECT ENFIT SYRINGE..... | 130, 167 |
| memantine..... | 65 | microgestin 1/20 (21)..... | 67 | MONOJECT FILTER ASPIRATOR..... | 147, 167 |
| MENEST..... | 104 | microgestin fe 1.5/30 (28)..... | 67 | MONOJECT FILTER NEEDLE..... | 147, 167 |
| MENOPUR..... | 104 | microgestin fe 1/20 (28)..... | 67 | MONOJECT HYPODERMIC NEEDLES..... | 147, 167 |
| MENOSTAR..... | 104 | MICROLET 2 LANCING DEVICE..... | 136, 166 | MONOJECT HYPODERMIC POLYPROPYL..... | 147, 167 |
| MENQUADFI (PF)..... | 34 | MICROLET LANCET..... | 136, 166 | MONOJECT INSULIN SAFETY SYRING..... | 142, 167 |
| MENVEO A-C-Y-W-135-DIP (PF)..... | 34 | MICROLET NEXT LANCING DEVICE..... | 136, 166 | MONOJECT INSULIN SYRINGE..... | 142, 167 |
| meperidine..... | 6 | MICROLIFE PEAK FLOW METER..... | 149, 166 | MONOJECT LUER-LOCK TIP..... | 147, 167 |
| meprobamate..... | 46 | MICROSPACER..... | 150, 166 | MONOJECT MAGELLAN SYRINGE..... | 147, 167 |
| MEPRON..... | 19 | midazolam..... | 57, 62 | MONOJECT MEDICATION TRANSF NDL..... | 147, 167 |
| mercaptopurine..... | 27 | midodrine..... | 43 | MONOJECT PHARMACY TRAY LUER..... | 147, 167 |
| merzee..... | 67 | MIEBO (PF)..... | 181 | MONOJECT PHARMACY TRAY REG TIP..... | 147, 167 |
| mesalamine..... | 114 | mifepristone..... | 99, 101 | MONOJECT REG TIP NON-STERILE..... | 147, 167 |
| MESNEX..... | 31 | MIGERGOT..... | 60 | MONOJECT REGULAR LUER..... | 147, 167 |
| MESTINON..... | 125 | miglitol..... | 100 | MONOJECT SAFETY LUER LOCK TIP..... | 147, 167 |
| MESTINON TIMESPAN..... | 125 | miglustat..... | 178 | MONOJECT SAFETY SYRINGES..... | 147, 167 |
| METADATE CD..... | 55 | MIGRANAL..... | 60 | MONOJECT SMARTIP CANNULA..... | 147, 167 |
| metaxalone..... | 126 | mili..... | 68 | MONOJECT SYRINGE..... | 142, 148, 167 |
| metformin..... | 107 | MILK OF MAGNESIA..... | 116 | MONOJECT SYRINGE LUER LOK..... | 147, 168 |
| METFORMIN..... | 107 | MILK OF MAGNESIA CONCENTRATED..... | 116 | MONOJECT TB..... | 148, 168 |
| methadone..... | 6 | MILLIPRED..... | 105 | MONOJECT TB LUER LOK..... | 148, 168 |
| methadone intensol..... | 6 | MILLIPRED DP..... | 105 | MONOJECT TB SAFETY SYRINGE..... | 148, 168 |
| METHADOSE..... | 6 | mimvey..... | 104 | MONOJECT TUBERCULIN SYRINGE..... | 148, 168 |
| methadose..... | 6 | MINI LANCING DEVICE..... | 136, 167 | MONOJECT ULTRA COMFORT INSULIN..... | 142, 168 |
| methamphetamine..... | 55, 59 | MINI ULTRA-THIN II..... | 142, 167 | MONOLET LANCETS..... | 136, 168 |
| methazolamide..... | 43 | MINI WRIGHT PEAK FLOW METER..... | 149, 167 | MONOLET THIN LANCETS..... | 136, 168 |
| methenamine hippurate..... | 23, 119 | MINIMED MIO ADVANCE INF SET23"..... | 152, 167 | mono-linyah..... | 68 |
| methenamine mandelate..... | 24, 119 | MINIMED MIO ADVANCE INF SET43"..... | 152, 167 | MONSEL'S..... | 122 |
| methen-sod phos-meth blue-hyos..... | 24, 119 | MINIMED QUICK SET 18"..... | 152, 167 | montelukast..... | 187 |
| methimazole..... | 102 | MINIMED QUICK SET 23"..... | 152, 167 | morgidox..... | 25 |
| METHIONAID..... | 90 | MINIMED QUICK SET 32"..... | 152, 167 | morphine..... | 6 |
| METHIONINE..... | 82, 90 | MINIMED QUICK SET 43"..... | 152, 167 | MORPHINE..... | 6 |
| methitest..... | 100 | MINIMED SILHOUETTE 18"..... | 152, 167 | morphine concentrate..... | 6 |
| METHOCARBAMOL..... | 126 | MINIMED SILHOUETTE 23"..... | 152, 167 | MOTTEGRITY..... | 112 |
| methocarbamol..... | 126 | MINIMED SILHOUETTE 32"..... | 152, 167 | MOTOFEN..... | 109 |

| | | | | | |
|--------------------------------|---------------|--------------------------------|----------|--|----------|
| MOTPOLY XR | 47 | NARCAN | 16 | niacin | 40, 98 |
| MOUNJARO | 101 | NARDIL | 50 | NIACOR | 40 |
| MOUTHPIECE | 150, 168 | NASCOBAL | 98 | nicardipine | 42 |
| MOVANTIK | 16 | NATACHEW (FE BIS-GLYCINATE) | 97 | NICODERM CQ | 64 |
| MOVIPREP | 116 | NATACYN | 184 | NICORETTE | 64 |
| MOXATAG | 16 | NATAZIA | 69 | NICOTINE | 64 |
| moxifloxacin | 22, 184 | NATEGLINIDE | 101 | NICOTINE (POLACRILEX) | 64 |
| MOZOBIL | 121 | NATESTO | 100 | nicotine (polacrilex) | 64 |
| MRESVIA (PF) | 32 | NATROBA | 80 | NICOTROL NS | 64 |
| MS CONTIN | 6 | NAYZILAM | 47, 57 | nifedipine | 42 |
| MSUD AID | 90 | neбиволол | 41 | nikki (28) | 68 |
| MSUD ANALOG | 86, 90 | NEBUPENT | 24 | NILANDRON | 27 |
| MSUD ANAMIX EARLY YEARS | 86, 90 | nebusal | 64 | nilutamide | 27 |
| MSUD COOLER | 90 | necon 0.5/35 (28) | 68 | nimodipine | 42 |
| MSUD EXPRESS COOLER | 90 | NEEDLE (DISP) 16 G | 148, 168 | NINLARO | 30 |
| MSUD EXPRESS15 PLUS | 90 | NEEDLE (DISP) 18 G | 148, 168 | nisoldipine | 42 |
| MSUD EXPRESS20 PLUS | 90 | NEEDLE (DISP) 19 G | 148, 168 | nitazoxanide | 19 |
| MSUD GEL POWDER | 90 | NEEDLE (DISP) 23 GAUGE | 148, 168 | nitisinone | 178 |
| MSUD LOPHLEX | 91 | NEEDLES, HUBER DISPOSABLE | 148, 168 | NITRO-BID | 37 |
| MSUD MAXAMAID | 91 | NEEVODHA (WITH ALGAL OIL) | 88 | NITRO-DUR | 38 |
| MSUD MAXAMUM | 91 | nefazodone | 50 | nitrofurantoin | 17, 119 |
| MULPLETA | 124 | NEFFY | 43 | NITROFURANTOIN | 17, 119 |
| MULTAQ | 38 | NEMLUVIO | 70 | nitrofurantoin macrocrystal | 17, 119 |
| MULTI-DRAW NEEDLE | 126, 168 | NEOCATE INFANT DHA-ARA | 86 | nitrofurantoin monohydrate macrocrystals | 17, 119 |
| MULTI-LANCET DEVICE 2 | 136, 168 | NEOCATE JUNIOR | 92 | nitroglycerin | 15, 38 |
| MULTISTIX | 81, 168 | NEOCATE JUNIOR WITH PREBIOTICS | 92 | NITROLINGUAL | 38 |
| MULTISTIX 10 SG | 81, 168 | NEOCATE NUTRA | 92 | NITROMIST | 38 |
| MULTISTIX 5 | 81, 168 | NEOCATE SPLASH | 92 | NITROSTAT | 38 |
| MULTISTIX 7 | 81, 168 | NEOCATE SYNEO INFANT | 86 | nitro-time | 38 |
| MULTISTIX 8 SG | 81, 168 | NEOCATE SYNEO JUNIOR | 92 | NITYR | 178 |
| MULTISTIX 9 | 81, 168 | NEOKE ALCAR | 82 | niva thyroid | 109 |
| MULTISTIX 9 SG | 81, 168 | NEOKE BCAA4 | 82, 90 | NIVESTYM | 121 |
| multi-vitamin with fluoride | 96 | neomycin | 16 | nizatidine | 111 |
| mupirocin | 74 | neomycin-bacitracin-poly-hc | 181 | NOCDURNA (MEN) | 100 |
| mupirocin calcium | 74 | neomycin-bacitracin-polymyxin | 184 | NOCDURNA (WOMEN) | 100 |
| mvc-fluoride | 96 | neomycin-polymyxin b-dexameth | 181 | NOKOR NEEDLE | 148, 168 |
| my choice | 70 | neomycin-polymyxin-gramicidin | 184 | nora-be | 69 |
| my way | 70 | neomycin-polymyxin-hc | 181, 185 | NORDITROPIN FLEXPRO | 105 |
| MYALEPT | 107 | NEONATAL PLUS VITAMIN | 97 | norelgestromin-ethinyl estradiol | 69 |
| MYCAPSSA | 108 | NEONATAL-DHA | 97 | noreth-ethinyl estradiol-iron | 68 |
| MYCOBUTIN | 21, 24 | NEOPHE | 94 | norethindrone (contraceptive) | 69 |
| mycophenolate mofetil | 11, 124 | neo-polycin | 184 | norethindrone acetate | 108 |
| mycophenolate sodium | 124 | neo-polycin hc | 181 | norethindrone ac-eth estradiol | 68, 104 |
| MYDAYIS | 56, 59 | NEORAL | 11, 124 | norethindrone-e-estradiol-iron | 68, 69 |
| MYFEMBREE | 107 | NEO-SYNALAR | 74 | NORGESIC FORTE | 125 |
| MYFORTIC | 124 | NEPRO CARB STEADY | 92 | norgestimate-ethinyl estradiol | 68, 69 |
| MYGLUCOHEALTH | 128, 136, 168 | NERIA | 151, 168 | NORITATE | 79 |
| MYGLUCOHEALTH CONTROL SOLUTION | 136, 168 | NERLYNX | 26 | NORLIQVA | 42 |
| MYGLUCOHEALTH LANCETS | 136, 168 | NESINA | 101 | NORM-JECT | 148, 168 |
| MYHIBBIN | 124 | NESTABS | 97 | NORM-JECT TUBERKULIN | 148, 168 |
| MYLERAN | 26 | NESTABS ABC | 97 | NORPACE | 38 |
| mynatal | 97 | NESTABS DHA | 97 | NORPACE CR | 38 |
| mynatal plus | 97 | NESTABS ONE | 88 | NORTHERA | 43 |
| mynatal-z | 97 | neuac | 72 | nortrel 0.5/35 (28) | 68 |
| MYRBETRIQ | 117 | NEULASTA | 121 | nortrel 1/35 (21) | 68 |
| MYSOLINE | 46 | NEULASTA ONPRO | 121 | nortrel 1/35 (28) | 68 |
| MYTESI | 109 | NEUPOGEN | 121 | nortrel 7/7/7 (28) | 69 |
| nabumetone | 13 | NEUPRO | 53 | nortriptyline | 52 |
| nadolol | 41 | NEURONTIN | 47 | NORVASC | 42 |
| naftifine | 74 | NEUTEK 2TEK TEST STRIPS | 128, 168 | NORVIR | 24 |
| NAFTIN | 74 | NEVANAC | 183 | NOURIANZ | 52 |
| NALFON | 13, 14 | nevirapine | 19 | NOVA MAX GLUCOSE TEST | 128, 168 |
| NALOCET | 7 | new day | 70 | NOVA MAX PLUS GLUC-KETON METER | 129, 168 |
| naloxone | 16 | NEW ZEALAND WHEY PROTEIN | 95 | NOVA SAFETY LANCETS | 136, 168 |
| naltrexone | 63 | newgen | 97 | NOVA SUREFLEX LANCETS | 136, 168 |
| NAMENDA TITRATION PAK | 65 | NEXAVAR | 29 | NOVAMAX PLUS GLU-KET | 136, 168 |
| NAMENDA XR | 65 | NEXICLON XR | 43 | NOVAMAX PLUS KETONE | 81, 168 |
| NAMZARIC | 65 | NEXIUM | 111 | NOVAREL | 106 |
| NAPRELAN CR | 14 | NEXIUM PACKET | 111 | NOVASOURCE RENAL 2 CAL | 92 |
| NAPROSYN | 14 | NEXLETOL | 38 | NOVAVAX COVID 2024-25(PF)(EUA) | 34 |
| naproxen | 14 | NEXLIZET | 40 | NOVOFINE 32 | 142, 168 |
| naproxen sodium | 14 | NEXPLANON | 65 | NOVOFINE PLUS | 142, 168 |
| naproxen-esomeprazole | 12 | NEXTSTELLIS | 68 | NOVOLIN 70/30 U-100 INSULIN | 106 |
| naratriptan | 60 | NGENLA | 105 | NOVOLIN 70-30 FLEXPEN U-100 | 106 |

| | | | | | |
|--------------------------------------|--------------|--------------------------------------|------------|--------------------------------------|----------|
| NOVOLIN N FLEXPEN | 106 | OJJAARA | 26 | OPVEE | 16 |
| NOVOLIN N NPH U-100 INSULIN | 106 | olanzapine | 54, 58 | OPZELURA | 73 |
| NOVOLIN R FLEXPEN | 106 | olanzapine-fluoxetine | 51, 54, 58 | ORACEA | 25, 79 |
| NOVOLIN R REGULAR U100 INSULIN | 106 | olmesartan | 37 | ORACIT | 118 |
| NOVOLOG FLEXPEN U-100 INSULIN | 107 | olmesartan-amlodipin-hcthiazyd | 37 | ORAL SALINE LAXATIVE | 116 |
| NOVOLOG MIX 70-30 U-100 INSULN | 106 | olmesartan-hydrochlorothiazide | 37 | ORALAIR | 32 |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 106 | olopatadine | 190 | oralone | 179 |
| NOVOLOG PENFILL U-100 INSULIN | 107 | OLPRUVA | 178 | ORAPRED ODT | 105 |
| NOVOLOG U-100 INSULIN ASPART | 107 | OLUMIANT | 12, 71 | ORAVIG | 17 |
| NOVOPEN ECHO | 142, 168 | OLUX | 78 | ORENCIA | 11 |
| NOXAFIL | 18 | OMECLAMOX-PAK | 113 | ORENCIA CLICKJECT | 11 |
| np thyroid | 109 | omega-3 acid ethyl esters | 40 | ORENITRAM | 45 |
| NUBEQA | 27 | omeprazole | 111 | ORENITRAM MONTH 1 TITRATION KT | 45 |
| NUCALA | 187 | omeprazole-sodium bicarbonate | 112 | ORENITRAM MONTH 2 TITRATION KT | 45 |
| NUCORT | 78 | OMNARIS | 190 | ORENITRAM MONTH 3 TITRATION KT | 45 |
| NUCYNTA | 6 | OMNIPOD 5 (G6/LIBRE 2 PLUS) | 151, 168 | ORFADIN | 178 |
| NUCYNTA ER | 6 | OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 151, 168 | ORGANIC PEDIASPART | 84 |
| NUDEXTA | 62 | OMNIPOD 5 G6-G7 PODS (GEN 5) | 151, 168 | ORGANIC PHYTOFOOD | 5 |
| nulev | 112, 119 | OMNIPOD 5 INTRO(G6/LIBRE2PLUS) | 151, 168 | ORGOVYX | 29 |
| NUMBONEX | 80 | OMNIPOD CLASSIC PODS (GEN 3) | 151, 168 | ORIAHNN | 107 |
| NUPLAZID | 54 | OMNIPOD DASH INTRO KIT (GEN 4) | 151, 168 | ORLISSA | 108 |
| NURTEC ODT | 60 | OMNIPOD DASH PODS (GEN 4) | 151, 168 | ORKAMBI | 189 |
| NUTRA PRO HIGH PROTEIN | 84 | OMNITROPE | 105 | ORLADEYO | 45 |
| NUTRAFIT | 84 | OMVOH | 114 | ORLISTAT | 192 |
| NUTRAFIT PLUS | 84 | OMVOH PEN | 114 | ormalvi | 125 |
| NUTRAMIGEN DHA-ARA | 86 | ON CALL EXPRESS CONTROL | 136, 168 | orphenadrine citrate | 126 |
| NUTRAMIGEN TODDLER ENFLORA-LGG | 86 | ON CALL EXPRESS METER | 136, 169 | orphenadrine-asa-caffeine | 125 |
| NUTRAMIGEN WITH ENFLORA LGG | 86 | ON CALL EXPRESS TEST STRIP | 128, 169 | orphengesic forte | 125 |
| NUTRAMIGEN WITH PROBIOTIC LGG | 86 | ON CALL LANCET | 136, 169 | ORSERDU | 31 |
| NUTRASENTIALS | 82 | ON CALL LANCING DEVICE | 136, 169 | oscimin | 112, 119 |
| NUTREN 1.0 WITH FIBER | 92 | ONDANSETRON | 110 | oscimin sl | 112, 119 |
| NUTREN 1.5 | 92 | ondansetron | 110 | oseltamivir | 23 |
| NUTREN 2.0 | 92 | ondansetron hcl | 110 | OSENI | 102 |
| NUTREN JUNIOR | 92 | ONE DAILY PRENATAL | 97 | OSMOLEX ER | 53 |
| NUTREN JUNIOR FIBER | 92 | ONE WAY VALVED MOUTHPIECE | 150, 169 | OSMOLITE 1 CAL | 92 |
| NUTRITIONAL DRINK | 84 | ONELAX MAGNESIUM CITRATE | 116 | OSMOLITE 1.2 CAL | 92 |
| NUTRITIONAL DRINK MIX | 95 | ONETOUCH DELICA PLUS LANC DEV | 137, 169 | OSMOLITE 1.5 CAL | 92 |
| NUTRITIONAL DRINK PLUS | 84 | ONETOUCH DELICA PLUS LANCET | 137, 169 | OSPHENA | 108 |
| NUTRITIONAL SHAKE | 84 | ONETOUCH DELICA SAFETY LANCET | 137, 169 | OTEZLA | 12, 76 |
| NUTRITIONAL SHAKE PLUS | 84 | ONETOUCH ULTRA CONTROL | 137, 169 | OTEZLA STARTER | 12, 76 |
| NUTROPIN AQ NUSPIN | 105 | ONETOUCH ULTRA TEST | 128, 169 | OTOVEL | 185 |
| NUVARING | 70 | ONETOUCH ULTRA2 METER | 137, 169 | OTREXUP (PF) | 11 |
| NUVESSA | 191 | ONETOUCH ULTRASOFT 2 LANCET | 137, 169 | OVAL TAPE | 137, 169 |
| NUVIGIL | 62 | ONETOUCH VERIO FLEX METER | 137, 169 | OVASITOL | 5 |
| NUZYRA | 16, 25 | ONETOUCH VERIO HIGH CONTROL | 137, 169 | OVIDE | 80 |
| nyamyc | 74 | ONETOUCH VERIO MID CONTROL | 137, 169 | OVIDREL | 106 |
| nylia 1/35 (28) | 68 | ONETOUCH VERIO REFLECT METER | 137, 169 | OXAPROZIN | 14 |
| nylia 7/7/7 (28) | 69 | ONETOUCH VERIO TEST STRIPS | 128, 169 | oxaprozin | 14 |
| NYMALIZE | 42 | ONEXTON | 72 | oxazepam | 46, 57 |
| nystatin | 17, 74, 179 | ONFI | 47, 57 | oxcarbazepine | 48 |
| nystatin-triamcinolone | 75 | ONGENTYS | 52 | OXEPA | 92 |
| nystop | 74 | ON-THE-GO LANCETS | 137, 169 | OXERVATE | 183 |
| NYVEPRIA | 121 | ONUREG | 27 | oxiconazole | 75 |
| OA 1 POWDER | 86, 95 | ONYDA XR | 55 | OXISTAT | 75 |
| OA2 POWDER | 95 | ONZETRA XSAIL | 60 | OXTELLAR XR | 48 |
| OB COMPLETE | 88 | opcicon one-step | 70 | oxybutynin chloride | 120 |
| OB COMPLETE ONE | 97 | OPFOLDA | 177 | OXYBUTYNIN CHLORIDE | 120 |
| OB COMPLETE PETITE | 97 | OPILL | 69 | oxycodone | 6 |
| OB COMPLETE PREMIER | 97 | opium tincture | 109 | OXYCODONE | 6 |
| OB COMPLETE WITH DHA | 97 | OPSUMIT | 45 | oxycodone-acetaminophen | 7, 8 |
| OCALIVA | 124 | OPSYNVI | 35 | OXYCONTIN | 6 |
| ocella | 68 | OPTICHAMBER ADULT MASK-LARGE | 150, 169 | oxymorphone | 6 |
| OCREVUS ZUNOVO | 180 | OPTICHAMBER DIAMOND LG MASK | 150, 169 | OXYTROL | 120 |
| octreotide acetate | 108, 117 | OPTICHAMBER DIAMOND VHC | 150, 169 | OZEMPIC | 101 |
| octreotide,microspheres | 108, 117 | OPTICHAMBER DIAMOND-MED MSK | 150, 169 | OZOBAX | 126 |
| OCUFLOX | 184 | OPTICHAMBER DIAMOND-SML MASK | 150, 169 | OZOBAX DS | 126 |
| ODACTRA | 33 | OPTICLEANSE GHI | 92 | pacerone | 38 |
| ODEFSEY | 21 | OPTICLEANSE PLUS | 84 | PACNEX | 72 |
| ODOMZO | 29 | OPTIFIBER LEAN | 5 | PALFORZIA (LEVEL 1) | 33 |
| OFEV | 30, 191 | OPTIMETABOLIX | 84 | PALFORZIA (LEVEL 2) | 33 |
| ofloxacin | 22, 184, 185 | OPTIMETABOLIX 2:1 | 84 | PALFORZIA (LEVEL 3) | 33 |
| OGSIVEO | 25 | option-2 | 70 | PALFORZIA (LEVEL 4) | 33 |
| OHTUVAYRE | 185 | OPTIUM EZ | 128, 169 | PALFORZIA (LEVEL 5) | 33 |
| OJEMDA | 28 | OPTIUM TEST | 128, 169 | PALFORZIA (LEVEL 6) | 33 |

| | | | | | |
|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|
| PALFORZIA (LEVEL 7)..... | 33 | PEPTAMEN AF..... | 92 | pimtree (28)..... | 66 |
| PALFORZIA (LEVEL 8)..... | 33 | PEPTAMEN INTENSE VHP..... | 92 | pindolol..... | 41 |
| PALFORZIA (LEVEL 9)..... | 33 | PEPTAMEN JUNIOR..... | 92 | pioglitazone..... | 107 |
| PALFORZIA (LEVEL 10)..... | 33 | PEPTAMEN JUNIOR 1.5..... | 92 | pioglitazone-glimepiride..... | 102 |
| PALFORZIA (LEVEL 11 UP-DOSE)..... | 33 | PEPTAMEN JUNIOR FIBER..... | 92 | pioglitazone-metformin..... | 102 |
| PALFORZIA INITIAL DOSE..... | 33 | PEPTAMEN JUNIOR HP..... | 92 | PIP BLOOD GLUCOSE MONITOR..... | 137, 169 |
| PALFORZIA LEVEL 11 MAINTENANCE..... | 33 | PEPTAMEN JUNIOR PHGG..... | 92 | PIP BLOOD GLUCOSE TEST STRIP..... | 128, 169 |
| paliperidone..... | 53 | PEPTAMEN W-PREBIO1..... | 92 | PIP GLUCOSE CONTROL SOLN L1-L2..... | 137, 169 |
| PALYNZIQ..... | 178 | PEPTICATE..... | 86 | PIP LANCET..... | 137, 169 |
| PAMELOR..... | 52 | PEPTIDE 1.0..... | 92 | PIP PEN NEEDLE..... | 142, 169 |
| PANCREAZE..... | 111 | PEPTIDE FORMULA 1.5..... | 92 | PIQRAY..... | 30 |
| PANDA MASK..... | 150, 169 | PERATIVE..... | 92 | pirfenidone..... | 191 |
| PANDEL..... | 78 | PERCOCET..... | 7, 8 | PIRFENIDONE..... | 191 |
| PANRETIN..... | 75 | PERFECT POINT SAFETY LANCETS..... | 137, 169 | piroxicam..... | 13 |
| pantoprazole..... | 111 | PERFECT POINT SAFETY NEEDLE..... | 148, 169 | PISTON SYRINGE WITH ENFIT..... | 130, 169 |
| PARADIGM RESERVOIR..... | 142, 169 | PERFOROMIST..... | 188 | pitavastatin calcium..... | 39 |
| paricalcitol..... | 177 | PERIDEX..... | 179 | PIVOT 1.5 CAL..... | 92 |
| PARNATE..... | 50 | PERIFLEX ADVANCE..... | 94 | PKU AIR20..... | 94 |
| paroex oral rinse..... | 179 | PERIFLEX INFANT..... | 94 | PKU COOLER 10..... | 94 |
| paromomycin..... | 16 | PERIFLEX JUNIOR..... | 94 | PKU COOLER 15..... | 94 |
| paroxetine hcl..... | 50 | PERIFLEX LQ PKU..... | 94 | PKU COOLER 20..... | 94 |
| paroxetine mesylate(menop.sym)..... | 108 | perindopril erbumine..... | 36 | PKU EASY SHAKE AND GO..... | 94 |
| PASER..... | 21 | periogard..... | 179 | PKU EXPLORE10..... | 94 |
| PAXIL..... | 50 | permethrin..... | 80 | PKU EXPLORE5..... | 94 |
| PAXIL CR..... | 50 | perphenazine..... | 54 | PKU EXPRESS15 PLUS..... | 94 |
| PAXLOVID..... | 25 | perphenazine-amitriptyline..... | 51 | PKU EXPRESS20 PLUS..... | 94 |
| pazopanib..... | 30 | PERSONAL BEST FULL RANGE..... | 149, 169 | PKU GEL POWDER..... | 94 |
| PEAK AIR PEAK FLOW METER..... | 149, 169 | PERTZYE..... | 111 | PKU GOLIKE PLUS (16 YR UP)..... | 94 |
| PEDIARIX (PF)..... | 33, 34 | PF 2..... | 92 | PKU GOLIKE PLUS (4-16 YR)..... | 94 |
| PEDIASURE..... | 84 | PF 2 TODDLER..... | 86 | PKU LOPHLEX..... | 94 |
| PEDIASURE ENTERAL..... | 84 | PFIZER COVID 2024-25(5Y-11Y)PF..... | 34 | PKU MAXAMUM..... | 94 |
| PEDIASURE ENTERAL W/FIBER 1.0..... | 84 | PFIZER COVID 2024-25(6MO-4Y)PF..... | 34 | PKU PERIFLEX EARLY YEARS..... | 94 |
| PEDIASURE GROW-GAIN..... | 84 | PHARMACIST CHOICE..... | 128, 169 | PKU PERIFLEX JUNIOR PLUS..... | 94 |
| PEDIASURE GROW-GAIN ORGANIC..... | 84 | PHARMACIST CHOICE GLUCOSE SYS..... | 137, 169 | PKU SPHERE15..... | 94 |
| PEDIASURE GROW-GAIN WITH FIBER..... | 84 | PHASEAL PROTECTOR..... | 149, 169 | PKU SPHERE20..... | 94 |
| PEDIASURE HARVEST..... | 84 | PHEBURANE..... | 178 | PLAN B ONE-STEP..... | 70 |
| PEDIASURE PEPTIDE 1.0 CAL..... | 92 | phenazopyridine..... | 119 | PLAQUENIL..... | 11, 18 |
| PEDIASURE PEPTIDE 1.5 CAL..... | 92 | phendimetrazine tartrate..... | 192 | PLAVIX..... | 123 |
| PEDIASURE REDUCED CALORIE..... | 84 | phenelzine..... | 50 | PLEGRIDY..... | 180 |
| PEDIASURE SHAKE MIX..... | 84 | PHENEX-1..... | 86, 94 | PLENVU..... | 116 |
| PEDIASURE SIDEKICKS..... | 85 | PHENEX-2..... | 94 | plerixafor..... | 121 |
| PEDIASURE SIDEKICKS CLEAR..... | 85 | phenobarbital..... | 46, 62 | PLEXION..... | 72 |
| PEDIASURE WITH FIBER..... | 85 | phenoxybenzamine..... | 44 | PNEUMOVAX-23..... | 34 |
| PEDIATRIC BLENDED MEAL..... | 92 | phentermine..... | 192 | pnv-dha..... | 88 |
| PEDIATRIC MEDIUM MASK..... | 150, 169 | PHENYLADE 40..... | 94 | pnv-omega..... | 88 |
| PEDIATRIC PANDA MASK..... | 150, 169 | PHENYLADE 60..... | 94 | pnv-select..... | 97 |
| PEDIATRIC PEPTIDE 1.0..... | 92 | PHENYLADE AMINO ACIDS..... | 94 | POCKET CHAMBER..... | 150, 170 |
| PEDIATRIC PEPTIDE FORMULA 1.5..... | 92 | PHENYLADE ESSENTIAL..... | 94 | POCKET PEAK FLOW METER..... | 149, 170 |
| PEDIATRIC SMALL MASK..... | 150, 169 | PHENYLADE GMP..... | 94 | podofilox..... | 79 |
| PEDIATRIC STANDARD FORMULA 1.2..... | 92 | PHENYLADE GMP MIX-IN..... | 94 | POKONZA..... | 88 |
| PEDVAX HIB (PF)..... | 34 | PHENYLADE GMP READY..... | 94 | POLY HUB NEEDLE..... | 148, 170 |
| peg 3350-electrolytes..... | 116 | PHENYLADE GMP ULTRA..... | 94 | POLYCAL..... | 92 |
| peg3350-sod sul-nacl-kcl-asb-c..... | 116 | PHENYLADE MTE AMINO ACIDS..... | 94 | polycin..... | 184 |
| PEGASYS..... | 22 | PHENYLADE PHEBLOC..... | 94 | polyethylene glycol 3350..... | 116 |
| peg-electrolyte soln..... | 116 | PHENYLALANINE..... | 82 | polymyxin b sulf-trimethoprim..... | 184 |
| PEMAZYRE..... | 28 | phenylephrine hcl..... | 183 | POMALYST..... | 31 |
| PEN NEEDLE..... | 142, 169 | PHENYL-FREE 1..... | 94 | PONVORY..... | 181 |
| PEN NEEDLE, DIABETIC..... | 142, 169 | PHENYL-FREE 2 PKU..... | 94 | PONVORY 14-DAY STARTER PACK..... | 181 |
| PEN NEEDLE, DIABETIC, SAFETY..... | 142, 169 | PHENYL-FREE 2HP PKU..... | 94 | PORTAGEN..... | 92 |
| PENBRAYA (PF)..... | 34 | PHENYTEK..... | 48 | portia 28..... | 68 |
| peniclovir..... | 76 | phenytoin..... | 48 | posaconazole..... | 18 |
| penicillamine..... | 12, 15 | phenytoin sodium extended..... | 48 | potassium chloride..... | 88 |
| penicillin v potassium..... | 24 | PHEXXI..... | 65 | potassium citrate..... | 118 |
| PENNSAID..... | 79 | philith..... | 68 | potassium iodide..... | 88 |
| PENTACEL (PF)..... | 34 | PHLEXY-10 DRINK MIX POWDER..... | 94 | potassium phosphate m-/d-basic..... | 88 |
| pentamidine..... | 24 | PHOSPHATE LAXATIVE..... | 116 | POWDERLAX..... | 116 |
| PENTASA..... | 114 | PHOSPHOLINE IODIDE..... | 181 | pr benzoyl peroxide..... | 72 |
| pentazocine-naloxone..... | 8 | PHYSICIANS EZ USE B-12..... | 98 | pr natal 400..... | 97 |
| PENTIPS PEN NEEDLE..... | 142, 169 | phytonadione (vitamin k1)..... | 99 | pr natal 400 ec..... | 97 |
| pentoxifylline..... | 122 | PIFELTRO..... | 19 | pr natal 430..... | 97 |
| PEPCID..... | 111 | PIKO 1..... | 149, 169 | pr natal 430 ec..... | 97 |
| PEPTAMEN..... | 92 | pilocarpine hcl..... | 180, 181 | PRADAXA..... | 123 |
| PEPTAMEN 1.5..... | 92 | pimecrolimus..... | 76 | PRALUENT PEN..... | 40 |
| PEPTAMEN 1.5 CAL WITH PREBIO1..... | 92 | pimozide..... | 54 | pramipexole..... | 53 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|----------|--------------------------------------|----------|
| PRAMOSONE | 78 | PREVIDENT 5000 SENSITIVE | 179 | promethegan | 110, 186 |
| prasugrel | 123 | PREVIDENT KIDS | 179 | PROMETRIUM | 108 |
| pravastatin | 39 | PREVNAR 20 (PF) | 34 | PROMOD PROTEIN | 95 |
| praziquantel | 17 | PREVYMIS | 21 | PROMOTE | 93 |
| prazosin | 44 | PREZCOBIX | 20, 24 | PROMOTE WITH FIBER | 93 |
| PRE PROTEIN 20 | 95 | PREZISTA | 24 | propafenone | 38 |
| PRECISION PCX PLUS TEST | 128, 170 | PRIFTIN | 21, 24 | proparacaine | 183 |
| PRECISION PCX TEST | 128, 170 | PRIOSEC | 112 | PRO-PHREE | 86 |
| PRECISION POINT OF CARE TEST | 129, 170 | PRIMAQUINE | 18 | PROPIMEX-1 | 86, 95 |
| PRECISION Q-I-D TEST | 129, 170 | primaquine | 18 | PROPIMEX-2 | 95 |
| PRECISION XTRA B-KETONE | 81, 170 | PRIMEAIRE | 150, 170 | propranolol | 41 |
| PRECISION XTRA KETONE-GLUCOSE | 129, 170 | PRIMIDONE | 46 | propranolol-hydrochlorothiazid | 44 |
| PRECISION XTRA MONITOR | 137, 170 | primidone | 46 | propylthiouracil | 103 |
| PRECISION XTRA TEST | 129, 170 | PRIMLEV | 7, 8 | PROQUAD (PF) | 33, 35 |
| PRECOSE | 100 | PRIMSOL | 17 | PROSCAR | 118 |
| PRED FORTE | 182 | PRIORIX (PF) | 33, 35 | PROSOURCE | 95 |
| PRED MILD | 182 | PRISTIQ | 51 | PROSOURCE NO CARB | 95 |
| prednicarbate | 78 | PRIVIGEN | 33 | PROSOURCE PLUS | 95 |
| prednisolone | 105 | PRO COMFORT ALCOHOL PADS | 32 | PROSOURCE TF | 95 |
| prednisolone acetate | 182 | PRO COMFORT INSULIN SYRINGE | 142, 170 | PROSOURCE TF 20 | 95 |
| prednisolone sodium phosphate | 105, 182 | PRO COMFORT LANCET | 137, 170 | PROSOURCE TF FREE | 95 |
| prednisone | 105 | PRO COMFORT PEN NEEDLE | 142, 170 | PROSOURCE ZAC | 95 |
| prednisone intensol | 105 | PRO COMFORT SAFETY LANCET | 137, 170 | PRO-STAT AWC | 95 |
| pregabalin | 47, 59, 62 | PRO COMFORT SPACER-ADULT MASK | 150, 170 | PRO-STAT MAX | 95 |
| PREGESTIMIL | 86 | PRO COMFORT SPACER-CHILD MASK | 150, 170 | PRO-STAT RENAL CARE | 95 |
| PREGNITUDE | 5 | PRO COMFORT SPACER-INFANT MASK | 150, 170 | PRO-STAT SUGAR FREE | 95 |
| PREGNYL | 106 | PRO VOICE V8 GLUCOSE MONITOR | 137, 170 | PROSYNMINIC | 95 |
| PREMARIN | 104, 191 | PRO VOICE V8-V9 TEST STRIP | 129, 170 | PROTALY | 85 |
| PREMIER BLU GLUCOSE METER | 137, 170 | PRO VOICE V9 GLUCOSE MONITOR | 137, 170 | PROTEIN | 95 |
| PREMIER CLASSIC GLUCOSE METER | 137, 170 | PROAIR RESPICLICK | 188 | PROTEINEX | 95 |
| PREMIER COMPACT GLUCOSE METER | 137, 170 | probenecid | 120 | PROTEINEX-18 | 95 |
| PREMIER TEST STRIP | 129, 170 | probenecid-colchicine | 120 | PROTONIX | 112 |
| PREMIER VOICE GLUCOSE METER | 137, 170 | PROCARDIA XL | 42 | protriptiyline | 52 |
| PREMIUM BLOOD GLUCOSE MONITOR | 137, 170 | PROCARE SPACER WITH ADULT MASK | 150, 170 | PROVERA | 108 |
| PREMIUM INFANT FORMULA | 86 | PROCARE SPACER WITH CHILD MASK | 150, 170 | PROVIDA OB | 98 |
| PREMIUM V10 | 129, 137, 170 | PROCEL | 95 | PROVIGIL | 62 |
| PREMPHASE | 104 | PROCEL SINGLES | 95 | PROVIMIN | 93 |
| PREMPRO | 104 | PROCENTRA | 59 | PROXEED PLUS | 85 |
| PRENATA | 97 | PROCHAMBER | 150, 170 | PROZAC | 50 |
| prenatabs fa | 97 | prochlorperazine | 110 | PRUDOXIN | 80 |
| prenatabs rx | 97 | prochlorperazine maleate | 54, 110 | PULMICORT | 187 |
| PRENATAL | 97 | PROCRIT | 121 | PULMICORT FLEXHALER | 187 |
| PRENATAL 19 | 97 | PROCTOCORT | 78 | PULMOCARE | 93 |
| PRENATAL COMPLETE | 97 | PROCTOFOAM HC | 15 | PULMOZYME | 189 |
| PRENATAL MULTI-DHA (ALGAL OIL) | 97 | procto-med hc | 15, 78 | PURAMINO DHA-ARA | 86 |
| PRENATAL MULTIVITAMINS | 97 | proctosol hc | 15, 78 | PURAMINO JR | 93 |
| PRENATAL ONE DAILY | 97 | proctozone-hc | 15, 78 | PURE BLISS NON-GMO | 86 |
| prenatal plus | 97 | PROCYSBI | 117 | PURE BLISS ORGANIC | 86 |
| prenatal plus (calcium carb) | 97 | PRODIGY AUTOCODE METER | 137, 170 | PURE COMFORT ALCOHOL PADS | 32 |
| PRENATAL PLUS DHA | 97 | PRODIGY AUTOCODE MONITOR SYST | 137, 170 | PURE COMFORT LANCETS | 137, 170 |
| PRENATAL TABLET | 97 | PRODIGY CONTROL SOLUTION, LOW | 137, 170 | PURE COMFORT PEN NEEDLE | 142, 170 |
| PRENATAL VIT NO.179-IRON-FOLIC | 97 | PRODIGY CONTROL SOLUTION,HIGH | 137, 170 | PURE COMFORT SAFETY LANCETS | 137, 171 |
| PRENATAL VITAMIN | 97 | PRODIGY INSULIN SYRINGE | 142, 170 | PURE COMFORT SAFETY PEN NEEDLE | 142, 171 |
| prenatal vitamin plus low iron | 97 | PRODIGY LANCETS | 137, 170 | PURE COMFORT SPACER-ADULT MASK | 151, 171 |
| PRENATAL VIT-IRON FUM-FOLIC AC | 97 | PRODIGY LANCING DEVICE | 137, 170 | PURE L-CITRULLINE | 82 |
| prenatal-u | 89 | PRODIGY NO CODING | 129, 170 | PURECOMFORT PEAK FLOW METER | 149, 171 |
| PRENATE STAR | 97 | PRODIGY POCKET METER | 137, 170 | PURELAX | 116 |
| PREOP | 89 | PRODIGY TWIST TOP LANCET | 137, 170 | PURIXAN | 27 |
| PRE-PROTEIN | 95 | PRODIGY VOICE GLUCOSE METER | 137, 170 | PUSH 20 PLUS | 5 |
| PRESSURE ACTIVATED LANCETS | 137, 170 | PRODUCT 3232A | 86 | PUSH BUTTON SAFETY LANCETS | 137, 171 |
| PRESTALIA | 35 | progesterone | 108 | PYLERA | 113 |
| PRESTO PRO BLOOD GLUCOSE METER | 137, 170 | progesterone micronized | 108 | pyrazinamide | 21 |
| PRETOMANID | 21 | PROGLYCEM | 99 | PYRIDIDIUM | 119 |
| PREVACID | 111 | PROGRAF | 124 | pyridostigmine bromide | 125 |
| PREVACID SOLUTAB | 111 | PROLATE | 7, 8 | PYRIDOSTIGMINE BROMIDE | 125 |
| prevalite | 39 | prolate | 7, 8 | pyridoxine (vitamin b6) | 98 |
| PREVENT DROPSAFE PEN NEEDLE | 142, 170 | PROLENSA | 183 | pyrimethamine | 18 |
| PREVIDENT | 179 | PROLIA | 108 | PYRUKYND | 123 |
| prevident | 179 | PROMACTA | 124 | QBRELIS | 36 |
| PREVIDENT 5000 BOOSTER PLUS | 179 | promethazine | 110, 186 | QBREXZA | 74 |
| PREVIDENT 5000 DRY MOUTH | 179 | promethazine vc | 185 | QDOLO | 6 |
| PREVIDENT 5000 ENAMEL PROTECT | 179 | promethazine-codeine | 190 | QELBREE | 56 |
| PREVIDENT 5000 ORTHO DEFENSE | 179 | promethazine-dm | 190 | QH LIQUID | 5 |
| PREVIDENT 5000 PLUS | 179 | promethazine-phenylephrine | 185 | QINLOCK | 30 |

| | | | | | |
|-------------------------------|---------------|--------------------------------|-------------|----------------------------|----------|
| QNASL | 190 | RELION CONFIRM-MICRO | 129, 171 | ritonavir | 24 |
| QSYMIA | 191 | RELION GLUCOSE | 100 | rivastigmine | 65 |
| QTERN | 101 | RELION MICRO GLUCOSE MONITOR | 138, 171 | rivastigmine tartrate | 65 |
| QUADRACEL (PF) | 34 | RELION PRIME METER | 138, 171 | rivelsa | 69 |
| QUALAQUIN | 18 | RELION PRIME TEST STRIPS | 129, 171 | RIVFLOZA | 117 |
| QUARTETTE | 69 | RELION ULTIMA | 129, 171 | rizatriptan | 60 |
| QUAZEPAM | 57, 63 | RELISTOR | 16 | R-NATAL OB | 98 |
| QUDEXY XR | 48 | RELPAK | 60 | ROBINUL | 112 |
| QUESTRAN | 39 | RELTONE | 111 | ROBINUL FORTE | 112 |
| QUESTRAN LIGHT | 39 | REMERON | 50 | ROCALTROL | 98, 177 |
| quetiapine | 54, 58 | REMERON SOLTAB | 50 | ROCKLATAN | 184 |
| QUETIAPINE | 54, 58 | RENA STEP | 93 | roflumilast | 188 |
| QUFLORA | 96 | RENAL SUPPORT 1.8 | 93 | ropinirole | 53 |
| QUFLORA PEDIATRIC | 96 | RENAMENT | 93 | rosadan | 79 |
| QUFLORA PEDIATRIC DROPS | 96 | RENASTART | 93 | rosuvastatin | 39 |
| QUILLICHEW ER | 56 | RENA-VITE | 82 | ROSZET | 40 |
| QUILLIVANT XR | 56 | RENVELA | 118 | ROTARIX | 33, 35 |
| quinapril | 36 | repaglinide | 101 | ROTATEQ VACCINE | 33, 35 |
| quinapril-hydrochlorothiazide | 36 | REPATHA PUSHTRONEX | 40 | roweepra | 49 |
| quinidine gluconate | 38 | REPATHA SURECLICK | 40 | ROXICODONE | 6 |
| quinidine sulfate | 38 | REPATHA SYRINGE | 40 | ROXYBOND | 6 |
| quinine sulfate | 18 | RESOURCE THICKENUP | 64 | ROZEREM | 59 |
| QUINTET AC | 129, 137, 171 | RESTASIS | 182 | ROZLYTREK | 30 |
| QUINTET BLOOD GLUCOSE METER | 137, 171 | RESTASIS MULTIDOSE | 182 | RUBRACA | 30 |
| QUINTET GLUCOSE TEST STRIPS | 129, 171 | RESTORE FUSION RENAL SUPPORT | 93 | RUCONEST | 121 |
| QUIT 2 | 64 | RESTORE RENAL SUPPORT | 93 | rufinamide | 49 |
| quit 2 | 64 | RESTORIL | 57, 63 | RUKOBIA | 19 |
| QUIT 4 | 64 | RETACRIT | 121 | RYALTRIS | 190 |
| quit 4 | 64 | RETEVMO | 31 | RYBELSUS | 101 |
| QULIPTA | 60 | RETIN-A | 72 | RYCLORA | 186 |
| Q-UP | 5 | RETIN-A MICRO | 72 | RYDAPT | 30 |
| QUVIVIQ | 63 | RETIN-A MICRO PUMP | 72 | RYKINDO | 53 |
| QVAR REDIHALER | 187 | RETROVIR | 20 | RYPLAZIM | 122 |
| rabeprazole | 112 | REVATIO | 45 | RYTARY | 52 |
| RADICAVA ORS | 125 | REVCOLI | 177 | RYVENT | 186 |
| RADICAVA ORS STARTER KIT SUSP | 125 | REVEAL BLOOD GLUCOSE METER | 138, 171 | S.O.S. 25 | 93 |
| RADIOGARDASE | 15 | REVEAL TEST STRIP | 129, 171 | SABRIL | 47 |
| RAGWITEK | 33 | REVLIMID | 31 | SAFESNAP INSULIN SYRINGE | 142, 171 |
| raloxifene | 108 | REXTOVY | 16 | SAFESNAP SYRINGE | 148, 171 |
| ramelteon | 59 | REXULTI | 55 | SAFETY LANCETS | 138, 171 |
| ramipril | 36 | REYATAZ | 24 | SAFETY NEEDLES | 148, 171 |
| ranolazine | 38 | REYVOW | 61 | SAFETY PEN NEEDLE | 142, 171 |
| RAPAFLO | 118 | REZDIFFRA | 124 | SAFETY SEAL LANCETS | 138, 171 |
| rasagiline | 52 | REZLIDHIA | 29 | SAFETY-LET LANCETS | 138, 171 |
| RASUVO (PF) | 11 | REZUROCK | 12 | SAFYRAL | 68 |
| RAVICTI | 178 | REZVOGLAR KWIKPEN | 106 | sajazir | 41 |
| RAYALDEE | 177 | RHOPRESSA | 185 | SALAGEN (PILOCARPINE) | 180 |
| RAYOS | 105 | ribavirin | 23 | salsalate | 14 |
| RCF SOY PROTEIN FORMULA BASE | 86 | RIDAURA | 11 | SAM-E-TMG | 5 |
| RE:IMMUNE | 5 | rifabutin | 21, 24 | SAMSCA | 44 |
| REBIF (WITH ALBUMIN) | 180 | rifampin | 21, 24 | SANCUSO | 110 |
| REBIF REBIDOSE | 180 | RIGHTEST CONTROL SOLUTION HIGH | 138, 171 | SANDIMMUNE | 11, 124 |
| REBIF TITRATION PACK | 180 | RIGHTEST CONTROL SOLUTION NORM | 138, 171 | SANDOSTATIN | 108, 117 |
| reclipsen (28) | 68 | RIGHTEST GD500 LANCING DEVICE | 138, 171 | SANDOSTATIN LAR DEPOT | 108, 117 |
| RECOMBIVAX HB (PF) | 33 | RIGHTEST GL300 LANCETS | 138, 171 | SANTYL | 77 |
| RECORLEV | 99 | RIGHTEST GM550 SYSTEM | 138, 171 | SAPHRIS | 53, 58 |
| RECOTHROM | 122 | RIGHTEST GS550 TEST STRIPS | 129, 171 | sapropterin | 178 |
| RECTIV | 15 | RIGHTEST GT333 GLUCOSE METER | 138, 171 | SAVAYSA | 121 |
| REFUAH PLUS | 129, 171 | RIGHTEST GT333 TEST STRIP | 129, 171 | SAVELLA | 51, 59 |
| REFUAH PLUS GLUCOSE CONTROL | 137, 171 | RILUTEK | 125 | saxagliptin | 101 |
| REFUAH PLUS GLUCOSE MONITOR | 137, 171 | riluzole | 125 | saxagliptin-metformin | 102 |
| REGLAN | 112 | rimantadine | 23 | SAXENDA | 192 |
| REGRANEX | 80 | RIMSO-50 | 117 | scalacort | 78 |
| RELAFEN DS | 13 | RINVOQ | 12, 73, 114 | SCALP VEIN SET | 144, 171 |
| RELAGARD | 191 | RINVOQ LQ | 12 | SCARTRATE | 79 |
| RELAXMAX | 5 | RIOMET | 107 | SCEMBLIX | 30 |
| RELENZA DISKHALER | 23 | risedronate | 103 | scopolamine base | 110 |
| RELEUKO | 121 | RISPERDAL | 53, 58 | SECUADO | 53 |
| RELEXXII | 56 | RISPERDAL CONSTA | 53 | SECURESAFE INSULIN SYRINGE | 142, 171 |
| RELIAMED LANCET | 137, 171 | risperidone | 53, 58 | SECURESAFE PEN NEEDLE | 142, 171 |
| RELIAMED MINI LANCING DEVICE | 137, 171 | risperidone microspheres | 53, 58 | SEGLENTIS | 8 |
| RELIAMED SAFETY SEAL LANCETS | 137, 171 | RITALIN | 56, 62 | SEGLUROMET | 101 |
| RELION ALL-IN-ONE METER | 138, 171 | RITALIN LA | 56 | SELECT-OB | 98 |
| RELION CONFIRM | 138, 171 | RITFLO AEROCHAMBER | 151, 171 | SELECT-OB (FOLIC ACID) | 98 |

| | | | | | |
|--------------------------------------|----------|--------------------------------------|------------|---------------------------------------|----------|
| SELECT-OB + DHA | 98 | SIMILAC TOTAL COMFORT NON-GMO | 87 | SOTYLIZE | 38, 41 |
| selegiline hcl | 52 | SIMILAC WITH IRON | 87 | SOVALDI | 22 |
| selenium sulfide | 76 | SIMLANDI(CF) AUTOINJECTOR | 9, 11, 115 | SOVUNA | 11, 18 |
| SELZENTRY | 19 | simliya (28) | 66 | SPACE CHAMBER | 151, 172 |
| SEMGLEE(INSULIN GLARGINE-YFGN) | 106 | simpesse | 66 | SPACE CHAMBER WITH LARGE MASK | 151, 172 |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 106 | SIMPLYTHICK | 65 | SPACE CHAMBER WITH MEDIUM MASK | 151, 172 |
| se-natal 19 chewable | 98 | SIMPONI | 9, 11, 115 | SPACE CHAMBER WITH SMALL MASK | 151, 172 |
| se-natal-19 | 98 | simvastatin | 39 | SPEVIGO | 73 |
| SENSIPAR | 103 | SINEMET | 52 | SPIKEVAX 2024-2025(12Y UP)(PF) | 34 |
| SENSITIVITY WITH IRON | 86 | SINGLE-LET | 138, 172 | SPINOSAD | 80 |
| SEREVENT DISKUS | 188 | SINGULAIR | 187 | SPIRIVA RESPIMAT | 188 |
| SERNIVO | 78 | sirolimus | 124 | SPIRIVA WITH HANDIHALER | 188 |
| SEROQUEL | 54, 58 | SIRTURO | 21 | spironolactone | 36, 43 |
| SEROQUEL XR | 54, 58 | SITAGLIPTIN | 101 | spironolactone-hydrochlorothiaz | 44 |
| SEROSTIM | 105 | SITAGLIPTIN-METFORMIN | 102 | SPORANOX | 18 |
| SERTRALINE | 50 | SIVEXTRO | 24 | sprintec (28) | 68 |
| sertraline | 50 | SKY SAFETY PEN NEEDLE | 142, 172 | SPRITAM | 49 |
| setlakin | 68 | SKYCLARYS | 125 | SPRIX | 13 |
| sevelamer carbonate | 118 | SKYRIZI | 73, 114 | SPRYCEL | 30 |
| sevelamer hcl | 118 | SKYTROFA | 105 | sps (with sorbitol) | 87 |
| SEYSARA | 25, 71 | SLYND | 69 | sronyx | 68 |
| sf | 179 | SMART SENSE LANCETS | 138, 172 | ssd | 76 |
| sf 5000 plus | 179 | SMART SENSE MONITORING SYSTEM | 138, 172 | SSKI | 88 |
| SFROWASA | 114 | SMART SENSE TEST STRIPS | 129, 172 | ST JOSEPH ASPIRIN | 14, 123 |
| sharobel | 69 | SMARTDIABETES VANTAGE | 138, 172 | st. joseph aspirin | 14, 123 |
| SHINGRIX (PF) | 35 | SMARTEST CONTROL | 138, 172 | STANDARD 1.4 | 93 |
| SIDESTREAM PEDIATRIC FACE MASK | 151, 171 | SMARTEST EJECT | 138, 172 | STANDARD FORMULA 1.0 | 93 |
| SIGNIFOR | 108 | SMARTEST LANCET | 138, 172 | STEGLATRO | 102 |
| SIKLOS | 123 | SMARTEST PERSONA STARTER | 138, 172 | STEGLUJAN | 101 |
| sildenafil | 81 | SMARTEST PRONTO STARTER | 138, 172 | STELARA | 73, 113 |
| sildenafil (pulm.hypertension) | 45 | SMARTEST PROTEGE | 138, 172 | STENDRA | 81 |
| SILENOR | 63 | SMARTEST TEST | 129, 172 | STERILANCE TL | 138, 172 |
| SILICONE MASK - INFANT | 151, 171 | SMOOTHLAX | 116 | STIMUFEND | 121 |
| SILICONE MASK - PEDIATRIC | 151, 171 | SOAAZ | 44 | STIOLTO RESPIMAT | 189 |
| SILIQ | 73 | SOD ANAMIX EARLY YEARS | 87, 96 | STIVARGA | 29 |
| silodosin | 118 | sodium bicarbonate | 88 | STOP SMOKING AID | 64 |
| SIL-SERTER | 138, 171 | sodium chloride | 64, 98 | STRATTERA | 56 |
| SILVADENE | 76 | sodium citrate-citric acid | 118 | STRENSIQ | 177 |
| silver sulfadiazine | 76 | sodium fluoride 5000 dry mouth | 179 | STRESS FORMULA WITH IRON | 82 |
| SIMBRINZA | 181 | sodium fluoride 5000 plus | 179 | STRESS FORMULA WITH IRON(SULF) | 83 |
| SIMILAC 360 TOTAL CARE | 86 | sodium fluoride-pot nitrate | 179 | STRIBILD | 20 |
| SIMILAC 360 TOTAL CARE SENSITV | 86 | SODIUM OXYBATE | 61 | STRIVE PEAK FLOW METER | 149, 172 |
| SIMILAC ADVANCE | 86 | sodium phenylbutyrate | 178 | STRIVERDI RESPIMAT | 188 |
| SIMILAC ADVANCE KOSHER | 86 | sodium phosphate | 88 | STROMECTOL | 17 |
| SIMILAC ADVANCE LAMEHADRIDN | 86 | sodium polystyrene sulfonate | 87 | SUBLOCADE | 63 |
| SIMILAC ADVANCE NON-GMO | 86 | sodium,potassium,mag sulfates | 116 | SUBOXONE | 63 |
| SIMILAC ADVANCE ORGANIC | 86 | SOFDRA | 74 | subvenite | 49 |
| SIMILAC ADVANCE WITH IRON | 87 | SOFOSBUVIR-VELPATASVIR | 22 | subvenite starter (blue) kit | 49, 57 |
| similac alimentum | 87 | SOGROYA | 105 | subvenite starter (green) kit | 49, 57 |
| SIMILAC ALIMENTUM TODDLER | 85 | SOHONOS | 125 | subvenite starter (orange) kit | 49, 57 |
| SIMILAC EXPERT CARE | 87 | SOL CARB | 89 | SUCRAID | 111 |
| SIMILAC EXPERT CARE ALIMENTUM | 87 | solifenacin | 119 | sucralfate | 117 |
| SIMILAC FOR SPIT-UP | 87 | SOLQUA 100/33 | 102 | SUFLAVE | 116 |
| SIMILAC GO AND GROW | 85, 87 | SOLTAMOX | 31 | SULAR | 42 |
| SIMILAC GO AND GROW NON-GMO | 85 | SOLU-CORTEF | 105 | SULCONAZOLE | 75 |
| SIMILAC GO AND GROW SENSITIVE | 85 | SOLU-CORTEF ACT-O-VIAL (PF) | 105 | sulfacetamide sodium | 184 |
| SIMILAC GO AND GROW SOY | 87 | SOLUS V2 AUDIBLE METER | 138, 172 | sulfacetamide sodium (acne) | 71 |
| SIMILAC GO-GROW SENSTV NON-GMO | 85 | SOLUS V2 CONTROL SOLUTION, LOW | 138, 172 | sulfacetamide sodium-sulfur | 72 |
| SIMILAC HUMAN MILK FORTIFIER | 87 | SOLUS V2 CONTROL SOLUTION,HIGH | 138, 172 | sulfacetamide-prednisolone | 181 |
| SIMILAC LOW-IRON | 87 | SOLUS V2 LANCETS | 138, 172 | sulfadiazine | 25 |
| SIMILAC NEOSURE | 87 | SOLUS V2 LANCING DEVICE | 138, 172 | sulfamethoxazole-trimethoprim | 17 |
| SIMILAC ORGANIC A2 MILK NO-GMO | 87 | SOLUS V2 TEST STRIPS | 129, 172 | SULFAMYLLON | 76 |
| SIMILAC PM | 87 | SOLUVITA | 179 | sulfasalazine | 12, 114 |
| SIMILAC PRO-ADVANCE NON-GMO | 87 | SOLUVITA A,C,D WITH FLUORIDE | 96 | sulfatrim | 17 |
| SIMILAC PRO-SENSITIVE NON-GMO | 87 | SOLUVITA MULTIVITAMIN FLUORIDE | 96 | sulindac | 13 |
| SIMILAC PRO-TOTAL CMFT NON-GMO | 87 | SOMA | 126 | sumatriptan | 60 |
| SIMILAC SENSITIVE FUSS AND GAS | 87 | SOMATULINE DEPOT | 109 | sumatriptan succinate | 60 |
| SIMILAC SENSITIVE FUSS-GAS | 87 | SOMAVERT | 105 | sumatriptan-naproxen | 61 |
| SIMILAC SENSITIVE ISOMIL SOY | 87 | SOOLANTRA | 80 | sunitinib malate | 31 |
| SIMILAC SOY ISOMIL | 87 | sorafenib | 29 | SUNLENCA | 16 |
| SIMILAC SPECIAL CARE 24 | 87 | SORILUX | 76 | SUNOSI | 62 |
| SIMILAC SPECIAL CARE 30 | 87 | sotalol | 38, 41 | SUPER B MAXI COMPLEX | 83 |
| SIMILAC SUPPLEMENTATION | 87 | sotalol af | 38, 41 | SUPER QUINTS | 83 |
| SIMILAC TOTAL COMFORT | 87 | SOTYKTU | 73 | SUPER THIN LANCETS | 138, 172 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|----------|----------------------------------|----------|
| SUPLENA CARB STEADY | 93 | tamoxifen | 31 | testosterone enanthate | 100 |
| SUPREP BOWEL PREP KIT | 117 | tamsulosin | 118 | tetrabenazine | 61 |
| SURE COMFORT ALCOHOL PREP PADS | 32 | TANDEM MOBI AUTOSOFT 30 KT 23" | 152, 173 | tetracycline | 25 |
| SURE COMFORT INSULIN SYRINGE | 143, 172 | TANDEM MOBI AUTOSOFT XC KIT 5" | 152, 173 | TEXACORT | 78 |
| SURE COMFORT LANCETS | 138, 172 | TANDEM MOBI AUTOSOFT XC KT 23" | 152, 173 | TEZSPIRE | 187 |
| SURE COMFORT LANCING PEN | 138, 172 | TANDEM MOBI CARTRIDGE | 145, 173 | THALITONE | 44 |
| SURE COMFORT PEN NEEDLE | 143, 172 | TANDEM MOBI TRUSTEEL KIT 23" | 152, 173 | THALOMID | 18, 31 |
| SURE COMFORT SAFETY PEN NEEDLE | 143, 172 | tanlor | 126 | THEO-24 | 188 |
| SURE-FINE PEN NEEDLES | 143, 172 | TARCEVA | 26 | theophylline | 188 |
| SUREFLEX DEVICE WITH LANCETS | 138, 172 | TARGADOX | 25 | THICK AND EASY | 65 |
| SURE-JECT INSULIN SYRINGE | 143, 172 | TARGETIN | 31, 75 | THICK NOW | 65 |
| SURE-LANCE | 138, 172 | tarina 24 fe | 68 | THICKEN UP CLEAR | 65 |
| SURE-LANCE ULTRA THIN | 138, 172 | tarina fe 1/20 (28) | 68 | THICK-IT #2 | 65 |
| SURE-PEN LANCING DEVICE | 138, 172 | tarina fe 1-20 eq (28) | 68 | THIN LANCETS | 138, 173 |
| SURE-PREP ALCOHOL PREP PADS | 32 | taron-c dha | 88 | thinpro insulin syringe | 143, 173 |
| SURE-TEST EASYPLUS MINI | 129, 138, 172 | TARPEYO | 105 | THINPRO INSULIN SYRINGE | 143, 173 |
| SURE-TEST EASYPLUS MINI METER | 138, 172 | TASCENSO ODT | 181 | THIOLA | 117 |
| SURE-TOUCH LANCET | 138, 172 | TASIGNA | 31 | THIOLA EC | 117 |
| SURGIFOAM | 122 | tasimelteon | 59 | thioridazine | 54 |
| SURGUARD2 SAFETY | 148, 172 | TASMAR | 52 | thiothixene | 54 |
| SUTAB | 117 | tavorole | 75 | THRIVITE RX | 98 |
| SUTENT | 31 | TAVALISSE | 121 | THROMBI-GEL | 122 |
| syeda | 68 | TAVNEOS | 8 | THROMBIN-JMI | 122 |
| SYMAX DUOTAB | 112, 119 | TAYTULLA | 68 | THYQUIDITY | 109 |
| symax fastabs | 112, 119 | TAZAROTENE | 72 | thyroid (pork) | 109 |
| symax-sl | 112, 120 | tazarotene | 76, 79 | tiadylt er | 42 |
| symax-sr | 112, 120 | TAZORAC | 76 | tiagabine | 47 |
| SYMBICORT | 189 | TAZVERIK | 28 | TIAZAC | 42 |
| SYMBYAX | 51, 54, 58 | TDVAX | 34 | TIBSOVO | 29 |
| SYMDEKO | 189 | TECFIDERA | 180 | TIGLUTIK | 125 |
| SYMFI | 21 | TECHLITE INSULIN SYRINGE | 143, 173 | TIKOSYN | 38 |
| SYMFI LO | 21 | TECHLITE INSULN SYR(HALF UNIT) | 143, 173 | tilia fe | 69 |
| SYMLINPEN 120 | 100 | TECHLITE LANCETS | 138, 173 | timolol maleate | 41, 183 |
| SYMLINPEN 60 | 100 | TECHLITE PEN NEEDLE | 143, 173 | timolol maleate (pf) | 183 |
| SYMPAZAN | 47, 57 | TECHLITE PLUS PEN NEEDLE | 143, 173 | TIMOPTIC OCULOSE (PF) | 183 |
| SYMPROIC | 16 | TEGLUTIK | 125 | tinidazole | 19 |
| SYMTUZA | 20 | TEGRETOL | 48, 57 | tiopronin | 117 |
| SYNALAR | 78 | TEGRETOL XR | 48, 57 | tiotropium bromide | 188 |
| SYNAREL | 107 | TEKTURNA | 45 | TIROSINT | 109 |
| SYNDROS | 58, 110, 192 | TELCARE CONTROL | 138, 173 | TIROSINT-SOL | 109 |
| SYNJARDY | 101 | TELCARE LANCETS | 138, 173 | TIVICAY | 19 |
| SYNJARDY XR | 101 | TELCARE TEST STRIPS | 129, 173 | TIVICAY PD | 19 |
| SYNTHROID | 109 | telmisartan | 37 | tizanidine | 126 |
| SYPRINE | 15 | telmisartan-amlodipine | 36 | TLANDO | 100 |
| SYRINGE (DISPOSABLE) | 148, 173 | telmisartan-hydrochlorothiazid | 37 | TOBI | 189 |
| SYRINGE 3CC/20GX1" | 148, 173 | temazepam | 57, 63 | TOBI PODHALER | 189 |
| SYRINGE 3CC/21GX1" | 148, 173 | TEMBEXA | 25 | TOBRADEX | 181 |
| SYRINGE 3CC/21GX1-1/2" | 148, 173 | temozolomide | 27 | TOBRADEX ST | 181 |
| SYRINGE 3CC/22GX1" | 148, 173 | TEMPO REFILL KIT WITH GAUZE | 138, 173 | tobramycin | 184, 189 |
| SYRINGE 3CC/22GX3/4" | 148, 173 | TEMPO SMART BUTTON | 145, 173 | tobramycin in 0.225 % nacl | 189 |
| SYRINGE 3CC/25GX1" | 148, 173 | TEMPO WELCOME KIT | 138, 173 | tobramycin sulfate | 16 |
| SYRINGE FILTER | 149, 173 | TENCON | 8 | TOBRAMYCIN WITH NEBULIZER | 189 |
| SYRINGE WITH NEEDLE | 148, 173 | TENIVAC (PF) | 34 | tobramycin-dexamethasone | 181 |
| T:FLEX | 145, 173 | tenofovir disoproxil fumarate | 20, 22 | TOBEX | 184 |
| T:SLIM X2 | 145, 173 | TENORETIC 100 | 42 | TODDLER BEGINNINGS | 87 |
| TABLOID | 27 | TENORETIC 50 | 42 | TODDLER'S DIARESQ | 5 |
| TABRECTA | 31 | TENORMIN | 41 | TOLAK | 75 |
| TACLONEX | 73 | TEPMETKO | 31 | tolcapone | 52 |
| tacrolimus | 76, 124 | terazosin | 44 | TOLECTIN 600 | 13 |
| tadalafil | 81, 118 | terbinafine hcl | 17 | TOLEREX | 93 |
| tadalafil (pulm. hypertension) | 45 | terbutaline | 188 | tolmetin | 13 |
| TADLIQ | 45 | terconazole | 191 | TOLSURA | 18 |
| TAFINLAR | 28 | teriflunomide | 181 | tolterodine | 120 |
| tafluprost (pf) | 185 | TERIPARATIDE | 103 | tolvaptan | 44 |
| TAGRISSE | 26 | TERUMO ALLERGY SYRINGE | 148, 173 | TOOMEY SYRINGE | 148, 173 |
| TAKE ACTION | 70 | TERUMO HYPODERMIC NEEDLE/SYRIN | 148, 173 | TOPAMAX | 48 |
| TAKHZYRO | 45 | TERUMO INSULIN SYRINGE | 143, 173 | TOPCARE CLICKFINE | 143, 173 |
| TALICIA | 113 | TERUMO SYRINGE | 148, 173 | TOPCARE ULTRA COMFORT | 143, 173 |
| TALTZ AUTOINJECTOR | 73 | TEST N'GO BLOOD GLUCOSE SYSTEM | 138, 173 | TOPCARE UNIVERSAL1 LANCET | 138, 173 |
| TALTZ AUTOINJECTOR (2 PACK) | 73 | TEST N'GO TEST | 129, 173 | TOPICORT | 78 |
| TALTZ AUTOINJECTOR (3 PACK) | 73 | TESTIM | 100 | topiramate | 48 |
| TALTZ SYRINGE | 73 | testosterone | 100 | TOPROL XL | 41 |
| TALZENNA | 30 | TESTOSTERONE | 100 | toremifene | 31 |
| TAMIFLU | 23 | testosterone cypionate | 100 | TORPENZ | 29 |

| | | | | | |
|--------------------------------|---------|--------------------------------|----------|---------------------------------|---------------|
| torseמיד | 44 | tri-vylibra | 69 | TYR ANAMIX NEXT | 96 |
| TOSYMRA | 60 | tri-vylibra lo | 69 | TYR COOLER | 93 |
| TOUJEO MAX U-300 SOLOSTAR | 106 | TROKENDI XR | 48 | TYR EXPRESS15 PLUS | 96 |
| TOUJEO SOLOSTAR U-300 INSULIN | 106 | tropicamide | 182 | TYR EXPRESS20 PLUS | 96 |
| tovet emollient | 78 | tropium | 120 | TYR GEL POWDER | 96 |
| TOVIAZ | 120 | TRUDHESA | 60 | TYR LOPHLEX | 96 |
| TRACLEER | 45 | TRUE COMFORT ALCOHOL PADS | 32 | TYR LOPHLEX GMP MIX-IN | 96 |
| TRADJENTA | 101 | TRUE COMFORT INSULIN SYRINGE | 143, 173 | TYR SPHERE20 | 96 |
| TRAMADOL | 6 | TRUE COMFORT LANCET | 139, 173 | TYREX-1 | 87, 96 |
| tramadol | 6, 7 | TRUE COMFORT PEN NEEDLE | 143, 173 | TYREX-2 | 96 |
| tramadol-acetaminophen | 8 | TRUE COMFORT PRO ALCOHOL PADS | 32 | TYROS 1 | 87, 96 |
| trandolapril | 36 | TRUE COMFORT PRO INS SYRINGE | 143, 174 | TYROS 2 | 96 |
| trandolapril-verapamil | 35 | TRUE COMFORT SAFE INSULIN SYRG | 143, 174 | TYROSINE | 82 |
| tranexamic acid | 122 | TRUE COMFORT SAFETY PEN NEEDLE | 143, 174 | TYRVAYA | 190 |
| TRANSDERM-SCOP | 110 | TRUE METRIX AIR GLUCOSE METER | 139, 174 | TYSABRI | 180 |
| tranylcypromine | 50 | TRUE METRIX GLUCOSE METER | 139, 174 | TYVASO | 45 |
| TRAVATAN Z | 185 | TRUE METRIX GLUCOSE TEST STRIP | 129, 174 | TYVASO DPI | 45 |
| travoprost | 185 | TRUE METRIX GO GLUCOSE METER | 139, 174 | TYVASO INSTITUTIONAL START KIT | 45 |
| trazodone | 50 | TRUE METRIX LEVEL 1 | 139, 174 | TYVASO REFILL KIT | 45 |
| TRECTOR | 21 | TRUE METRIX LEVEL 2 | 139, 174 | TYVASO STARTER KIT | 45 |
| TRELEGY ELLIPTA | 189 | TRUE METRIX LEVEL 3 | 139, 174 | UBRELVY | 60 |
| TREMFYA | 73, 114 | TRUEDRAW LANCING DEVICE | 139, 174 | UCD ANAMIX JUNIOR | 96 |
| TREMFYA PEN | 114 | TRUEPLUS GLUCOSE | 100 | UCERIS | 114 |
| TRESIBA FLEXTOUCH U-100 | 106 | TRUEPLUS INSULIN | 143, 174 | UDENYCA | 121 |
| TRESIBA FLEXTOUCH U-200 | 106 | TRUEPLUS KETONE | 151, 174 | UDENYCA AUTOINJECTOR | 121 |
| TRESIBA U-100 INSULIN | 106 | TRUEPLUS LANCETS | 139, 174 | UDENYCA ONBODY | 121 |
| tretinoin | 72 | TRUEPLUS PEN NEEDLE | 143, 174 | ULESFIA | 80 |
| tretinoin (antineoplastic) | 31 | TRUERESULT BLOOD GLUCOSE SYSTM | 139, 174 | ULORIC | 120 |
| tretinoin (emollient) | 79 | TRUETEST TEST STRIPS | 129, 174 | ULTICARE | 143, 148, 174 |
| tretinoin microspheres | 72 | TRUETRACK BLOOD GLUCOSE SYSTEM | 139, 174 | ulticare | 143, 174 |
| TREXALL | 11, 27 | TRUETRACK SMART SYSTEM | 139, 174 | ULTICARE INSULIN SYRINGE | 143, 174 |
| TREXIMET | 61 | TRUETRACK TEST | 129, 174 | ULTICARE INSULIN SYR(HALF UNIT) | 143, 174 |
| TREZIX | 7 | TRULANCE | 111, 113 | ULTICARE LOW DEAD SPACE SYRINGE | 148, 174 |
| triamcinolone acetonide | 78, 179 | TRULICITY | 101 | ULTICARE PEN NEEDLE | 143, 174 |
| triamterene | 44 | TRUMENBA | 34 | ULTICARE SAFETY PEN NEEDLE | 143, 174 |
| triamterene-hydrochlorothiazid | 44 | TRUQAP | 25 | ULTICARE SAFETY SYRINGE | 148, 174 |
| triazolam | 57, 63 | TRUSTEEL INFUSION SET 23" | 152, 174 | ULTICARE TB SAFETY SYRINGE | 148, 174 |
| TRIBENZOR | 37 | TRUSTEEL INFUSION SET 32" | 152, 174 | ULTIGUARD SAFEPACK-INSULIN SYR | 143, 174 |
| TRICARE | 98 | TRUSTEX LATEX CONDOM | 144, 174 | ULTIGUARD SAFEPACK-PEN NEEDLE | 143, 175 |
| tri-chlor | 79 | TRUSTEX LUBRICATED CONDOMS | 144, 174 | ULTI-LANCE | 139, 175 |
| TRICOR | 39 | TRUSTEX NON-LUB CONDOMS | 144, 174 | ULTILET ALCOHOL SWAB | 32 |
| tridacaine ii | 80 | TRUSTEX-RIA LUB/SPERMICIDE | 144, 174 | ULTILET BASIC LANCETS | 139, 175 |
| tridacaine iii | 80 | TRUSTEX-RIA NON-LUB CONDOMS | 145, 174 | ULTILET CLASSIC LANCETS | 139, 175 |
| triderm | 78 | TRUVADA | 20 | ULTILET INSULIN SYRINGE | 143, 175 |
| trientine | 15 | TRUZONE PEAK FLOW METER | 149, 174 | ULTILET LANCETS | 139, 175 |
| TRIENTINE | 15 | TRYVIO | 35 | ULTILET PEN NEEDLE | 143, 175 |
| tri-estarylla | 69 | TUBERCULIN SYRINGE | 148, 174 | ULTILET SAFETY LANCETS | 139, 175 |
| trifluoperazine | 54 | TUBERCULIN-ALLERGY SYRINGES | 148, 174 | ULTIMA MONITOR | 139, 175 |
| trifluridine | 184 | TUDORZA PRESSAIR | 188 | ULTIMA TEST STRIPS | 129, 175 |
| trihexyphenidyl | 52 | TUKYSA | 28 | ULTRA CMFT INS SYR (HALF UNIT) | 143, 175 |
| TRIJARDY XR | 102 | tulana | 69 | ULTRA COMFORT INSULIN SYRINGE | 144, 175 |
| TRIKAFTA | 189 | TURALIO | 31 | ULTRA FLO INSUL SYR(HALF UNIT) | 144, 175 |
| tri-legest fe | 69 | turqoz (28) | 68 | ULTRA FLO INSULIN SYRINGE | 144, 175 |
| TRILEPTAL | 48 | TUXARIN ER | 190 | ULTRA FLO PEN NEEDLE | 144, 175 |
| tri-linyah | 69 | TWIIST REFILL KT(CSST-NDL-SYR) | 151, 174 | ULTRA THIN II LANCETS | 139, 175 |
| TRILIPIX | 39 | TWIIST RFL(INFUS-CSST-NDL-SYR) | 151, 174 | ULTRA THIN LANCETS | 139, 175 |
| tri-lo-estarylla | 69 | TWIIST STARTER KIT | 151, 174 | ULTRA THIN PEN NEEDLE | 144, 175 |
| TRI-LO-MARZIA | 69 | TWINRIX (PF) | 33 | ULTRA THIN PLUS LANCETS | 139, 175 |
| tri-lo-mili | 69 | TWIRLA | 69 | ULTRA TLC LANCETS | 139, 175 |
| tri-lo-sprintec | 69 | TWIST LANCETS | 139, 174 | ULTRACARE INSULIN SYRINGE | 144, 175 |
| TRI-LUMA | 77 | TWOCAL HN | 85 | ULTRA-CARE LANCETS | 139, 175 |
| trimethobenzamide | 110 | TWYNEO | 72 | ULTRACARE PEN NEEDLE | 144, 175 |
| trimethoprim | 17 | TYBLUME | 68 | ULTRAFOAM | 122 |
| tri-mili | 69 | TYBOST | 178 | ULTRALANCE LANCETS | 139, 175 |
| trimipramine | 52 | tydemy | 68 | ULTRAMINO | 85 |
| trinatal rx 1 | 98 | TYENNE | 12 | ULTRA-THIN II (SHORT) INS SYR | 144, 175 |
| trinate | 98 | TYENNE AUTOINJECTOR | 12 | ULTRA-THIN II (SHORT) PEN NDL | 144, 175 |
| TRINTELLIX | 51 | TYKERB | 26 | ULTRA-THIN II INS PEN NEEDLES | 144, 175 |
| tri-sprintec (28) | 69 | TYLACTIN BUILD 20 PE | 96 | ULTRA-THIN II INSULIN SYRINGE | 144, 175 |
| TRIUMEQ | 20 | TYLACTIN RESTORE 10 PE | 96 | ULTRA-THIN II LANCETS | 139, 175 |
| TRIUMEQ PD | 20 | TYLACTIN RESTORE 5 PE | 96 | ULTRATRAK | 129, 175 |
| tri-vitamin with fluoride | 96 | TYLACTIN RTD 15 PE | 96 | ULTRATRAK GLUCOSE METER | 139, 175 |
| tri-vite with fluoride | 96 | TYMLOS | 103 | ULTRATRAK HIGH-LOW CONTROL | 139, 175 |
| trivora (28) | 69 | TYR ANAMIX EARLY YEARS | 87, 96 | ULTRATRAK NORMAL CONTROL | 139, 175 |

| | | | | | |
|--------------------------------------|---------------|--------------------------------------|---------------|--------------------------------------|----------|
| ULTRATRAK ULTIMATE | 129, 139, 175 | VANCOMYCIN | 22 | VIMOVO | 12 |
| ULTRAVATE | 76, 78 | vancomycin | 22 | VIMPAT | 47 |
| ULTRIENT 1.5 | 93 | vandazole | 191 | VIOKACE | 111 |
| UNDECATREX | 100 | VANFLYTA | 28 | viorele (28) | 66 |
| UNIFINE PENTIPS | 144, 175 | VANISHPOINT INSULIN SYRINGE | 144, 176 | VIRACEPT | 24 |
| UNIFINE PENTIPS MAXFLOW | 144, 175 | VANISHPOINT SYRINGE | 144, 149, 176 | VIREAD | 20, 22 |
| UNIFINE PENTIPS PLUS | 144, 175 | VANISHPOINT TUBERCULIN SYRINGE | 149, 176 | VISTARIL | 46 |
| UNIFINE PENTIPS PLUS MAXFLOW | 144, 175 | VANOS | 78 | VISTOGARD | 31 |
| UNIFINE PROTECT | 144, 175 | VAQTA (PF) | 33 | VITAFOL FE PLUS | 98 |
| UNIFINE SAFECONTROL | 144, 175 | vardenafil | 81 | VITAFOL GUMMIES | 98 |
| UNIFINE SAFECONTROL PEN NEEDLE | 144, 175 | varenciline | 64 | VITAFOL ULTRA | 98 |
| UNIFINE ULTRA PEN NEEDLE | 144, 176 | VARISOFT INFUSION SET 23" | 152, 176 | vitafol-ob | 98 |
| UNILET COMFORTOUCH LANCET | 139, 176 | VARISOFT INFUSION SET 32" | 152, 176 | VITAFOL-OB+DHA | 98 |
| UNILET GP LANCET | 139, 176 | VARISOFT INFUSION SET 43" | 152, 176 | VITAFOL-ONE | 98 |
| UNILET LANCET | 139, 176 | VARIVAX (PF) | 33, 35 | VITAL 1.0 CAL | 93 |
| UNILET LANCETS | 139, 176 | VARUBI | 110 | VITAL 1.5 CAL | 93 |
| UNILET SUPER THIN LANCETS | 139, 176 | VASCEPA | 40 | VITAL AF 1.2 CAL | 93 |
| UNISTIK 2 DEVICE | 139, 176 | VASERETIC | 36 | VITAL HIGH PROTEIN | 93 |
| UNISTIK 2 NORMAL LANCET | 139, 176 | VASOTEC | 36 | VITAL PEPTIDE 1.5 CAL | 93 |
| UNISTIK 3 COMFORT LANCET | 139, 176 | VAXELIS (PF) | 33, 34 | VITAMEDMD ONE RX | 98 |
| UNISTIK 3 EXTRA LANCET | 139, 176 | VAXNEUVANCE (PF) | 34 | VITAMIN B COMPLEX-FOLIC ACID | 83 |
| UNISTIK 3 GENTLE | 139, 176 | VCF CONTRACEPTIVE GEL | 70 | vitamins a,c,d and fluoride | 96 |
| UNISTIK 3 NORMAL LANCET | 139, 176 | VECTICAL | 76 | VITRAKVI | 31 |
| UNISTIK COMFORT LANCETS | 139, 176 | VEGAPRO | 95 | VIVAGUARD INO CTRL SOLN-L1,2,3 | 140, 176 |
| UNISTIK CZT LANCET | 139, 176 | velivet triphasic regimen (28) | 69 | VIVAGUARD INO CTRL SOLN-L1,L3 | 140, 176 |
| UNISTIK EXTRA LANCETS | 139, 176 | VELPHORO | 118 | VIVAGUARD INO CTRL SOLN-L2 | 140, 176 |
| UNISTIK NORMAL LANCETS | 139, 176 | VELSIPITY | 114 | VIVAGUARD INO GLUCOSE METER | 140, 176 |
| UNISTIK PRO LANCET | 139, 176 | VELTASSA | 87 | VIVAGUARD INO SMART GLUC METER | 140, 176 |
| UNISTIK SAFETY | 139, 176 | VELTIN | 72 | VIVAGUARD INO TEST STRIP | 129, 176 |
| UNISTIK TOUCH LANCETS | 139, 176 | VEMLIDY | 22 | VIVAGUARD LANCET | 140, 176 |
| UNISTRIP LOW CONTROL | 140, 176 | VENCLEXTA | 28 | VIVAGUARD LANCING DEVICE | 140, 176 |
| UNISTRIP1 TEST STRIP | 129, 176 | VENCLEXTA STARTING PACK | 28 | VIVAGUARD SAFETY LANCET | 140, 176 |
| unithroid | 109 | venlafaxine | 51 | VIVELLE-DOT | 104 |
| UNIVERSAL 1 LANCETS | 140, 176 | VENLAFAXINE BESYLATE | 51 | VIVITROL | 63 |
| UNJURY | 95 | VENTAVIS | 45 | VIVJOA | 17 |
| UPNEEQ (PF) | 181 | VENTOLIN HFA | 188 | VIVLODEX | 13 |
| UPTRAVI | 44 | VEOZAH | 99 | VIVONEX PEDIATRIC | 93 |
| urea | 79 | verapamil | 38, 42 | VIVONEX PLUS | 93 |
| URELLE | 24, 119 | VERDESO | 78 | VIVONEX RTF | 93 |
| uretron d-s | 24, 119 | VEREGEN | 78 | VIVONEX T.E.N. | 93 |
| URIBEL TABS | 24, 119 | VERELAN PM | 42 | VIZIMPRO | 26 |
| urimar-t | 24, 119 | VERIFINE INSULIN SYRINGE | 144, 176 | VOGELXO | 100 |
| URISTIX 4 | 81, 176 | VERIFINE PEN NEEDLE | 144, 176 | volnea (28) | 66 |
| URISTIX REAGENT | 81, 176 | VERIFINE PLUS PEN NEEDLE | 144, 176 | VONJO | 29 |
| URITRAX | 5 | VERIFINE PLUS PEN NEEDLE-SHARP | 144, 176 | VOQUEZNA | 109 |
| UROCIT-K 10 | 118 | VERIFINE SAFETY LANCET MINI | 140, 176 | VOQUEZNA DUAL PAK | 113 |
| UROCIT-K 15 | 118 | VERIFINE UNIVERSAL LANCET | 140, 176 | VOQUEZNA TRIPLE PAK | 113 |
| urogesic-blue | 24, 119 | VERKAZIA | 182 | VORANIGO | 26 |
| uro-mp | 24, 119 | VERQUVO | 38 | voriconazole | 18 |
| UROQID-ACID NO.2 | 24, 119 | VERSACLOZ | 53 | VORTEX ADULT MASK | 151, 177 |
| UROXATRAL | 118 | VERZENIO | 28 | VORTEX HOLDING CHAMBER | 151, 177 |
| URSO FORTE | 111 | VESICARE | 119 | VORTEX VHC FROG MASK-CHILD | 151, 177 |
| ursodiol | 111 | VESICARE LS | 119 | VORTEX VHC LADYBUG MASK-TODDLR | 151, 177 |
| uryl | 24, 119 | vestura (28) | 68 | VOSEVI | 22 |
| UTYMAX | 5 | VEVYE | 182 | VOTRIENT | 31 |
| UZEDY | 53 | VFEND | 18 | VOWST | 109 |
| VAGIFEM | 191 | V-GO 20 | 151, 176 | VOXZOGO | 103 |
| VAGINAL CONTRACEPTIVE FILM | 70 | V-GO 30 | 151, 176 | VOYDEYA | 120 |
| valacyclovir | 23 | V-GO 40 | 151, 176 | VRAYLAR | 55, 58 |
| VALCHLOR | 75 | VIAGRA | 81 | VTAMA | 76 |
| VALCYTE | 21 | VIBERZI | 113, 116 | VUITY | 181 |
| valganciclovir | 21 | VIBRAMYCIN | 25 | VUMERITY | 180 |
| VALINE | 82 | VICTOZA 2-PAK | 101 | VUSION | 75 |
| VALINE 1000 | 82 | VICTOZA 3-PAK | 101 | vyfemla (28) | 68 |
| VALINE AMINO ACID SUPPLEMENT | 82 | vienva | 68 | VYLEESI | 59 |
| VALIUM | 46, 57 | vigabatrin | 47 | vylibra | 68 |
| valproic acid | 47, 58 | vigadrone | 47 | VYNDAMAX | 100 |
| valproic acid (as sodium salt) | 47, 58 | VIGAFYDE | 47 | VYNDAQEL | 100 |
| VALSARTAN | 37 | VIGAMOX | 184 | VYTORIN 10-10 | 40 |
| valsartan | 37 | vigpoder | 47 | VYTORIN 10-20 | 40 |
| valsartan-hydrochlorothiazide | 37 | VIIBRYD | 51 | VYTORIN 10-40 | 40 |
| VALTOCO | 47, 57 | VIOICE | 178 | VYTORIN 10-80 | 40 |
| VALTRES | 23 | VILACTIN AA PLUS 20 PE | 91 | VYVANSE | 56 |
| VANCOICIN | 22 | vilazodone | 51 | VYZULTA | 185 |

| | | | | | |
|--------------------------------|---------------|------------------------------|------------|-------------------|----------|
| WAINUA | 100 | XMET ANALOG | 87, 90 | ZETONNA | 190 |
| WAKIX | 62 | XMET MAXAMAID | 90 | ZIAGEN | 20 |
| warfarin | 121 | XMET XCYS MAXAMAID | 93, 96 | ZIANA | 72 |
| water for injection, sterile | 87, 98 | XMTVI ANALOG | 87, 95 | zidovudine | 20 |
| water for irrigation, sterile | 88 | XMTVI MAXAMAID | 95 | ZIEXTENZO | 121 |
| WAVESENSE AMP | 140, 177 | XOFLUZA | 23 | ZILBRYSQ | 125 |
| WAVESENSE CONTROL SOLUTION | 140, 177 | XOLAIR | 187 | zileuton | 187 |
| WAVESENSE JAZZ | 129, 177 | XOLEGEL | 75 | ZILXI | 80 |
| WAVESENSE PRESTO | 129, 140, 177 | XOLREMDI | 121 | ZIMHI | 16 |
| WEBCOL | 32 | XOPENEX HFA | 188 | zingiber | 98 |
| WEGOVY | 192 | XOSPATA | 28 | ZIOPTAN (PF) | 185 |
| WELCHOL | 39 | XPHE MAXAMAID | 94 | ziprasidone hcl | 53, 58 |
| WELIREG | 29 | XPHE MAXAMUM | 94 | ZIPSOR | 13 |
| WELLBUTRIN SR | 51 | XPHE, XTRP MAXAMAID | 96 | ZIRGAN | 184 |
| WELLBUTRIN XL | 51 | XPHE, XTYR ANALOG | 87, 96 | ZITHROMAX | 23 |
| wera (28) | 68 | XPHOZAH | 81 | ZITHROMAX TRI-PAK | 23 |
| wescap-c dha | 88 | XPROVIO | 28, 31 | ZITHROMAX Z-PAK | 23 |
| wescap-pn dha | 89 | XPTM ANALOG | 87, 96 | ZITUVIO | 101 |
| wesnata dha complete | 98 | XTAMPZA ER | 7 | ZOCOR | 40 |
| wesnate dha | 98 | XTANDI | 27 | ZOKINVY | 178 |
| westab plus | 98 | XTRACAL PLUS | 93 | ZOLINZA | 29 |
| westgel dha | 98 | xulane | 69 | zolmitriptan | 61 |
| WHEY PROTEIN | 95 | XULTOPHY 100/3.6 | 102 | ZOLOFT | 50 |
| WHEY PROTEIN CONCENTRATE | 95 | XURIDEN | 178 | ZOLPIDEM | 63 |
| WIDE-SEAL DIAPHRAGM 60 | 130, 177 | XYLOCAINE-MPF | 14 | zolpidem | 63 |
| WIDE-SEAL DIAPHRAGM 65 | 130, 177 | XYMOBOLX | 82 | ZOMACTON | 105, 106 |
| WIDE-SEAL DIAPHRAGM 70 | 130, 177 | XYOSTED | 100 | ZOMIG | 61 |
| WIDE-SEAL DIAPHRAGM 75 | 130, 177 | XYREM | 61 | ZONALON | 80 |
| WIDE-SEAL DIAPHRAGM 80 | 130, 177 | XYWAV | 61 | ZONEGRAN | 49 |
| WIDE-SEAL DIAPHRAGM 85 | 130, 177 | YALE DISPOSABLE NEEDLES | 149, 177 | ZONISADE | 49 |
| WIDE-SEAL DIAPHRAGM 90 | 130, 177 | yargesa | 178 | zonisamide | 49 |
| WIDE-SEAL DIAPHRAGM 95 | 130, 177 | YASMIN (28) | 68 | ZONTIVITY | 123 |
| WINLEVI | 71 | YAZ (28) | 68 | ZORTRESS | 124 |
| WINREVAIR | 35 | YONSA | 26, 27 | ZORVOLEX | 13 |
| wixela inhub | 189 | YORVIPATH | 108 | ZORYVE | 74, 76 |
| WND 1 | 87, 96 | YOSPRALA | 123 | zovia 1-35 (28) | 68 |
| WND 2 | 96 | YUFLYMA(CF) | 9, 11, 115 | ZOVIRAX | 76 |
| WOMEN'S GENTLE LAXATIVE(BISAC) | 117 | YUFLYMA(CF) AI CROHN'S-UC-HS | 9, 11, 116 | ZTALMY | 48 |
| wymzya fe | 68 | YUFLYMA(CF) AUTOINJECTOR | 9, 11, 116 | ZTLIDO | 80 |
| WYNZORA | 73 | YUPELRI | 188 | ZUBSOLV | 63 |
| XACIATO | 191 | YUSIMRY(CF) PEN | 9, 11, 116 | zumandimine (28) | 68 |
| XADAGO | 52 | yuvafem | 191 | ZURZUVAE | 50 |
| XALATAN | 185 | zafemy | 69 | ZYCLARA | 79 |
| XALKORI | 27 | zafirlukast | 187 | ZYDELIG | 30 |
| XANAX | 46, 57 | zaleplon | 63 | ZYFLO | 187 |
| XANAX XR | 46, 57 | ZANAFLEX | 126 | ZYKADIA | 27 |
| XARELTO | 121 | zarah | 68 | ZYLET | 181 |
| XARELTO DVT-PE TREAT 30D START | 121 | ZARONTIN | 49 | ZYLOPRIM | 120 |
| XATMEP | 11, 27 | ZARXIO | 121 | ZYMFENTRA | 9, 116 |
| XCOPRI | 49 | zatean-pn dha | 89 | ZYPITAMAG | 40 |
| XCOPRI MAINTENANCE PACK | 49 | zatean-pn plus | 88 | ZYPREXA | 54, 58 |
| XCOPRI TITRATION PACK | 49 | ZAVESCA | 178 | ZYPREXA RELPREVV | 54 |
| XDEMZY | 181 | ZAVZPRET | 60 | ZYPREXA ZYDIS | 54, 58 |
| XELJANZ | 12, 114 | ZEGALOGUE AUTOINJECTOR | 100 | ZYTIGA | 26, 27 |
| XELJANZ XR | 12, 114 | ZEGALOGUE SYRINGE | 100 | ZYVOX | 24 |
| XELODA | 27 | ZEGERID | 112 | | |
| XELPROS | 185 | ZEJULA | 30 | | |
| XELSTRYM | 56, 59 | ZELAPAR | 52 | | |
| XENAZINE | 61 | ZELBORAF | 28 | | |
| XENICAL | 192 | ZEMBRACE SYMTOUCH | 60 | | |
| XENLETA | 24 | ZEMPLAR | 177 | | |
| XEPI | 74 | zenatane | 71 | | |
| XERESE | 76 | ZENPEP | 111 | | |
| XERMELLO | 109 | zenzedi | 56, 59, 62 | | |
| XHANCE | 190 | ZENZEDI | 56, 59, 62 | | |
| XIFAXAN | 25 | ZEPATIER | 22 | | |
| XIGDUO XR | 101 | ZEPBOUND | 191 | | |
| XIIDRA | 182 | ZEPOSIA | 114, 181 | | |
| XIMINO | 25, 71 | ZEPOSIA STARTER KIT (28-DAY) | 114, 181 | | |
| XLEU ANALOG | 87, 89 | ZEPOSIA STARTER PACK (7-DAY) | 114, 181 | | |
| XLEU MAXAMAID | 89 | ZERVIAE | 182 | | |
| XLYS- XTRP ANALOG | 87, 89 | ZESTORETIC | 36 | | |
| XLYS, XTRP MAXAMAID | 89 | ZESTRIL | 36 | | |
| XLYS, XTRP MAXAMUM | 89 | ZETIA | 40 | | |